

# TENANT APPLICATION



**FOURWALLS**  
PROPERTY MANAGEMENT

## Address of Property applying for

Lease Start Date \_\_\_\_\_ Lease Period \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email \_\_\_\_\_

Telephone (Hm) \_\_\_\_\_ (Bus) \_\_\_\_\_ (Mob) \_\_\_\_\_

**Identification** Driver's License \_\_\_\_ / Passport \_\_\_\_ / Birth Certificate \_\_\_\_ (Please circle. To be photocopied)

**Occupation** \_\_\_\_\_ Position / Course \_\_\_\_\_

**Employer** \_\_\_\_\_ Phone \_\_\_\_\_

Period of Employment / Study \_\_\_\_\_ Income \_\_\_\_\_

## Present Address

Weekly Rent Paid \_\_\_\_\_ Length of Stay \_\_\_\_\_

Present Landlord \_\_\_\_\_ Phone \_\_\_\_\_

## Previous Rental Address

Weekly Rent Paid \_\_\_\_\_ Length of Stay \_\_\_\_\_

Previous Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been to Tenancy Tribunal? Yes / No (Provide Details) \_\_\_\_\_

Does anyone who will reside at this address have any criminal convictions? Yes / No (Provide Details) \_\_\_\_\_

Do you have children? Yes / No Names & Ages \_\_\_\_\_

Do you smoke? Yes / No Do you have pets? Yes / No List \_\_\_\_\_

**Next of Kin** \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

How did you find out about FWPM? ODT / Website / Word of Mouth / TradeMe / Rental Sign / Other \_\_\_\_\_

**Please note costs payable prior to key collection BOND = 4 weeks rent + RENT = 1<sup>st</sup> week**

## IF UNDER THE AGE OF 18 THE LEASE MUST ALSO BE SIGNED BY A PARENT

Please note that the completion of this application form does not constitute an agreement to lease a property to the applicant.

"I / We authorize any person or company to provide you with such information as you may require in response to your credit and / or rental inquiries and any information required in collecting outstanding debts relating to any tenancy entered into with Four Walls Property Management. I / We further authorize you to furnish to any third party details of this application and any subsequent dealings that I / we may have with you as a result of this application being actioned by you."

I declare the above information to be true and correct.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

