**Address of Property** ……………………………………………...... Start Date (if accepted): ........................................

**Applicant Details** Full Name ………………………………………………………………………………………………………

**APPLICATION FOR TENANCY**

Have you ever been known by any other name? (If so, please state) …………………………………………………………..............

Date of Birth ……..............…………….. Age …………. : Passport/Drivers licence Number:…………........…………………Version (5B):......................

Other ID: ...............................................................................................................................................................

Phone: Home ………………........………………. Work ……..........………………………... Mobile ..........……..…………………………………....

Email Address ……………........…………………............................…… Car Reg ……….............……..………. Make ……………………………

Model ………………………………… Year ………………...

How many people will be living at this property? Adults …......…… Ages ……......…....… Children .......…........… Ages ………………............

**Current** Address ……………………………………………………………….……………………………………..................………………...

Reason for leaving this address …………….………………………………………………………………………………..……....................................

Occupation …………………………………………………..………… Length of Time Employed: ……............…………..….........

Company & Employer’s Name ………………………………………………………………………………….…….…………….....

Address ……………………………………………………………………………………..… Phone …………………………..….. .

WINZ Customer Number (If Client) ………………………………… Benefit Type ……………………….........................…Smoker: YES / NO

Pets: YES / NO (please list details) ………………………………………………………..............

**Address for service** (Emergency Contact Who Can Pass on Mail) Name .......…………………….......................................……………………....................

Address ………………………………………………………………………………………………………………………………

Phone: ……………………..…………………… How does this person know you? ……………………………………………

**2nd Contact (family member);** Name: ........................................................................ Address: ............................................................................................

Phone numbers: .............................................................................................................................. Relationship: ................................................................

**References** (No family members please)

**CURRENT** Landlord’s Name ………………………………………………………………….… Phone ...………………………

Period of Time at Current Address ….………………… $ Per Week …………. Rented / Owned / Boarded

**PREVIOUS** Landlord’s Name …………………………………………………………………… Phone …………………………

Address of Property …………………………………………………………………………………………………………………..

Period of Time at Previous Address ……………………. $ Per Week …………..Rented / Owned / Boarded / With Family

**NAME OF OTHER INTENDED OCCUPANTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name** | **Date of Birth** | **Drivers licence no.** | **Version** | **Phone** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

This application collects personal information about you. The intended recipients of this information are Quality Rental Management Limited and the Property Owner. This information is required to assess your merit as a tenant; This information may be provided to a tenant default agency or credit collection bureau if you enter into a tenancy agreement and fail to comply with the terms and conditions of that agreement. If you fail to provide any of the information requested or provide false information, you may not be selected as the best applicant for the tenancy, or if false information is provided we may take action (if you are selected as a tenant) to end your tenancy on these grounds. You are entitled to access and correct this information in accordance with the Privacy Act. I agree to this information being given to another landlord, credit bureau or tenant default agency. I agree that the landlord may use any of the information on this form, or any further information obtained during the term of the tenancy, to enforce judgement or money orders obtained against me. I authorise the landlord to obtain information about me from Tenancy Services, any Postal Authority, Power Supply, Gas or Telecommunications Company, any Debt Collection Agency, Housing NZ, WINZ or Department of Courts. I agree on the landlord running checks through the Ministry of Justice which will show any convictions against my name. I declare that the above particulars are true and correct and the landlord may check on any details provided in this application. I authorise Quality Rental Management Ltd to obtain a credit check. I understand the above authority to obtain information cannot subsequently be cancelled by me.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quality Rental Management, Drop off to 134A Percival Rd (off Ruakura Rd)

Phone 07 8566678 email:admin@qrm.co.nz Fax: 07 8566346

PHOTO ID REQUIRED FOR ALL APPLICATIONS

Office Hours Monday to Friday 9am – 5pm Saturday 9am – 12.