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|---|--|------------------|--|
|                            | <b>TENANCY APPLICATION</b>   |                  |  |
| <b>A SEPARATE FORM IS TO BE COMPLETED BY EACH PERSON OVER 18 YEARS INTENDING TO RESIDE AT THIS PROPERTY</b> |  |                  |  |
| <b>Which property are you applying for:</b>   | Property Address:  |                  |  |
|   | Have you attended a viewing at the property: <input type="checkbox"/> Yes <input type="checkbox"/> No Viewed on YouTube <input type="checkbox"/>         |                  |  |
|   | Date viewed:   |                  |  |
|   | Fixed Term Tenancy: 12 months <input type="checkbox"/> Long term <input type="checkbox"/> Other <input type="checkbox"/>                                 |                  |  |
|   | Commencing on: _____ No of persons over 18 to reside at premises: _____  |                  |  |
| <b>Details of Applicants</b>  |  |                  |  |
| <b>Please Circle</b>  | Surname:   |                  |  |
|   | First Name:  |                  |  |
|   | Middle Name:   |                  |  |
|   | Maiden Name:   |                  |  |
|   | Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> |                  |  |
|   | D.O.B  |                  |  |
|   | No. of Children:   |                  |  |
|   | Ages:  |                  |  |
|   | Home No.   | Mobile No.       |  |
|   | Work No.   | Email:           |  |
|   | <b>Residential Rentals do not allow pets in the properties that we manage including the following: Cat, Dog, Rabbits, Birds and Fish</b>                 |                  |  |
| Smokers: Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |                  |  |
| <b>Current Landlord History</b>   |  |                  |  |
| <b>Please provide Real Estate Agent if recently sold</b>  | Current Address:   |                  |  |
|   | Period There:  | Weekly Rent Paid |  |
|   | Landlord Name:   | Phone No:        |  |
|   | Reason for moving:   |                  |  |
| <b>Previous Landlord History</b>  |  |                  |  |
|   | Previous Address:  |                  |  |
|   | Landlord Name:   |                  |  |
|   | Phone No:  |                  |  |
| <b>Personal Details</b>   |  |                  |  |
| <b>Please circle</b>  | Are you a New Zealand Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>  |                  |  |
|   | If No Please Provide Details:  |                  |  |
|   | Have you been before the Tenancy Tribunal: Yes <input type="checkbox"/> No <input type="checkbox"/>  |                  |  |
|   | If Yes Please Provide Details:   |                  |  |

|                             |   |                                   |
|-----------------------------|---|-----------------------------------|
| <b>Next of Kin / Friend</b> | Have you ever had a tenancy terminated before?: Yes <input type="checkbox"/> No <input type="checkbox"/>                        |                                   |
|                             | Have you ever had money deducted from your bond before?:<br>Yes <input type="checkbox"/> No <input type="checkbox"/>            |                                   |
|                             | Have you ever had a Tenancy Tribunal Order against you?: Yes <input type="checkbox"/> No <input type="checkbox"/>               |                                   |
|                             | If Yes Please Provide Details:  |                                   |
|                             | Do you have any consumer finance?: Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |                                   |
|                             | If Yes Please Provide Details:  |                                   |
|                             | Will you be seeking assistance from WINZ?: Yes <input type="checkbox"/> No <input type="checkbox"/>                             |                                   |
|                             | If Yes Please Provide WINZ Number and weekly income from WINZ:  |                                   |
|                             | Emergency Contact:  |                                   |
|                             | Name:   | Phone:                            |
| Address:                    |   |                                   |
|                             | Do you currently owe your landlord or Property Manager any money?:<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |                                   |
| <b>Proof Of Identity</b>    |   |                                   |
| <b>Must be Completed</b>    | NZ Drivers Licence No:<br>5a on licence   | Card Version No:<br>5b on licence |
|                             | Passport No:  |                                   |
|                             | Vehicle Details   |                                   |
|                             | How Many Vehicles Will Be At The Property   |                                   |
|                             | Vehicle Model:  | Vehicle Year:                     |
|                             | Licence Plate No:   |                                   |
| <b>Current Employer</b>     |   |                                   |
| <b>Must be completed</b>    | Current Occupation:   |                                   |
|                             | Length Of Time:   |                                   |
|                             | Salary Payment Frequency: Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> |                                   |
|                             | Take Home Salary Per Payment:   |                                   |
|                             | Company Name:   |                                   |

|  |  |
|--|--|
|  | Employer's Name:   |
|  | Phone:   |
|  | Additional Income: \$ _____ per week<br>e.g. Working For Family Tax Credits, Accommodation Supplement etc. This is only required if insufficient income.   |
| <b>List any past/current criminal convictions or current investigations against you for which prosecution and or sentencing is likely or possible.</b>   |  |
|  |  |
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| <b>Please note our properties will be subject to testing for illegal substances and this may be conducted at anytime.</b>  |  |
| <b>An Example of Letting Details</b>   |  |
| <b>Bond:</b> 4 weeks rent. <b>Rent:</b> One weeks rent is payable in advance.<br>e.g. If rent is \$500.00. <b>Bond:</b> will be \$500 x 4 weeks equals \$2000.00. <b>Rent:</b> one week equals \$500.00.   |  |
| <b>This application will only be accepted if accompanied by the following:</b>   |  |
| <b>Check List<br/>Please tick<br/>the box</b>  | <input type="checkbox"/> A coloured copy of your Drivers Licence and/or passport. <b>Must be a coloured copy.</b><br><input type="checkbox"/> Proof of income – payslip or bank statement or contract.<br><input type="checkbox"/> Current utility bill i.e. power, phone with your current address<br><input type="checkbox"/> Applications attached for all applicants over the age of 18 intending to reside at the premises including drivers licence, proof of income.<br><input type="checkbox"/> I acknowledge that if any of the above information does not accompany this application then I will automatically be declined – <b>NO EXCEPTIONS</b><br><b>Residential Rentals will not follow up on missing documentation.</b><br><input type="checkbox"/> I understand that if I have not viewed this property, my application will not be processed. |
| <b>Contact Details for Residential Rentals</b>   |  |
| <b>Scan and email to: admin@residentialrentals.co.nz Phone: (09) 271 5200 opt 2</b><br>320 Ti Rakau Drive, East Tamaki, Auckland 2013. PO Box 51910 Pakuranga, Auckland 2140.  |  |
| <b>Please note on acceptance of your application you will be required to pay the one weeks rent in advance within 24 hours to secure this property. I acknowledge and accept that if this application is rejected, Residential Rentals Limited is not legally obligated to give reasons for the rejection. I, the Applicant, declare that I am not bankrupt and that the rental is within my means.</b>  |  |
| <b>Privacy Statement</b>   |  |
| This form collects personal and other information about you, your spouse/partner, your emergency contact and your referees. Providing this information to us will help us to process your application in a prompt and efficient manner.  |  |
| By providing this information to us (the landlord or property manager, of the property above), you represent and warrant that the information is correct, up-to-date, accurate and not misleading. If you are providing information about a third party, you represent and warrant to us that you have the authority of that third party to provide their information to us in accordance with the terms of this application.  |  |
| You authorise us to:   |  |
| <ul style="list-style-type: none"> <li>collect and use this information for: (a) assessing your creditworthiness; (b) assessing your suitability for the tenancy; (c) managing and monitoring your tenancy if this application is successful; (d) communicating this application with you if this application is successful; (e) enforcing any Tenancy Tribunal order against you; and (f) any other purpose that we subsequently make known to you and which you agree to;</li> <li>disclose information about you, whether collected from you directly or from any other source, to any credit provider, credit reporter, debt collection agency and/or tenancy information reporting</li> </ul> |  |

agency (including Tenancy Information New Zealand Limited), (together "**Authorised Agencies**") for the purposes of the relevant Authorised Agency providing reports to, or obtaining reports for, us relating to your creditworthiness, tenancy history and/or any other matter that may be useful in assessing your application; and

- allow Authorised Agencies to hold, use and disclose your information so that they can provide credit reporting, reference checking, tenancy information reporting and/or debt collection services to its subscribers or other third parties.

By signing this document, I confirm that the information on this form is true and correct and I have read the Privacy Statement as set out above.

**This form will be treated under the terms of the Privacy Act 1993.**

|               |                       |
|---------------|-----------------------|
| <b>Signed</b> | Name:                 |
|               | Signature: _____ Date |

**Providing false information may lead to further action through the Tenancy Tribunal.**