TENANCY APPLICATION



Personal	Full Name:			
details.	(first)	middle)	(surname)	
	Tel Home:	Mobile:		
	Email:			
	Date of Birth:			
	Marital status:			
	Number of children (if a	ny)		
	Ages of children:		_	
	Names of children:			
	Any custody or protection	on orders? YES/NO		
	Smoker: YES/NO (smoki	ng is permitted OUTSIDE	ONLY)	
	Pets: YES/NO			
	Types of pets:			
	Type/Breed:			
	Registration number:			
	Please attach photos of	all animals that may be	living with you.	
	Car make/model:			
	Car registration plate Dr	ivers licence number (5a)		
	Passport no Expiry date:	(licence)		
	Do you have a criminal	record? YES/NO I f yes ple	ase explain with dates	
	Have you ever been bar	ıkrupt? YES/NO If yes ple	ase give details	

Employment details	Current employer:			
	Address FULL-TIME/PART-TIME			
	Your position:			
	Supervisors name			
	Length of employment:Phone			
WINZ details	Do you receive a benefit? YES/NO			
	Type of benefit receiving from WINZ			
	WINZ number			
	It is a condition of all tenants on WINZ that rent comes directly from WINZ.			
	Do you agree to this? YES/NO			
Current Tenancy	Current address:			
	(proof of current address, power/phone account)			
	Do you? RENT/OWN/BOARD			
	Weekly \$			
	Reason for leaving:			
Current tenancy	Agent/Landlord			
Continued	(this person will be called for a reference).			
	Telephone Number			
	When did you move into this place:			
Previous Tenancy	Address:			
Details	Agent/Landlord			
	Phone:			
	Weekly \$			
	Dates that you lived here:			
	Reasons for Leaving			

History						
	If yes where?					
	Have you ever been summ					
	YES/NO. If yes, when?					
	Please provide details					
	What was the outcome?_	_				
	What address was this for					
	Have you ever had money YES/NO please give detail	?				
Requirements	When do you need a place	e by?				
	Preferred area:					
	Number of bedrooms?					
		to pay a week?				
	How long do you need the					
Vehicles	What cars will be kept at t	he property?				
	Make Mo	del Registrat	ion			
Who will be living with you?	Name	DOB	Relationship			
Next of Kin	Name:					
	Address:					
	Relationship: Phone:					

I	confirm	the	foll	lowin	g:

l, the Applicant acknowledge that this is an application to rent a property and that my application is subject to the Landlord's approval.
I, the Applicant consent to the information provided in this application bring verified and a reference check on Tenancy Infor- mation New Zealand (TINZ), National Tenancy Database (NTD),.
I, the Applicant agree that in the event of non-payment of rent or any other cost associated to the rental accommodation I rent such as cleaning and any repairs, to pay all collection and legal costs (calculated on a solicitor and own client basis) which may be incurred in recovering from you any overdue amount.
I, the Applicant consent to methamphetamine tests being carried out at any rental property that I rent with Matthew & Co Real Estate Ltd. Methamphetamine testing will be completed upon commencement and conclusion of a tenancy. All test results will be also be shared amongst all parties. Any positive results I agree that I will cover all costs associated with the positive test, this includes all testing, all cleaning and repairs that need to be done.
I, the Applicant apply for approval to rent the premises referred to in this form and acknowledge that my application will be referred to the Landlord of the property for his/her/their acceptance and if the application is approved, to prepare a Residential Tenancy Agreement for the premises.
l, the Applicant, declare that I am not a bankrupt or an undischarged bankrupt and that the information provided by me is true and correct.
Applicant's Signature Date Date

Once you've completed the application, please email the form to our property manager at rentals@matthewandco.nz for processing.

Alternatively, if you do not have access to the internet, you can always pop in and see us at the Matthew & Co Office, 246 Broadway, Stratford.