

Pre-tenancy Application Form

- **SMOKE FREE TENANCY** - NO SMOKING INSIDE THE HOME
- **ALCOHOL FREE TENANCY** - NO GROUP ALCOHOL CONSUMPTION INSIDE THE HOME
- **DRUG FREE TENANCY** - NO DRUGS INSIDE THE HOME
- **TENANT'S NAME AND ALL OCCUPANTS NAMES MUST BE LISTED ON THIS APPLICATION FORM**
- **NO PETS PERMITTED INSIDE THE HOME**

Please complete this form to apply for the tenancy at the address below. The information you provide is for applying for this tenancy and may be used for a credit and reference check.

Your privacy is protected under the Privacy Act 1993.

Property Address:

.....

Application Date:

APPLICANT #1

(Select applicable title) Mr Mrs Ms Miss

First Name:..... Last Name:

Are you a registered member of the Tapuika Iwi Authority? Yes No

Descendants of Tapuika are invited to register, would you like a registration form to be sent to you? Yes No

Date of Birth:..... Home Phone:.....

Work Phone:..... Mobile:.....

Email:..... Driver Licence #:.....

Vehicle Make/Model:..... Vehicle Reg:.....

Occupation:..... Length of Service:.....

Employers Name:.....

WINZ Customer # (if applicable):

Current Address:.....

.....

Length of Tenancy:..... Reason for leaving:.....

Previous Address:.....

.....

.....

Pre-tenancy Application Form

APPLICANT #2

(Select applicable title) Mr Mrs Ms Miss

First Name: Last Name:

Are you a registered member of the Tapuika Iwi Authority? Yes No

Descendants of Tapuika are invited to register, would you like a registration form to be sent to you? Yes No

Date of Birth: Home Phone:

Work Phone: Mobile:

Email: Driver Licence #:

Vehicle Make/Model: Vehicle Reg:

Occupation: Length of Service:

Employers Name:

WINZ Customer # (if applicable):

Current Address:

Length of Tenancy: Reason for leaving:

Previous Address:

4 weeks Bond and 2 week in advance is required prior to occupancy **TOTAL \$**

When would you like the tenancy to begin?: And for how long?:

PLEASE PROVIDE FURTHER DETAILS OF ANY OTHER OCCUPANTS

Name:	Relationship:	Date of Birth:
.....
.....
.....
.....

Are any of the occupants smokers? Yes No If yes: Inside Outside

Do you own a pet? Yes No (If yes, please give details)

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REFERENCES

Current Landlords Name: Phone:

Your Current Address:

Duration of Tenancy: **Start Date:** **End Date:**

Previous Landlords Name: Phone:

Your Previous Address:

Duration of Tenancy: **Start Date:** **End Date:**

APPLICANT #1

Employers Name: Phone:

APPLICANT #2

Employers Name: Phone:

Do you agree to us contacting the above referees for a verbal reference: Yes No

I / We consent that the above information may be used to obtain credit/police checks and/or personal references.

I / We declare that the information in this form is true and correct and that I have read the Privacy Act 1993 Statement on the below.

Signature: Date:

PRIVACY ACT 1993 STATEMENT

For the purposes of the Privacy Act 1993:

This application form collects personal information about you. This information is required to: Assess your eligibility as a tenant; and collect information that would be provided to a tenant default database or credit bureau if you enter into a tenancy agreement and fail to comply with the terms of that agreement. (A tenant default database records the names of persons who have been found to breach a tenancy agreement or the Residential Tenancies Act 1986 by the Tenancy Tribunal). The information in this tenancy application form will, if you enter into a tenancy agreement with us, be held on a database and used by us and by the owner of the property. The information will also be made available to credit bureau or tenant default databases. If you do not supply all the information in this form, you may not be considered as a tenant for any of the properties we administer. You have the right to see the information we hold about you and to correct that information in accordance with the Privacy Act. To view this information please contact: naomi@tapuika.iwi.nz

(for office use only)

ACCEPTED / DECLINED

Takeover Date:

Make Appointment - yes / no

Bond Transfer - yes / no

Date of Appointment: Phoned Result - yes / no

WINZ Letter - yes / no