

APPLICATION FOR TENANCY



Tenancy address Applied for

Date: / /

Applicant(Full Name):

AKA:

Other applicant(s) names linked to this application if any. (Note: A separate application is required by each person)

Date of Birth:

/ /

Preferred Start Date:

ASAP

Vehicle Type:

Registration:

Current Address:

Prior Address

(If less than 2 years)

Occupation:

Employer:

Cell Ph:

Work:

Home:

Email Address:(*V preferred contact e-mail*)

Work:

Home:

Next of Kin (Name, Address, Phone& Email):

Prior Landlord Reference (Name, Address, Phone & Email):

Reference attached Yes No

Character Referee (Name, Address, Phone & Email):

Reference attached Yes No

Photo Identification required: (Drivers license, passport, student ID)

ID (copy) attached

By submitting this form, you give permission for LRL to undertake appropriate checks and disclosures (including credit) for the purpose of this tenancy application and any tenancy arising thereafter.

Please send completed application to LRL

Contact Details: james@flick.co.nz Post: P.O. Box 5042
Wellington

Deliver: 28 Hopper Street
TeAro