

# **TENANT APPLICATION FORM**

## \*\*\*PROPERTY APPLIED FOR:

Landline

Website

: 021 762 2132

: www.chorusletting.co.za

	ADDRESS:													
	RENT AMOUNT:			OCCUP	ATION D	ATE:		OCC	CUPAT	ION PE	RIOD:			
	NUMBER OF PERSONS OCCUPYING THE PREMISES													
	ADULTS: CHILDREN: PETS:													
н	PET DESCRIPTION:   HAS THE PROPERTY BEEN VIEWED BY AN APPLICANT OR THEIR REPRESENTATIVE?   YES   NO													
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***	TERMS AND C	OND	ITIONS:											
	A non refundable			R200 (incl. \	/AT) is p	ayable	in order to p	proces	ss your	applicat	tion.			
	A once off lease f											adult	occupan	s)
	An additional cos	of R10	00 (incl. V <i>A</i>	AT) per adult	occupan	t is app	licable if the	ere are	e 3 or n	nore adı	ult occu	pant	s.	ŕ
	You have to be 18				-						,	•		
	Payment of renta	in tern	ns of our le	ease agreeme	ent requi	res pay	ment in adv	ance	by the	1st of ea	ch & ev	ery i	month.	
	•			J	·				•			•		
	SUPPORTING			REQUIRE	<u>D:</u>									
-	be attached to a													
	A copy of <b>ALL O</b>				-		-			. ,			\	
	(SA ID or birth ce					_	•				_	pern	nits).	
	Proof of income	•												
	The latest 3 mon						•						•	
	Most current sch				ent and I	atest A	nnual Finai	ncial	Statem	nents (e	ntities o	nly).		
	Proof of current re	esident	ial address	S.										
***	NB!! PLEASE	NOTE	: <b>.</b>											
	No application will			nless complet	te with al	l suppo	rtina docum	nentat	ion					
	Banking details	•		•			accum	·omat						
	No application wil						f the applica	ation f	ee					
		•		•			. по арриос	200111						
	Your damages de		_		•		t							
	. Jan damagoo de	Pool 0				0 1011	••							
***	APPLICATION	S ADI	MINISTR	ATOR - N	loira S	temm	et							
Em				etting.co.za			<u></u>							
Fax		768 70		<u></u>										

Contact Person Name:	
Mobile Number:	
Landline:	
Email Address:	
Preferred Method of Contact:	



## TENANT APPLICANT 1:

		<del>/ \ </del>	<u> </u>																		
ID/Passport N°													Date	e of Birt	h	D	D M	I	Y	Υ	Y
Full name		-								Ma	rital S	Status									
Surname										ΑN	IC		C	OP		M	luslim	Righ	nts		
Preferred name for contacting																					
Cell Number:						W	ork:							Fax	c:						
Email:								l		1	Alt Em	nail:									
Do you smol	ke?		Y / N			If YE	S. do	o vo	u hav	e an	v obie	ections	s to sn	noking	outs	side?			Υ	/ N	
Have yo		en a		Date							Ť				-						
Have you ever	lea	se?	or aske						any r	easo Y / I		Y/N Eve		ason: n convic	ted	of a ci	rime?			Y /	N
Is there anyth									er in v	/OUr	name										
			thing wh	•																	
Current Reside					iay ii	110110	pryo	u. u	y :	о ра	<i>y</i> 10111	· ana									
Current landlo			,									Contac	+ NIO						Peri	od	
Current month												oniac	LIN	le v	our	rent up	to da	to?	1 611	Y /	N
Reason for		-											1	1		Code		le!		1 /	14
	us Resi		1											FU	Sia	Code					
1 10110		ddress																			
Previous	landlor age										С	ontac	t Nº						Peri	od	
Reason for me	oving?																				
Was your full of				Υ /	N	# of	late	pay	ments	?			De	posit he	eld b	y Owr	ner/Ag	ent?		Υ	/ N
Reaso	n depo																				
** EMPLOYM	IENT	refun																			
Name of Employ																					
Supervisor's nar	ne:																				
Average weekiv	nours:			Le	nath	ot tim	ne at t	ores	ent bi	ace	ot em	mvolaı	ient: Y	'ears:		IVIOR	nths				
Address of empl Phone: ( ) Salary: R			اا ا	-ax: ( Month	nly ta	) ke ho	me: F	₹			Po	sition I	held: Balanc	e after	dec	luction	s & re	nt: R			
** PERSONA Please list at lea					ahle	refer	ences	s (w	ho live	in (	ane '	Town	nrefer	rahlv) w	ith t	their re	especti	ive n	hone n	umbo	ers
1			_								-		-	Labiy) W			-	-	110110 11		
2.																					
** NEAREST	I IVIN	G RF	-ι ΔΤι					_	rei							Reia	uonsm	p			<del></del>
Name:										Pho	one:										
Address:																					
Relationship?										-											
** ASSETS:																					
Vehicle (make/m Please note, only	nodel/co	lour/y	ear):			· · · · ·															
Please note, only	y cars c	n app	lication	are a	utnoi	rizea	to be	on	premi	ses.	Provii	nce.									
Plate number: Financed / lease	d throu	gh: Ac	count #	:					Мо	nthly	payn	nents:									
Contact and pho	ne num	ıber: _																			
** BANK ACC										Dro	n ah n										
Cheque account	Name of Bank: Branch name: Cheque account #: Savings acct. #:																				
Cheque account #: Savings acct. #:  How long account active? (C) (S) Average monthly balance: (C) (S)																					
Please advise franswer.							-		epos	it an	d firs	t mor	nth's r	ent wil	l be	paid1	? Plea	se ci	ircle th	ie co	rrect
<ul><li>□ Bank ac</li><li>□ Credit (</li><li>□ Savings</li></ul>	person	al Ioan	or crec	lit car	d) -\	/ES/N		ر													
	- <sub>(</sub> - y - )	_ uuy 1	account	, 1																	



## **TENANT APPLICANT 2 / GUARANTOR:**

**PERSONAL DETAILS:											
ID/Passport N°						Dat	te of Birt	h D	D M	M Y	/ Y Y
Full name			•	Marita	Status	S		•			
Surname				ANC		С	OP		Muslim Rig	hts	
Preferred name for contacting					•	•		•		•	
Cell Number:		Work:					Fax	:			
Email:				Alt E	mail:						
Do you smoke? Y / I	N If	YES, do	you have	any ob	jection	s to si	moking o	outside?	?	Υ /	N
Have you broken a lease?	Refused to p	oay rent	for any re	eason?	Y/N	Re	eason:				
Have you ever been evicted or asl	ked to leave a r	ental un	it?	Y / N	Eve	er bee	n convic	ted of a	crime?	Υ	/ N
Is there anything to prevent you	from placing ph	none or v	water in y	our nam	e and	why?					
Do you know of anything v	which may inter	rupt you	ır ability te	o pay re	nt and	why?					
Current Residential Address											
Current landlord / agent					Conta	ct Nº				Period	
Current monthly rental?							ls yo	our rent	up to date?	Υ	/ N
Reason for moving?							L	stal Co			
Previous Residential									<u> </u>		
Address Previous landlord /					Contac	∽t NIº				Period	
agent					Ooma	JC 14				1 CHOC	
Reason for moving?				0				0	. /^ .	2 .	hi
Was your full deposit refunded?  Reason deposit was not	Y / N #	of late	payments	5?		De	eposit ne	ela by O	wner/Agent	?	Y / N
refunded:											
** EMPLOYMENT DETAILS:											
Name of Employer:											
Supervisor's name: Average weekly hours:											
Address of employer:											
Address of employer: Phone: ( ) Salary: R	Fax: ( )	home: F		F	osition	n held: Balan	ce after	doducti	one & ront:	 >	
Galary. IX	. Working take	1101110. <u>11</u>	`			Dalaii	oc arter	acaaca	0113 & 1011t. <u>1</u>		
** PERSONAL REFERENCE											
Please list at least two non-family			•	-		-					
1									lationship: _		
2.			Tel:					Re	lationship: _		
** NEAREST LIVING RELAT Name:				Dhone							
Address:											
Relationship?											
** ASSETS:											
Vehicle (make/model/colour/year): Please note, only cars on application											
Please note, only cars on application	n are authorize	d to be	on premis	Ses.	inaai						
Plate number: Province: Province: Monthly payments: Monthly payments: Province:											
Contact and phone number:											
** BANK ACCOUNT DETAIL	_S:										
Name of Bank: Cheque account #:				Saving	name s acct	: #·					
Cheque account #:  How long account active? (C)		(S)		Averag	e mon	 thly ba	alance: (	C)		(S)	
Please advise from which of the following sources your deposit and first month's rent will be paid? Please circle the correct											
answer.	doneldists	VEO/NO									
<ul><li>Bank account where salary</li><li>Credit (personal loan or credit)</li></ul>			,								
□ Savings (eg. 32 day accou		<del></del>									



### \*\* MONTHLY EXPENSES:

APPLICANT 1	APPLICANT 2				
Current Rent / Bond	Current Rent / Bond				
Rates/Taxes/Levies	Rates/Taxes/Levies				
Utilities	Utilities				
Vehicle Installments	Vehicle Installments				
Vehicle Insurance	Vehicle Insurance				
Credit Card	Credit Card				
Life Insurance	Life Insurance				
Fuel Expenses	Fuel Expenses				
Personal Loan	Personal Loan				
Pension / RA	Pension / RA				
Medical Aid	Medical Aid				
Hospital Payments	Hospital Payments				
School Fees	School Fees				
TV License / DSTV	TV License / DSTV				
Clothing Accounts	Clothing Accounts				
Groceries	Groceries				
Other	Other				
TOTAL EXPENSES	TOTAL EXPENSES	_			

#### \*\*PERSONAL ASSETS

(That will be brought onto the property as listed below; the value required is the value if converted to Cash)

ITEMS	VALUE	ITEMS	VALUE	ITEMS	VALUE
Beds		Dishwasher		Portable braai	
Bikes		DVD player		Printer(s)	
Boat and trailer		Freezer		Quad bike(s)	
Caravan		Fridge(s)		Quad bike trailer	
Tumble dryer		Hi Fi System		Off road trailer	
Computer(s)		Lawn mower		Surround sound sys	
Cupboards		Lounge suite		TV / LCD / Plasma	
Dining chairs		Motor bikes		Washing machine	
Dining table		Play station / Xbox		Microwave	_

#### \*\* OTHER OCCUPANTS

(List all occupants that will be residing at the premises and include proof of identity)

FULL NAMES	IDENTITY NUMBER OR DATE OF BIRTH FOR MINORS	RELATIONSHIP				
	222					

I/we, the undersigned, hereby warrant that the above information is true and correct and herby give Chorus Letting permission to carry out a full credit, criminal and reference check.

All Applicants & Occupants consents to the Landlord and/or his agent accessing, storing, screening or processing its personal information, as defined in the Protection of Personal Information Act, which the Landlord reasonably requires.

SIGNATURE OF APPLICANT 1:	 <u>DATE :</u>
SIGNATURE OF APPLICANT 2:	 <u>DATE :</u>
SIGNATURE OF OCCUPANT 1:	 <u>DATE :</u>
SIGNATURE OF OCCUPANT 2:	<u>DATE :</u>