

TENANT APPLICATION FORM

*****PROPERTY APPLIED FOR:**

ADDRESS:			
RENT AMOUNT:		OCCUPATION DATE:	OCCUPATION PERIOD:

NUMBER OF PERSONS OCCUPYING THE PREMISES			
ADULTS:	CHILDREN:	PETS :	
PET DESCRIPTION:			
HAS THE PROPERTY BEEN VIEWED BY AN APPLICANT OR THEIR REPRESENTATIVE?			<input type="checkbox"/> YES <input type="checkbox"/> NO

*****TERMS AND CONDITIONS:**

- A non refundable application fee of R200 (incl. VAT) is payable in order to process your application.
- A once off lease fee of R1 200 (incl. VAT) is charged on all **APPROVED APPLICATIONS** (limited to 2 adult occupants).
- An additional cost of R100 (incl. VAT) per adult occupant is applicable if there are 3 or more adult occupants.
- You have to be 18yrs or older to sign a lease agreement.
- Payment of rental in terms of our lease agreement requires payment in advance by the 1st of each & every month.

*****SUPPORTING DOCUMENTS REQUIRED:**

(To be attached to application form)

- A copy of **ALL OCCUPANTS AND APPLICANTS proof of identity**.
(SA ID or birth certificates, passport if not an SA citizen along with the required Visa's and / or working permits).
- Proof of income** (Latest 2 months pay slips or accountants letter verifying income if self employed).
- The latest **3 months bank statements** for the account into which your income is paid (entities and individuals).
- Most current **schedule tax return or assessment** and latest **Annual Financial Statements** (entities only).
- Proof of current residential address.

*****NB!! PLEASE NOTE:**

- No application will be processed unless complete with all supporting documentation.
- Banking details will be emailed after the above is received.**
- No application will be processed without the proof of payment of the application fee.
- An approved application does not guarantee you the property.
- A 1.5% banking fee will be charged for all cash deposits.
- Your damages deposit cannot be used as your last month's rent.

*****ENQUIRIES & APPLICATIONS ADMINISTRATOR – Jessica Jeftha**

Email : administrator1@chorusletting.co.za
 Fax : 086 212 7999
 Landline : 021 762 2132
 Website : www.chorusletting.co.za

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



TENANT APPLICANT 1 :

****PERSONAL DETAILS:**

ID/Passport N°															Date of Birth	D	D	M	M	Y	Y	Y	Y	
Full name											Marital Status													
Surname											ANC		COP		Muslim Rights									
Preferred name for contacting																								
Cell Number:											Work:											Fax:		
Email:											Alt Email:													
Do you smoke?	Y / N		If YES, do you have any objections to smoking outside?															Y / N						
Have you broken a lease?	Y / N		Refused to pay rent for any reason?					Y / N		Reason:														
Have you ever been evicted or asked to leave a rental unit?	Y / N					Ever been convicted of a crime?					Y / N													
Is there anything to prevent you from placing phone or water in your name and why?																								
Do you know of anything which may interrupt your ability to pay rent and why?																								
Current Residential Address																								
Current landlord / agent											Contact N°											Period		
Current monthly rental?											Is your rent up to date?	Y / N												
Reason for moving?											Postal Code													
Previous Residential Address																								
Previous landlord / agent											Contact N°											Period		
Reason for moving?																								
Was your full deposit refunded?	Y / N		# of late payments?					Deposit held by Owner/Agent?					Y / N											
Reason deposit was not refunded:																								

**** EMPLOYMENT DETAILS:**

Name of Employer:

Supervisor's name:

Average weekly hours: Length of time at present place of employment: Years: Months:

Address of employer:

Phone: (.....) Fax: (.....) Position held:

Salary: R Monthly take home: R Balance after deductions & rent: R

**** PERSONAL REFERENCES:**

Please list at least **two non-family** contactable references (who live in Cape Town preferably) with their respective phone numbers.

1. Tel: Relationship:

2. Tel: Relationship:

**** NEAREST LIVING RELATIVE:**

Name: Phone:

Address:

Relationship?

**** ASSETS:**

Vehicle (make/model/colour/year):

Please note, only cars on application are authorized to be on premises.

Plate number: Province:

Financed / leased through: Account # Monthly payments:

Contact and phone number:

**** BANK ACCOUNT DETAILS:**

Name of Bank: Branch name:

Cheque account #: Savings acct. #:

How long account active? (C) (S) Average monthly balance: (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.

- Bank account where salary is paid into – YES/NO
- Credit (personal loan or credit card) -YES/NO
- Savings (eg. 32 day account) – YES/NO



TENANT APPLICANT 2 / GUARANTOR :

****PERSONAL DETAILS:**

ID/Passport N°															Date of Birth	D	D	M	M	Y	Y	Y	Y												
Full name												Marital Status																							
Surname												ANC		COP		Muslim Rights																			
Preferred name for contacting																																			
Cell Number:												Work:												Fax:											
Email:												Alt Email:																							
Do you smoke?	Y / N			If YES, do you have any objections to smoking outside?															Y / N																
Have you broken a lease?	Y / N		Refused to pay rent for any reason?							Y / N		Reason:																							
Have you ever been evicted or asked to leave a rental unit?	Y / N			Ever been convicted of a crime?															Y / N																
Is there anything to prevent you from placing phone or water in your name and why?																																			
Do you know of anything which may interrupt your ability to pay rent and why?																																			
Current Residential Address																																			
Current landlord / agent												Contact N°												Period											
Current monthly rental?												Is your rent up to date?												Y / N											
Reason for moving?												Postal Code																							
Previous Residential Address																																			
Previous landlord / agent												Contact N°												Period											
Reason for moving?																																			
Was your full deposit refunded?	Y / N			# of late payments?																		Deposit held by Owner/Agent?	Y / N												
Reason deposit was not refunded:																																			

**** EMPLOYMENT DETAILS:**

Name of Employer:

Supervisor's name:

Average weekly hours: Length of time at present place of employment: Years: Months:

Address of employer:

Phone: (.....) Fax: (.....) Position held:

Salary: R Monthly take home: R Balance after deductions & rent: R

**** PERSONAL REFERENCES:**

Please list at least **two non-family** contactable references (who live in Cape Town preferably) with their respective phone numbers.

1. Tel: Relationship:

2. Tel: Relationship:

**** NEAREST LIVING RELATIVE:**

Name: Phone:

Address:

Relationship?

**** ASSETS:**

Vehicle (make/model/colour/year):

Please note, only cars on application are authorized to be on premises.

Plate number: Province:

Financed / leased through: Account # Monthly payments:

Contact and phone number:

**** BANK ACCOUNT DETAILS:**

Name of Bank: Branch name:

Cheque account #: Savings acct. #:

How long account active? (C) (S) Average monthly balance: (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.

- Bank account where salary is paid into – YES/NO
- Credit (personal loan or credit card) -YES/NO
- Savings (eg. 32 day account) – YES/NO



**** 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

I/we, the undersigned, hereby warrant that the above information is true and correct and hereby 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:

DATE :.....

SIGNATURE OF APPLICANT 2:

DATE :.....

SIGNATURE OF OCCUPANT 1:

DATE :.....

SIGNATURE OF OCCUPANT 2:

DATE :.....