

## Application for a Residential Tenancy

Address of rental propertyRent per week: \$
Date you want to start the tenancyLength of tenancy required
First name
Present residential address
<b>Phone</b> Hm Wk MobLength of time at this address
Identification: Date of birth / / Form of IDEmail
Number of people intending to reside(including applicant)
Names of people intending to reside
What is your source of income?
Name of current employer (if employed)
How long with this employer?Phone number of employer
Address of current employer.
Other income sources if you are not employed
Total weekly income \$
Will you be parking a motor vehicle on the property? Y/N
If yes, state details MakeModelRegistration number
Pets: Do you have a pet Y/N If yes what is the pet?
Smoking: Are you or any other prospective occupant a smoker Y/N
If you are under the age of 18, are you married? Y/N
Current renting details
If currently renting, what rent is paid per week \$
Why are you leaving.
Current Property Manager/Landlord PhoneFaxemailemail.

•		nd? Y / N If yes, please give details
		details
Do you accept the property in its cu	rrent condit	ion Y/N details
Close friend or referee in New Zeala	ınd:- Landlo	rd / Character Reference / Work Reference
Name:		Phone:
Address:	Relatio	onship to you
<b>Tenants Declarations and con</b> I agree to you obtaining other informatives)		ut me and contacting any of the following referees(not
		Phone
		Phone
		Phone
tenancy agreement or in respect of I agree to any of this information to database.  I agree to pay for any costs of colle I agree that if I enter into an unconwill pay Goode Rentals an administ I confirm that the information in the Sighting Information – We advise	e information any order agent on the given to be given to be given to be given to be given the form is to be you that you supply all	on on this form to enforce any judgement in respect of the gainst me by the Tribunal. The another landlord, credit bureau or tenant default ding disbursements, fees, commissions and charges. The ement to rent a property introduced by Goode Rentals I have the right to see the information we hold about you the information requested, you may not be considered the
Signature of applicant		
Once completed, please return to:	Goode Re	entals
	Phone	09 948 7000
	Email Fax	darryl@gooderentals.co.nz 09 926 1846

**Mobile** 021 270 4455

3/2 Edwin Street Mt. Eden 1024

**P.O. Box** 56622 Dominion Road Mt Eden 1024

Address