

TENANCY APPLICATION FORM

All potential tenants over the age of 18 must complete an application form.

Address of the property you are applying for:

| | | | |
|---------------------------------|--|--------------------------------------|-------------------------------|
| Unit #: <input type="text"/> | Street #: <input type="text"/> | Street Name: <input type="text"/> | Area: <input type="text"/> |
| (If applicable) | Preferred move in date: <input type="text"/> | | |

First Applicants' Information:

| | | | |
|--|---|---|--|
| First Name: <input type="text"/> | Last Name: <input type="text"/> | Middle Name(s): <input type="text"/> | Date of Birth: <input type="text"/> |
| Other names known by: <input type="text"/> | Mobile Number: <input type="text"/> | Alternative Phone Number: <input type="text"/> | Contact Email Address: <input type="text"/> |
| Driver's License Number: <input type="text"/> | Version Number: <input type="text"/> | | |

(Please provide a photocopy of both front and back of your driver's Licence)

Employment information (if applicable):

(Please note that the employer may be contacted to confirm employment details only).

| | | | |
|---|--|--|---|
| Current Employer: <input type="text"/> | Name of contact at current employer: <input type="text"/> | | |
| Position: <input type="text"/> | Contact mobile number: <input type="text"/> | Work phone number: <input type="text"/> | Do you smoke or vape? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you smoke or vape? Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, please specify: Type of pet e.g. cat/dog <input type="text"/> | | Age of pet <input type="text"/> |
| | If dog, breed of dog <input type="text"/> | | |

Current and previous residence information:

(Please note that previous landlords may be contacted for references purposes).

| | | | |
|---|-----------------------------|---------------------------------------|---------------------------------|
| Current Employer: <input type="text"/> | | | |
| How long have you lived there? Years <input type="text"/> | Months <input type="text"/> | Current rent: \$ <input type="text"/> | Frequency: <input type="text"/> |
| Reason for moving: <input type="text"/> | | | |

Name of current landlord: Landlord's phone number:

Previous Address:

When did you live there? From to Rent paid: \$ Frequency:

Reason you moved:

Name of previous landlord: Landlord's phone number:

Will you be seeking assistance from WINZ? Yes No WINZ Number (if applicable):

Character references (please provide two):

(Please note that these people may be contacted to undertake reference checks)

Name: Contact Phone Number: Relationship to you:

Name: Contact Phone Number: Relationship to you:

GUARANTORS (if applicable):

Name: Contact Phone Number: Relationship to you:

Name: Contact Phone Number: Relationship to you:

CRIMINAL RECORD:

Have you ever been convicted of a criminal offense?

Yes No

If Yes, please provide details:

Have you ever been evicted from a property, taken to Tenancy Tribunal or are you in debt to another landlord?

Yes No

If Yes, please provide details:

Emergency Contact:

Emergency contact must be someone not living with you that we can contact if we cannot locate you. They MUST reside in New Zealand.

Name: Relationship to you: Contact Phone Number: Email:

Address:

Second Applicants' Information:

| | | | |
|--------------------------|----------------------|---------------------------|------------------------|
| First Name: | Last Name: | Middle Name(s): | Date of Birth: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other names known by: | Mobile Number: | Alternative Phone Number: | Contact Email Address: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Driver's License Number: | <input type="text"/> | Version Number: | <input type="text"/> |

(Please provide a photocopy of both front and back of your driver's Licence)

Employment information (if applicable):

(Please note that the employer may be contacted to confirm employment details only).

| | | | |
|--|---|----------------------|--|
| Current Employer: | Name of contact at current employer: | | |
| <input type="text"/> | <input type="text"/> | | |
| Position: | Contact mobile number: | Work phone number: | Do you smoke or vape? |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you smoke or vape? | If Yes, please specify: | | Age of pet |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Type of pet e.g. cat/dog <input type="text"/> | | <input type="text"/> |
| | If dog, breed of dog <input type="text"/> | | |

Current and previous residence information:

(Please note that previous landlords may be contacted for references purposes).

| | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|------------------------------|----------------------|------------|----------------------|
| Current Employer: | <input type="text"/> | | | | | | |
| How long have you lived there? Years | <input type="text"/> | Months | <input type="text"/> | Current rent: \$ | <input type="text"/> | Frequency: | <input type="text"/> |
| Reason for moving: | <input type="text"/> | | | | | | |
| Name of current landlord: | <input type="text"/> | Landlord's phone number: | <input type="text"/> | | | | |
| Previous Address: | <input type="text"/> | | | | | | |
| When did you live there? From | <input type="text"/> | to | <input type="text"/> | Rent paid: \$ | <input type="text"/> | Frequency: | <input type="text"/> |
| Reason you moved: | <input type="text"/> | | | | | | |
| Name of previous landlord: | <input type="text"/> | Landlord's phone number: | <input type="text"/> | | | | |
| Will you be seeking assistance from WINZ? Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | WINZ Number (if applicable): | <input type="text"/> | | |

Character references (please provide two):

(Please note that these people may be contacted to undertake reference checks)

Name:

Contact Phone Number:

Relationship to you:

Name:

Contact Phone Number:

Relationship to you:

GUARANTORS (if applicable):

Name:

Contact Phone Number:

Relationship to you:

Name:

Contact Phone Number:

Relationship to you:

CRIMINAL RECORD:

Have you ever been convicted of a criminal offense?

Yes

No

If Yes, please provide details:

Have you ever been evicted from a property, taken to Tenancy Tribunal or are you in debt to another landlord?

Yes

No

If Yes, please provide details:

Emergency Contact:

Emergency contact must be someone not living with you that we can contact if we cannot locate you. They MUST reside in New Zealand.

Name:

Relationship to you:

Contact Phone Number:

Email:

Address:

Third Applicants' Information:

First Name:

Last Name:

Middle Name(s):

Date of Birth:

Other names known by:

Mobile Number:

Alternative Phone Number:

Contact Email Address:

Driver's License Number:

Version Number:

(Please provide a photocopy of both front and back of your driver's Licence)

Employment information (if applicable):

(Please note that the employer may be contacted to confirm employment details only).

Current Employer:

Name of contact at current employer:

Position:

Contact mobile number:

Work phone number:

Do you smoke or vape?

Yes

No

Do you smoke or vape?

Yes

No

If Yes, please specify:

Type of pet e.g. cat/dog

Age of pet

If dog, breed of dog

Current and previous residence information:

(Please note that previous landlords may be contacted for references purposes).

Current Employer:

How long have you lived there? Years

Months

Current rent: \$

Frequency:

Reason for moving:

Name of current landlord:

Landlord's phone number:

Previous Address:

When did you live there? From

to

Rent paid: \$

Frequency:

Reason you moved:

Name of previous landlord:

Landlord's phone number:

Will you be seeking assistance from WINZ? Yes

No

WINZ Number (if applicable):

Character references (please provide two):

(Please note that these people may be contacted to undertake reference checks)

Name:

Contact Phone Number:

Relationship to you:

Name:

Contact Phone Number:

Relationship to you:

GUARANTORS (if applicable):

Name:

Contact Phone Number:

Relationship to you:

Name:

Contact Phone Number:

Relationship to you:

CRIMINAL RECORD:

Have you ever been convicted of a criminal offense?

Yes

No

If Yes, please provide details:

Have you ever been evicted from a property, taken to Tenancy Tribunal or are you in debt to another landlord?

Yes

No

If Yes, please provide details:

Emergency Contact:

Emergency contact must be someone not living with you that we can contact if we cannot locate you. They MUST reside in New Zealand.

Name:

Relationship to you:

Contact Phone Number:

Email:

Address:

Other residents information:

Please list all other persons who will be living at the property, including children:

| Full Name | Date of Birth | Occupation (if applicable) | Relationship to you: | Phone number (if applicable) |
|----------------------|----------------------|----------------------------|----------------------|------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Vehicles:

How many vehicles will be parked at the property?

Please list the Make, Model and Registration Numbers for each vehicle below:

Name:

Contact Phone Number:

Relationship to you:

Privacy Statement

This tenancy application form collects personal information about you. The information collected is required to assess your suitability and eligibility as a tenant/s for the rental property you have applied for. The information provided on this form will be used and disclosed to carry out certain tenant criterion checks pursuant to Lynn Property Management Limited Trading as managed. policies and procedures. This may include checks with the Ministry of Justice, VISA or credit check facilities, reference checks including with current or previous landlords, previous employers and character references. If your application is unsuccessful, it will be destroyed within one calendar month of the date of signing. If your application is successful, your personal information will be stored on the managed. Property management software and a hard copy in a file for the relevant property for the term of the tenancy. This information may, upon request from the landlord, be provided to them or to the authorised agents. At the end of your tenancy, the information will be archived as required by law for a minimum of seven (7) years. Lynn Property Management Limited Trading as managed. may receive requests from authorities who have legislative mandate to collect certain information. Lynn Property Management Limited Trading as managed. will comply with all law and regulations regarding these requests. For example, this may include providing information to the police regarding any investigations.

Undertaking / Signatures

I / we, the applicant/s, warrant that the information provided in this tenancy application form is true and correct.

I / we will provide photo identification to verify my / our identity and to facilitate the carrying out of the checks as required by managed.

I / we understand that this application is subject to the final approval of the property owner.

I / we authorise Lynn Property Management Limited Trading as managed. to conduct reference, credit and Ministry of Justice checks to assess the creditworthiness and eligibility of this application.

I / we understand and agree that this application, if unsuccessful, Lynn Property Management Limited Trading as managed. is not obligated to give any reason for the non-approval.

I / we understand that in the event that this application is unsuccessful, this form is to be destroyed after one calendar month.

I / we understand and agree that if this application is successful, I / we will be asked to sign a tenancy agreement for the property, and

* pay a minimum of one weeks rent (non-refundable deposit to secure the premises).

* pay the equivalent of 4 weeks rent as bond for the property.

within 24 hours of signing the tenancy agreement pay to the account of Lynn Property Management Limited Trading as managed. (bank account details to be supplied).

I / we also understand that I / we are responsible for the connection of utilities such as, but not limited to - gas, electricity, internet etc into my / our names by the commencement of the tenancy.

Signed:

First applicant's signature _____ Date: _____

Second applicant's signature _____ Date: _____

Third applicant's signature _____ Date: _____