TENANCY APPLICATION FORM

QUINOVIC
Experts in property care and return

PROPERTY APPLIED FOR:…… PROPERTY ID:……..……..

IF REFERRED BY AGENT – PLEASE STATE NAME, OTHERWISE HOW DID YOU HEAR ABOUT QUINOVIC…..……..……..……..

APPLICANT SURNAME:…… FIRST NAMES:…… Mr / Mrs / Miss / Ms

PHONE: HM……WK……..……..MOB……..……...EMAIL ……..……

OCCUPATION:……EMPLOYER:……..……

DATE OF BIRTH:…..…../…..……/……... PASSPORT NUMBER:……..……..…..…… PASSPORT OR DRIVERS LICENCE ATTACHED: YES / NO

DRIVERS LICENCE:…….…….…… DRIVERS LICENCE VERSION NUMBER:……..…… CAR REG:……..……

PRESENT ADDRESS:……..……..……. DATE MOVED IN:……..…/…..…..…/…..…..…

PRESENT LANDLORD:……..……..… HM……...…… WK…… MOB……..……..……

REASON FOR MOVING:……..……..……..…

PREVIOUS ADDRESS:……..…… …… PREVIOUS LANDLORD:……..…….. PH:……..…..

YOUR NEXT OF KIN:…… RELATIONSHIP:……..…….. CONTACT NUMBER:……..……..……

NEXT OF KIN ADDRESS:……

PREFERRED COMMENCEMENT DATE OF TENANCY: ……../……..…/…….. PREFERRED FIXED TERM LENGTH: ……..……...

RENTAL PAYMENT PREFERENCE: WEEKLY / FORTNIGHTLY / MONTHLY

DO YOU HOLD A CURRENT HOME CONTENTS INSURANCE POLICY? YES, WITH …… / NO

NAMES OF THREE CHARACTER REFEREES – (NO FAMILY MEMBERS PLEASE)

(1)……RELATIONSHIP:…….. HM……..…..WK……...MOB……..…..……

(2)……RELATIONSHIP:…….. HM……..…..WK……...MOB……..…..……

(3)……RELATIONSHIP:…….. HM……..…..WK……...MOB……..…..……

ANY PETS? YES/NO PLEASE SPECIFY:……..……..…..…….. NUMBER OF SMOKERS TO RESIDE IN PREMISES:……..……

TOTAL NUMBER OF OCCUPANTS TO RESIDE IN PREMISES:……..…… ANY COMMENTS:……..……

NAMES OF OTHERS TO OCCUPY THE PREMISES:

(1) ……..……OCCUPATION:…… DATE OF BIRTH:…..……../……..…/……..

PHONE: HM……WK……..……..MOB……..…….. EMAIL ……..……..…

(2) ……..……OCCUPATION:…… DATE OF BIRTH:…..……../……/……..

PHONE: HM……WK……..……..MOB……..…….. EMAIL ……..……

(3) ……..……OCCUPATION:…… DATE OF BIRTH:…..……../……../……..

PHONE: HM……WK……..……..MOB……..…….. EMAIL ……..……..…

I CERTIFY THAT I AM OVER THE AGE OF 18 YEARS AND ALL THE ABOVE PARTICULARS ARE TRUE & CORRECT. I AUTHORISE QUINOVIC TO CONTACT MY LANDLORDS AND REFEREES, CARRY OUT A CREDIT CHECK AND OBTAIN A POLICE REPORT ON THE APPLICANT. THIS INFORMATION IS FOR QUINOVIC'S USE ONLY

I understand that Quinovic Property Management is requesting personal information so that it can use a credit reporting service provided by Veda Advantage or Tenancy Information New Zealand to complete a credit check and release information about me for that purpose. These service providers will hold that information on their systems and use it to provide their credit reporting service and they can pass on my credit reporting information to other of their customers. I understand that if I default in my payment to Quinovic Property Management information about that default may be given to Veda Advantage and Tenancy Information New Zealand and other of their customers. I acknowledge and accept that if this application is not successful, Quinovic is not obliged to give reasons. Quinovic normally charges a letting fee commonly equating to one week's rent plus GST.

APPLICANT SIGNED:…….…..….. DATE: ……/……/……

OFFICE USE ONLY:

APPLICANT: APPROVED / DECLINED DEPOSIT $……...……RECEIPT NO:……...……CC SUCCESSFUL?…..……PERIODIC/FIXED

WEEKLY/FORTNIGHTLY/MONTHLY RENTAL $……..…… COMMENCE DATE……../……../……. REGULAR PAYS ON ……../……../……...

TERM DATE:……../……../……..… BOND $…….… LETTING FEE $…… TENANCY INTRO LETTER DONE? ……../……../……..

SPECIAL CONDITIONS: ……..……

Pursuant to the Privacy Act 1993 we advise that the application collects personal information about you and is being collected to determine your suitability as a tenant. The intended recipient of this information is Quinovic Property Management (QPM) and its offices Nationwide and will be held by the local Quinovic office where this application was submitted. You have the right to access and correct this personal information to the extent that it is not evaluative material pursuant Section 29(1)(b) Privacy Act 1993.