## RESIDENTIAL TENANCY APPLICATION FORM



PH: 06 377 4961 | 186 Chapel Street, Masterton 5810 | www.mastertonrentals.co.nz

GENERAL IN	IFORMATION:						
SURNAME:			FIRST NAM	1E:			
PHONE:		MOBIL	E:			DO	B:
EMAIL:							
CHENA			FIRST				
SURNAME:			FIRST NAM	1E:			
PHONE:		MOBIL	E:			DO	B:
EMAIL:							
DEPENDAN' NUMBER OI		LIVING WITH YOU:			AGE	/S:	
NEXT OF KI	N:						
NAME:				F	PHONE	:	
PETS:							
PETS:				BR	REED:		
VEHICLE DE			VE			DEC	
MAKE/MOD	PEL:		YEA	AK:		REC	1:
<b>EMPLOYME</b>	NT:						
EMPLOYER	•						
ADDRESS:			_				
PHONE:			LENGTH OF EMP	PLOYM	IENT:		
CURRENT A	DDRESS:						
ADDRESS:							
LENGTH O	F TIME THERE:		CURRENT LANDLO	RD:			
ADDRESS:					PHONE	:	
REASON FO	OR LEAVING:						
SOMEONE C	THER THAN A	FAMILY MEMBER WHO	CAN GIVE YOU A PE	RSON/	AI RFF	FRFNCF:	
NAME:					HONE:		
	HAT YOU WOU	LD WANT YOUR MAIL F	DRWARDED TO IF Y	_		PROPERT	Y:
NAME:				PF	HONE:		
I AM APPLY	ING TO RENT TH	HE FOLLOWING PROPER	RTY:				
ADDRESS:							
rent plus GST. I acknown 1993: Masterton Prop	owledge that I may be subjectly Management Limited	ul, and as a result I enter into a Tenancy Agected to a credit check and a fit and prope undertakes to collect, use and store the i and debt recovery if required, in relation	r person check before my applicat nformation you have provided on	ion may be	successful.	All deposits paid	are non-refundable. THE PRIVACY AC
SIGNED:						DATE:	