

# TENANCY APPLICATION FORM



Please complete this form to apply for tenancy at the address below. The information you provide is for applying for this tenancy and may be used for a credit and reference check.

## APPLICANT DETAILS

Address of Property Applied for: 7 BANNISTER PLACE, NEW WINDSOR  
Applicant Full Name: SOPHIE PORTER D.O.B: 12/03/1977  
Telephone (Home): 096204145 Telephone (Work): \_\_\_\_\_  
Mobile: 0211193585 Email sophieporter@outlook.com  
Occupation: Cook Employer: EARLY CHILDHOOD EDUCATION LTD  
Your Partner's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Next of Kin: LOUISE PORTER Relationship: MOTHER Contact No: 0276231313  
Present Address: 90 FOWLES AVENUE Length of Time at Current Address: 7 years  
Present Landlord: DARRYL Contact Number: 0212704455  
Reason for Leaving: OWNER SELLING PROPERTY  
Do you agree to me contacting your present landlord for a reference? (Please circle) Yes / No  
Preferred Commencement Date of Tenancy: 7/9/2013  
Preferred Period of Tenancy: 12 months  
Total Occupants: 5 Adult: 1 Children: 5  
Any Pets: No / Yes \_\_\_\_\_ Are there any smokers? No / Yes \_\_\_\_\_

## REFERENCES

Referee 1: RAY PORTER Relationship to you: FATHER  
Contact Number: 027 2760802  
Referee 2: MICHELLE Relationship to you: EMPLOYER  
Contact Number: 027 2963420

\* Please let these people know I may be contacting them for a reference about you.

## IDENTIFICATION

Please attach a copy of your photo identification, such as your driver's licence or passport.

Driver's licence number: BU0306824 Version 969  
Passport number: \_\_\_\_\_

**DETAILS OF ALL PEOPLE RATHER THAN YOU WISHING TO OCCUPY THE PREMISES**

1. Name: JACOB Age: 17 Relationship to Applicant: SON  
2. Name: ELLIE Age: 14 Relationship to Applicant: DAUGHTER  
3. Name: ISAAC Age: 12 Relationship to Applicant: SON  
4. Name: DOMINIC Age: 10 Relationship to Applicant: SON  
5. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
6. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

**FURTHER INFORMATION**

Have any of your previous tenancies been terminated: Yes / No

Are you in debt to another lessor or Agent? Yes / No

Is there an existing reason that may affect your rent payment? Yes / No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

*I have read and understood this application form. I certify that all the above particulars are true and correct. I authorize Gralin Property Management Ltd to contact my landlords and referees and carry out a credit check. This information is for Gralin Property Management use only. Your privacy is protected under the Privacy Act 1993.*

Tenant Name: SOPHIE PORTER Signature: [Signature] Date: 27/8/13  
Tenant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to Gralin Property Management Ltd  
Postal Address: PO Box 151 028, New Lynn, Auckland  
Ph: (09)825 0588 Fax (09)825 0566 Email: info@gralin.co.nz  
Physical Address: Unit 5, Level 1, 3091 Great North Road, New Lynn, Auckland

**Office Use**

Date Applied: \_\_\_\_\_

Property Manager: \_\_\_\_\_

Result of This Application: \_\_\_\_\_  
\_\_\_\_\_