

Tenancy Application Form

Quinovic Apartments online 136 Customs Street West Viaduct Harbour / Email: val@apartmentsonline.co.nz Phone: (09) 374 4587 Fax: (09) 374 4532 Mobile: (021) 844 337

APARTMENT APPLIED FOR _____ **WEEKLY RENT** \$ _____

How did you hear about Quinovic? Trade Me Apartments online Web Quinovic Web NZ Herald Yellow Pages Agent Other

APPLICANT SURNAME: _____ **FIRST NAME:** _____

Alternative Address: _____

Phone:	Home		Work		Mobile	
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Email: _____

Occupation:		Employer:		Address:	
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Student:	YES <input type="checkbox"/> NO <input type="checkbox"/>	University/ School		Contact:	
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Date of Birth:		Passport No		Passport/Drivers Licences attached: YES <input type="checkbox"/> NO <input type="checkbox"/>
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Drivers Licence No.:		DL Version No		Car Registration:	
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Emergency Contact:		Relationship		Contact No.	
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Present Address:		Date moved in:	
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Present Landlord:		Mobile		Work		Home	
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Reason for Moving:		Previous Landlord:	
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Previous Address:		Phone:	
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Preferred Commencement Date of Tenancy: ____ / ____ / ____

Rental Payment Preference: WEEKLY FORTNIGHTLY MONTHLY **FIXED TERM:** 12 month / Other

MOVING IN COSTS:	BOND: \$	RENT IN ADVANCE: \$	TOTAL: \$
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NAME OF 3 CHARACTER REFEREES – (NO FAMILY MEMBERS PLEASE) – (Boss/ Lawyer/ Professor / Landlord/ Colleague/ Friend)

(1) Name: _____ Relationship _____ Email: _____
 Home: _____ Work _____ Mobile _____

(2) Name: _____ Relationship _____ Email: _____
 Home: _____ Work _____ Mobile _____

(3) Name: _____ Relationship _____ Email: _____
 Home: _____ Work _____ Mobile _____

ANY PETS: YES NO Please Specify: _____ No. of Smokers in Property: _____

TOTAL NUMBER OF OCCUPANTS TO RESIDE IN PREMISES: _____ Comments: _____

Have you ever had any Tenancy Tribunal order against you? YES NO - Yes, please explain: _____

Have you ever had money deducted from your bond? YES NO - Yes, please explain: _____

Do you owe any money/ rent to any other Landlord? YES NO - Yes, please explain: _____

NAMES OF OTHERS TO OCCUPY THE PREMISES:

Occupant SURNAME:	FIRST NAME:	Date of Birth : / /
Email:	Mobile:	Daytime Phone:
Occupation:	Employer:	
Student: YES <input type="checkbox"/> / NO <input type="checkbox"/> School/ University:	Contact:	

Occupant SURNAME:	FIRST NAME:	Date of Birth : / /
Email:	Mobile:	Daytime Phone:
Occupation:	Employer:	
Student: YES <input type="checkbox"/> / NO <input type="checkbox"/> School/ University:	Contact:	

PLEASE ADVISE INFORMATION OF ADDITIONAL OCCUPANTS ON BACK PAGE OF THIS APPLICATION.

Get your services connected in just one easy step. AGENT CODE 1129Z Let us do the moving for you.

Power Gas Telephone Internet Sky TV Other Services

I certify that 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 use only.

I understand that Quinovic Property Management are requesting personal information so they can use Veda Advantages/ CENTRIX credit reporting service to complete a credit check and release information about me for that purpose. Veda Advantage/ CENTRIX will hold that information on their system and use it to provide their credit reporting service and they can pass on my credit reporting information to other Veda Advantage/ CENTRIX customers. I understand that if I default my payment to Quinovic Property Management, information about that default may be given to Veda Advantage/ CENTRIX and other Veda Advantage/ CENTRIX customers.

APPLICANTS SIGNED: _____ DATE: ____ / ____ / ____

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 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.