

RENTAL APPLICATION FORM

McGuire Property Management Ltd

Ph: 07 846 7995 Fax: 07 846 7992 Email: john@mcguirepm.co.nz
45 Seddon Road, Hamilton

Please provide photo ID and proof of address with this application.

Address of property being applied for: _____

Name of Applicant: _____ D.O.B. _____

Home Ph: _____ Mb: _____ Car Rego: _____

Email/Address for Service: _____ Driver Licence No: _____

No of children: _____ Pets: _____ Preferable move-in date: _____

Current Address: _____

Period of Occupancy: _____ Rent: _____

Landlord Details: _____ Phone: _____

Reason for leaving: _____

Previous Address: _____

Period of Occupancy: _____ Rent: _____

Landlord Details: _____ Phone: _____

Reason for leaving: _____

Employment Details

Employer: _____ Period of employment: _____

Phone: _____ Position held: _____

Supported by WINZ: Yes / No WINZ No: _____

Student: Yes / No If yes, which Institution? _____

Referee: _____ Phone: _____

Referee: _____ Phone: _____

Spouse Details

Name: _____ D.O.B. _____

Current Address: _____

Employer: _____ Period of employment: _____

Phone: _____ Position held: _____

Supported by WINZ: Yes / No

Student: Yes / No If yes, which Institution? _____

Other Intended Occupants

Name: _____ Current Address: _____

Name: _____ Current Address: _____

Person to contact in emergency: _____ Ph: _____

Address: _____

Each person is to complete their own application form unless in a spousal situation or under 18 years old.

- *The applicant acknowledges and authorizes that McGuire Property Management Ltd may conduct credit checks to ascertain suitability.*
- *The applicant gives McGuire Property Management Ltd permission to contact their employers.*

Applicant Signature: _____ Spouse Signature: _____

Date: _____