



## **RENTAL APPLICATION FORM FOR RESIDENTIAL PREMISES**

| Address of the premises in respect of which application is made |                      |           |            |                  |        |        | ("the P  | remises")      |         |
|---|----------------------|-----------|------------|------------------|--------|--------|----------|----------------|---------|
| DETAILS OF FIRST PERSO  | ON APPLYING TO       | RENT T    | HE PREMISI | ES ("First Appli | cant") |        |          |                |         |
| Full name   |                      |           |            |                  |        |        |          |                |         |
| Maiden name (if applicable)                                     |                      |           |            |                  |        |        |          |                |         |
| Identity / passport number                                      |                      |           |            |                  |        | (certi | fied cop | y to be attach | ed)     |
| Date of birth   |                      |           |            |                  |        |        |          |                |         |
| Nationality   |                      |           |            |                  |        |        |          |                |         |
| Marital status  |                      |           |            |                  |        |        |          |                |         |
| If married:   |                      |           | communit   | y of property    | 1A     | NC     | ac       | ccrual system  |         |
| Home telephone  |                      |           |            |                  |        |        |          |                |         |
| Work telephone  |                      |           |            |                  |        |        |          |                |         |
| Cellular  |                      |           |            |                  |        |        |          |                |         |
| Email   |                      |           |            |                  |        |        |          |                |         |
| Physical address  |                      |           |            |                  |        |        |          |                |         |
| Postal address  |                      |           |            |                  |        |        |          |                |         |
| Next of kin   |                      |           |            | contact numbe    | r      |        |          |                |         |
| Are you the owner of the pro                                    | perty where you cu   | rrently s | tay?       |                  |        | yes    |          | no             |         |
| If no, please provide us with                                   | the following inform | nation:   |            |                  |        |        |          |                |         |
| Rental paid   |                      |           | R          |                  |        |        |          |                |         |
| How long have you rented th                                     | nere?                |           |            |                  |        |        |          |                |         |
| Name of property practitione                                    | er / landlord        |           |            |                  |        |        |          |                |         |
| Contact number  |                      |           |            |                  |        |        |          |                |         |
|   |                      |           |            |                  |        |        |          |                |         |
|   |                      |           |            |                  |        |        |          |                |         |
|   |                      |           |            |                  |        |        |          |                | Initial |

| BANKING DETAILS:                                 |           |            |             |         |                      |                      |
|--|-----------|------------|-------------|---------|----------------------|----------------------|
| Bank   |           |            |             |         |                      |                      |
| Branch   |           |            |             |         |                      |                      |
| Branch code                                      |           |            |             |         |                      |                      |
| Account number                                   |           |            |             |         |                      |                      |
| Type of account                                  |           |            |             |         |                      |                      |
| EMPLOYMENT DETAILS                               |           |            |             |         |                      |                      |
| Self-employed                                    |           | yes        | no          |         |                      |                      |
| Occupation                                       |           |            |             |         |                      |                      |
| Current employer                                 |           |            |             |         |                      |                      |
| Employer's address                               |           |            |             |         |                      |                      |
| Period of employment                             |           |            |             |         |                      |                      |
| Gross monthly salary (before deductions and tax) |           |            |             |         | (certified attached) | copy of payslip<br>) |
| Nett monthly salary                              |           |            |             |         | (certified attached) | copy of payslip      |
| Currently monthly expenses                       |           |            |             |         |                      |                      |
| DETAILS OF THE SECOND PERSON APPLY               | YING TO I | RENT THE P | REMISES ("S | econd A | pplicant")           |                      |
| Full name  |           |            |             |         |                      |                      |
| Maiden name (if applicable)                      |           |            |             |         |                      |                      |
| Identity / passport number                       |           |            |             |         | (certified           | copy to be attached) |
| Date of birth                                    |           |            |             |         |                      |                      |
| Nationality                                      |           |            |             |         |                      |                      |
| Marital status                                   |           |            |             |         |                      |                      |
| If married:                                      |           | community  | of property |         | ANC                  | accrual system       |
| Home telephone                                   |           |            |             |         |                      |                      |
| Work telephone                                   |           |            |             |         |                      |                      |
| Cellular   |           |            |             |         |                      |                      |
| Email  |           |            |             |         |                      |                      |
| Physical address                                 |           |            |             |         |                      |                      |
| Postal address                                   |           |            |             |         |                      |                      |
|  |           |            |             |         |                      |                      |

Initial

| Next of kin  |             |                | contact nu  | ımber                 |                      |                        |          |
|--|-------------|----------------|-------------|-----------------------|----------------------|------------------------|----------|
| Are you the owner of the property where you  | currently s | tay?           |             |                       | yes                  | no                     |          |
| If no, please provide us with the following info   | rmation:    |                |             |                       |                      |                        |          |
| Rental paid  |             | R              |             |                       |                      |                        |          |
| How long have you rented there?  |             |                |             |                       |                      |                        |          |
| Name of property practitioner / landlord   |             |                |             |                       |                      |                        |          |
| Contact number   |             |                |             |                       |                      |                        |          |
| BANKING DETAILS:   |             |                |             |                       |                      |                        |          |
| Bank   |             |                |             |                       |                      |                        |          |
| Branch   |             |                |             |                       |                      |                        |          |
| Branch code  |             |                |             |                       |                      |                        |          |
| Account number   |             |                |             |                       |                      |                        |          |
| Type of account  |             |                |             |                       |                      |                        |          |
| EMPLOYMENT DETAILS   |             |                |             |                       |                      |                        |          |
| Self-employed  |             | yes            | no          |                       |                      |                        |          |
| Occupation   |             |                |             |                       |                      |                        |          |
| Current employer   |             |                |             |                       |                      |                        |          |
| Employer's address   |             |                |             |                       |                      |                        |          |
| Period of employment   |             |                |             |                       |                      |                        |          |
| Gross monthly salary (before deductions and tax)   |             |                |             |                       | (certified attached) | copy of paysl          | ip       |
| Nett monthly salary  |             |                |             |                       | (certified attached) | copy of paysl          | ip       |
| Currently monthly expenses   |             |                |             |                       |                      |                        |          |
| GENERAL DETAILS:   |             |                |             |                       |                      |                        |          |
| Who will be staying at the Premises for the w the landlord of the Premises ("Landlord")? | hole period | l of the lease | if an agree | ment ( <b>"Leas</b> e | e Agreeme            | <b>nt</b> ") is conclu | ded with |
| Number of adults   |             |                |             |                       |                      |                        |          |
| Number of children   |             |                |             |                       |                      |                        |          |
| Children's ages: 1 (One)   |             | 2 (Two)        |             | 3 (Three)             |                      | 4 (Four)               |          |
| Number of pets owned   |             |                | type of pe  | ts                    |                      |                        |          |
| Number of vehicles at the Premises:  |             |                |             |                       |                      |                        |          |
|  |             |                |             |                       |                      |                        | Initial  |

| 1. Type   |  |                  | registration number    |               |               |             |
|---|--|------------------|------------------------|---------------|---------------|-------------|
| 2. Type   |  |                  | registration number    |               |               |             |
| 3. Type   |  |                  | registration number    |               |               |             |
|   |  |                  |                        |               |               |             |
| Have you (or both of you) ever ha   | ad any judgements / def                | aults granted    | against you?           | yes           | no            |             |
| If yes, please provide details  |  |                  |                        |               |               |             |
|   |  |                  |                        |               |               |             |
| Are you (or both of you) presently proceedings?   | under, or have ever ur                 | ndergone, deb    | t review               | yes           | no            |             |
| If yes, please provide details  |  |                  |                        |               |               |             |
|   |  |                  |                        |               |               |             |
| I / we declare that the information with that I / we have not failed to provid have allowed the application to be  I / we undertakes to inform the Larin this application form. | e any information which<br>successful. | n, if the Landlo | rd of the Premises had | l known suc   | h informatior | , would not |
| Upon acceptance of this applicatio  | n by the Landlord and t                | he conclusion    | of a Lease Agreement   | , I / we agre | ee to pay the | following:  |
| Deposit   | R                                      |                  |                        |               |               |             |
| Key deposit   | R                                      |                  |                        |               |               |             |
| Utility deposit   | R                                      |                  |                        |               |               |             |
| Lease fee   | R                                      |                  |                        |               |               |             |
| Pro-rata rent   | R                                      |                  |                        |               |               |             |
| 1st (First) month's rent  | R                                      |                  |                        |               |               |             |
| Total   | R                                      |                  |                        |               |               |             |
|   |  |                  |                        |               |               | Initial     |

| Email address where the   | e below documents mus  | st be submitted t  | 0                               |                  |              |    |
|---|--|--|---------------------------------|------------------|--------------|----|
| First Applicant   |  | Se   | cond Applicant                  |                  |              |    |
| Certified RSA identity do   | cument / passport  | Се   | rtified RSA identity o          | document / pas   | sport        |    |
| Certified proof of current  | address  | Се   | rtified proof of curre          | nt address       |              |    |
| 3 (Three) x certified pays  | lips   | 3 (  | Γhree) x certified pa           | yslips           |              |    |
| 3 (Three) months origina statements   | l or bank stamped bank   |  | Three) months origir<br>tements | nal or bank star | nped bank    |    |
| Verified SARS tax number  | er   | Ve   | rified SARS tax num             | ber              |              |    |
| ureau that may be neces<br>reditworthiness;<br>furnish informatio<br>reditworthiness of me / us | and obtain information fron<br>sary to assess my / our be<br>n concerning the behaviou<br>to any registered credit b<br>ur dealings with the Landl | haviour, profile, p<br>ur, profile, paymer<br>ureau or to any ci | ayment patterns, indepted       | debtedness, wh   | ereabouts, a | nd |
| DATED AT (place)  |  | ON   |                                 |                  | 20           |    |
| FULL NAME ( First Appli   | cant)  |  |                                 | SIGNATUR         | E            |    |
| DATED AT (place)  |  | ON   |                                 |                  | 20           |    |
| FULL NAME ( Second A  | pplicant)  |  |                                 | SIGNATUR         | E            |    |
|   |  |  |                                 |                  |              |    |

Initial