



RESIDENTIAL LEASE APPLICATION FORM

FOR OFFICE USE ONLY				
<i>MDA Tenant code</i>		<i>Status</i>	<input type="checkbox"/> <i>New</i>	<input type="checkbox"/> <i>Existing</i>
<i>M&T Agent</i>		<i>If existing</i>	<input type="checkbox"/> <i>Unit change</i>	<input type="checkbox"/> <i>Renewal</i>
<i>Property name</i>		<i>Lease fee</i>	<input type="checkbox"/> <i>Standard</i>	<input type="checkbox"/> <i>Upgrade</i>
<i>Unit no</i>		<i>Lease start date</i>	<input style="width: 100%;" type="text"/>	
<i>Rental</i>	<input type="checkbox"/> <i>Bach</i>	<input type="checkbox"/> <i>1 Bed</i>	<input type="checkbox"/> <i>1.5 Bed</i>	<input type="checkbox"/> <i>2 Bed</i>
	<input type="checkbox"/> <i>2.5 Bed</i>	<input type="checkbox"/> <i>3 Bed</i>	<input type="checkbox"/> <i>3.5 Bed</i>	<input type="checkbox"/> <i>4 Bed</i>
<i>Statement</i>	<input type="text"/>	<i>Tenant type</i>	<input type="checkbox"/> <i>Natural Person</i>	<input type="checkbox"/> <i>Juristic Person</i>
<i>Notes</i>				

TO BE COMPLETED BY APPLICANT(S)			
Applicant 1		Applicant 2	
* Title		* Title	
* Surname		* Surname	
* Initials		* Initials	
* Full names		* Full names	
* Gender	<input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i>	* Gender	<input type="checkbox"/> <i>Male</i>
* ID type	<input type="checkbox"/> <i>SA ID</i> <input type="checkbox"/> <i>Passport</i>	* ID type	<input type="checkbox"/> <i>SA ID</i>
* ID/Passport number		* ID/Passport number	
* Country of issue		* Country of issue	
* Date of birth		* Date of birth	
* SA Citizen	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	* SA Citizen	<input type="checkbox"/> <i>Yes</i>
* If not, permit number		* If not, permit number	
* Permit expiry date	YYYY / MM / DD	* Permit expiry date	YYYY /
* Passport expiry date	YYYY / MM / DD	* Passport expiry date	YYYY /
* Country of permanent residence		* Country of permanent residence	
* General contact name		* General contact name	
Home telephone number	()	Home telephone number	()
Fax telephone number	()	Fax telephone number	()
* Work telephone number	()	* Work telephone number	()
* Cell telephone number		* Cell telephone number	
* E-mail address		* E-mail address	
* Street address		* Street address	
* Suburb		* Suburb	
* City		* City	
* Province		* Province	
* Postal code		* Postal code	
How long have you lived here?	_____ years _____ months	How long have you lived here?	_____ years
Postal address		Postal address	

**All compulsory fields marked with a * needs to be completed.
Please note that no incomplete application will be processed.**

Suburb		Suburb	
Province		Province	
Postal code		Postal code	
Complete if applicant is a Company/CC/Trust/NPC			
Entity Name		Registration Number	
Trading as		VAT Number	
Please list your monthly living expenses			
Applicant 1		Applicant 2	
Maintenance		Maintenance	
Cell phone		Cell phone	
Church/Donations		Church/Donations	
Cigarettes and liquor		Cigarettes and liquor	
Clothing		Clothing	
Medical aid (additional)		Medical aid (additional)	
Doctors and chemists		Doctors and chemists	
Gambling		Gambling	
Groceries		Groceries	
Housekeeper		Housekeeper	
Insurance		Insurance	
Internet and telephone		Internet and telephone	
Parking		Parking	
Fuel (Petrol/Diesel)		Fuel (Petrol/Diesel)	
Rates, taxes and levies		Rates, taxes and levies	
School/University fees		School/University fees	
Security		Security	
Spending money		Spending money	
Sports		Sports	
Transport (bus/taxi)		Transport (bus/taxi)	
Water and electricity		Water and electricity	
Other		Other	
Please list your monthly fixed debt repayments			
Applicant 1		Applicant 2	
Home loan/rental payment		Home loan/rental payment	
Vehicle loan 1 repayment		Vehicle loan 1 repayment	
Vehicle loan 2 repayment		Vehicle loan 2 repayment	
Overdraft/ credit line repayment		Overdraft/ credit line repayment	
Term loan repayment		Term loan repayment	
Credit card 1 payment		Credit card 1 payment	
Credit card 2 payment		Credit card 2 payment	
Credit card 3 payment		Credit card 3 payment	
Retail account 1 payment		Retail account 1 payment	
Retail account 2 payment		Retail account 2 payment	
Retail account 3 payment		Retail account 3 payment	
Other		Other	

**All compulsory fields marked with a * needs to be completed.
Please note that no incomplete application will be processed.**

Please tell us about your income				
* Employment status	Employed	Self-employed	* Employment status	Employed
* Monthly gross salary			* Monthly gross salary	
* Monthly net take home pay			* Monthly net take home pay	
Do you earn overtime?	Yes	No	Do you earn overtime?	Yes
If yes - how regular?			If yes - how regular?	
Specify gross amount:			Specify gross amount:	
Do you earn commission	Yes	No	Do you earn commission	Yes
If yes - how regular?			If yes - how regular?	
If yes - specify gross amount:			If yes - specify gross amount:	
Do you earn a social grant?	Yes	No	Do you earn a social grant?	Yes
If yes - how regular?			If yes - how regular?	
Specify the amount:			Specify the amount:	
Do you earn investment income?	Yes	No	Do you earn investment income?	Yes
If yes - how regular?			If yes - how regular?	
Specify the amount:			Specify the amount:	
Do you earn any other income?	Yes	No	Do you earn any other income?	Yes
If yes - specify income source			If yes - specify income source	
If yes - how regular?			If yes - how regular?	
Specify amount:			Specify amount:	
* Pay day			* Pay day	
* Occupation			* Occupation	
* Employer name			* Employer name	
* Employer address (line 1)			* Employer address (line 1)	
* Employer address (line 2)			* Employer address (line 2)	
* Employer/Supervisor tel no			* Employer/Supervisor tel no	
* Employed since	YYYY / MM / DD		* Employed since	YYYY/
Have you ever applied for debt counselling i.t.o. the NCA?	Yes	No	Have you ever applied for debt counselling i.t.o. the NCA?	Yes
If yes name the Debt Counsellor			If yes name the Debt Counsellor	
Has a NCA debt-rearrangement order ever been issued?	Yes	No	Has a NCA debt-rearrangement order ever been issued?	Yes
Have you ever been insolvent?	Yes	No	Have you ever been insolvent?	Yes
Have you ever been placed under an administration order?	Yes	No	Have you ever been placed under an administration order?	Yes
If yes please state date of rehabilitation:			If yes please state date of rehabilitation:	
* Home language			* Home language	
* Communication channel	Phone	SMS	* Communication channel	Phone
	E-mail	Post		E-mail
* Do you have a post matric qualification	Yes	No	* Do you have a post matric qualification	Yes
* If yes, please confirm level			* If yes, please confirm level	

Banking Details - Applicant 1		
* Type of bank account	Savings	Cheque
* Overdraft/Budget facility?	Yes	No
* Overdraft/Budget limit		
* Bank		
* Branch name		

Banking Details - Applicant 2	
* Type of bank account	Savings
* Overdraft/Budget facility?	Yes
* Overdraft/Budget limit	
* Bank	
* Branch name	

All compulsory fields marked with a * needs to be completed.
Please note that no incomplete application will be processed.

* Branch code		* Branch code	
* Account holder name		* Account holder name	
* Account number		* Account number	

SURETY DETAILS			
Full names/ Registered name		Full names/ Registered name	
ID/Registration number		ID/Registration number	
Tel number	()	Tel number	()
Cell number		Cell number	
Physical address		Physical address	

NEXT OF KIN			
* Full names		* Full names	
* ID/Passport number		* ID/Passport number	
* Tel number	()	* Tel number	()
* Cell number		* Cell number	
* Physical address		* Physical address	
* Employer		* Employer	
* Employer contact number		* Employer contact number	
* Relationship to applicant		* Relationship to applicant	

OCCUPANTS		
Name	Identity No/Passport No	Telephone number
*		
*		
*		
*		

HOW DID YOU HEAR ABOUT US?					
Signboards	Website	Mobisite	Facebook	Twitter	Promotions
Newspaper	PTA News	Junkmail	Daily Sun	Record	Show office
Replacement tenant	Returning tenant	Referral	Other?		

TERMS AND CONDITIONS

1. I/We the undersigned (hereinafter referred to as 'the tenant'), hereby warrant that the information contained in this application is true and correct.
2. In the event that the person(s) signing below is/are signing in a representative capacity he/she warrants that he/she is duly authorised to act herein for and on behalf of the tenant. so authorised, or in the event that the information relating to the tenant not being correct, the signatory hereto agrees that he/she shall be personally liable in all respects as though
3. The tenant agrees to pay a non-refundable administration fee in the event of this application being accepted by the landlord.
4. The tenant acknowledges and agrees that the landlord or its agent may perform a credit search on the tenant, sureties, members and directors with one or more of the registered this application and to transmit details to a registered credit bureaux of how the tenant has from time to time performed on the account in meeting the obligations in terms of the lea

Signature of Applicant 1: _____ Date: _____

Signature of Applicant 2: _____ Date: _____

FOR OFFICE USE ONLY

Manual Checks	Applicant 1		Manual Checks	App
Employment confirmed	Yes	No	Employment confirmation	Yes
Company name			Company name	
Contact person and position			Contact person and position	
Contact number			Contact number	
Notes			Notes	
Next of Kin confirmed	Yes	No	Next of Kin	Yes
Confirmed with			Confirmed with	
Contact number			Contact number	
Notes			Notes	
Bank details verified	Yes	No	Bank details verified	Yes

**All compulsory fields marked with a * needs to be completed.
Please note that no incomplete application will be processed.**

Notes		
Details confirmed by		
Credit Check (Internal)	Yes	No
Notes		

Notes		
Details confirmed by		
Credit Check (Internal)	Yes	
Notes		

All compulsory fields marked with a * needs to be completed.
Please note that no incomplete application will be processed.

No

**All compulsory fields marked with a * needs to be completed.
Please note that no incomplete application will be processed.**