Framework PROPERTY SERVICES

APPLICATION FOR ACCOMMODATION
(CONFIDENTIAL)

*This form must be completed in full in Block Letters –*Tel: 481-7444   Fax: 481-1176/ 0866306251

Date Premises Viewed: _____ **By Whom:** _____ **Contact person @ Bld :** _____

I, the undersigned, do hereby make application to hire the accommodation referred to hereunder:

ACCOMMODATION

Building: _____ Flat Number: _____ Flat Size: ____ Occupation Date: _____

Address : _____ Tenant Reference No: _____

Parking required: Yes _____ No _____

Number of adults to occupy: Male _____   Female : _____

Number of children to occupy: Male _____   Female: _____

Which advert did you respond to :

☐ **GUMTREE**   ☐ **OLX**   ☐ **PRIVATE PROPERTY**
☐ **JUNK MAIL**   ☐ **MITULA**   ☐ **PROPERTY24**
☐ **LOCANTO**   ☐ **FACEBOOK**   ☐ **FRAMEWORK TO LET BOARD**

PERSONAL INFORMATION

Surname: _____   Name: _____

ID No: _____   Married: YES ☐   NO ☐

Name & Surname of partner: _____ ID No: _____

E- Mail : _____   Cell Number: _____

PRESENT ACCOMMODATION

Where do you presently stay: _____

Why are you leaving: _____ How long did you stay there: _____

Who are you paying rent to: _____ Tel No: _____

Comments: _____

YOUR WORK INFORMATION

Where do you work: _____

What work do you do: _____ Tel Number: _____

How long have you worked there: _____ Who do you report to: _____

What is your monthly salary: _____ Your employee no: _____

Comments: _____

YOUR PARTNER'S WORK INFORMATION

Where does your partner work: _____

What work does he/she do: _____ Tel Number: _____

How long has he/she worked there: _____ Who does he/she report to: _____

What is his/her monthly salary: _____ His/Her employee no: _____

BANK INFORMATION

Bank Name: _____   Branch: _____

Type of Account: _____   Account No: _____

NEXT OF KIN – NOT STAYING WITH YOU

Mother/ Father's name: _____   Tel Number: _____

Brother/Sister's name: _____   Tel Number: _____

Friend's name: _____   Tel Number: _____

HIRE PURCHASE/MONTHLY ACCOUNT INFORMATION

Company Name	**Amount Owing**	**Monthly Instalment**
_____	_____	_____
_____	_____	_____

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FOR OFFICE USE

DEPOSIT		PART MONTH		FULL MONTH	
Amount		Date		Date	
Parking		Rent		Rent	
Electricity		Parking		Parking	
Key		Provisional Gas		Provisional Gas	
Remote		Provisional Elec		Provisional Elec	
TOTAL: R		Provisional Water		Provisional Water	
Lease Fee		Refuse		Refuse	
TPN/ITC Charge		Sewerage		Sewerage	
		Basic Facility		Basic Facility	
TOTAL DUE: R		**TOTAL DUE: R**		**TOTAL DUE: R**	

Grand Total: R _____

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I, the undersigned, hereby warrant that the details on this application are correct and undertake, on being advised that the premises herein applied for have been allocated to me, to sign a Framework Property Services CC's standard Lease and to pay the administration fee as scheduled. I am aware that these payments are received by Framework Property Services CC, without prejudice to your principal's strict rights and further undertake not to take occupation of the premises before signing the standard Lease and paying the charges, rent, etc., as specified. Should I, notwithstanding this undertaking, take occupation and/or pay a rent, then I hereby bind myself to the said standard conditions of Lease as though I had signed the said Lease Form. I further agree that this application form will form part of the Lease document.

I further consent to and authorise the landlord to at all times:

a)   Contact request and obtain information from any persons, business or credit bureau relevant to an assessment of the behaviour, profile, payment patterns and credit worthiness of myself;
b)   Furnish information concerning the behaviour, profile, payment patterns and creditworthiness of myself to any credit bureau or similar service or to any person or business seeking a trade reference regarding my dealings with the landlord;
c)   I must report in writing all defects/damages to the premises within 3 days and a stamped copy must be retained by me for my records with the acknowledgement of receipt from the agent;
d)   The applicant acknowledges and accepts the conditions as above.

APPLICANT'S SIGNATURE: _____   **DATE:** _____

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TPN CHECK:	YES ☐	NO ☐	**DEFAULTS:**	YES ☐	NO ☐	**DATE:** _____
ITC CHECK:	YES ☐	NO ☐	**DEFAULTS:**	YES ☐	NO ☐	**DATE:** _____

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FICA DOCUMENTATION

ID DOCUMENT: YES ☐   NO ☐   **PROOF OF INCOME:** YES ☐   NO ☐

PROOF OF RESIDENCE: YES ☐   NO ☐   **BANK STATEMENT:** YES ☐   NO ☐