



APPLICATION FORM

FOR OFFICE USE ONLY	
Date of application:	
Reference no.	

Introduction:

We thank you for showing interest in our rental units. In order for us to process your application as speedily as possible, please ensure that all required information (incl. supporting documents as listed below) is included in this application and submitted to First Metro

If you require any help in completing this application form, please contact First Metro at (031-3077676)

- Supporting Documents:
- Current Payslip (not older than 3 months)
 - Identity document of applicant
 - Identity document of spouse (if app)
 - Marriage, divorce or death certificate (where applicable)
 - Birth Certificates of dependents
 - Affidavits (if applicable)
 - Bank statement (past 3 months)

A. Personal Particulars:

	<i>Applicant</i>	<i>Spouse/Partner</i>																																								
Surname:																																										
First Name:																																										
Date of Birth:																																										
Identity Number:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Nationality:																																										
City/Postal code:																																										
(H) Telephone:	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">code</td> <td>number</td> </tr> </table>	code	number																																							
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Cell phone:	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">code</td> <td>number</td> </tr> </table>	code	number																																							
code	number																																									
Current Employer:																																										

Occupation:		
Employer's Address:		
(W) Telephone:	code	Number
Length of service:		

B. Household Composition:

Single <input type="checkbox"/>	Couple with child(ren) <input type="checkbox"/>
Couple (married or cohabiting) <input type="checkbox"/>	Single parent with child(ren) <input type="checkbox"/>

	Name	Date of Birth	Relationship (eg. Child)
1.		D D M M Y Y	
2.		D D M M Y Y	
3.		D D M M Y Y	
4.		D D M M Y Y	
5.		D D M M Y Y	
6.		D D M M Y Y	

C. RESIDENCY HISTORY

Please list your residential address(es) for the past 2 years.

Address:	From	To Date	Landlord Name	Landlord Number

Indicate your current housing situation

Applicant	Spouse/Partner
Home owner <input type="checkbox"/>	Home owner <input type="checkbox"/>
Living with family <input type="checkbox"/>	Living with family <input type="checkbox"/>
Rental apartment or house <input type="checkbox"/>	Rental apartment or house <input type="checkbox"/>
Informal <input type="checkbox"/>	Informal <input type="checkbox"/>

If renting, indicate basic rent per month: R _____

D. Income Particulars

Applicant

formal labour	<input type="text"/>
informal trade	<input type="text"/>
Pension	<input type="text"/>
disability grant	<input type="text"/>
maintenance grant	<input type="text"/>
other (please specify) ...	<input type="text"/>

Spouse/Partner

formal labour	<input type="text"/>
informal trade	<input type="text"/>
pension	<input type="text"/>
disability grant	<input type="text"/>
maintenance grant	<input type="text"/>
other (please specify) ...	<input type="text"/>

(List gross monthly income [before deductions] for all members of your household, age 19 and older, from all sources)

Name	Source (Employment, pension etc.)	Gross monthly income
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Gross Monthly Income for household		R <input type="text"/>

E. House Type

1 Bedroom Unit	<input type="text"/>
2 Bedroom Unit	<input type="text"/>
3 Bedroom Unit	<input type="text"/>

Ground Floor	<input type="text"/>
Other Floors	<input type="text"/>
(Specify)	<input type="text"/>

F. Marketing and PR

(How did you hear about the SHI?)

Newspaper

Radio

Friend / Relative

Other (specify)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

G. Signature

I declare that I have read this form carefully and that all particulars are true and correct. I also hereby give consent to the landlord or agent to, at all times:-

- a) contact, request and obtain information from any credit provider (or potential credit provider) or registered credit bureau relevant to an assessment of the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of the tenant;
- b) furnish information concerning the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of the tenant to any registered credit bureau or to any credit provider (or potential credit provider) seeking a trade reference regarding the tenant's dealings with the landlord.

	<i>Applicant</i>		<i>Spouse/Partner</i>
Place		Place	
Date		Date	
Signature		Signature	

For Office Use Only: (an application can not be accepted without all supporting documents attached)	Received By:	
	Date:	