

RENTAL APPLICATION



P.O. Box 4684, Tygervally, 7536
Telephone 021 975 1770

PROPERTY ADDRESS 40 11th Ave, Kraaifontein

Agent Name **Donovan Pain**

Agent e-mail donovan@landlords.sa.com

Expected Date of Occupation **2026 November 1**

House type / details **2 Bedroom 1bathroom duplex**

Rent	R	18,500.00
Office and Credit Fees	R	1,400.00
Subtotal 1	R	19,900.00
Rent Deposit	R	37,000.00
Utility Deposit	R	1,000.00
Subtotal 2	R	38,000.00
Total	R	57,900.00

Do you have the full move-in amount available YES / NO

Please read this application fully and complete all sections of the application. To assist in approving your application, submit as much information as you can. All information is taken into consideration. Credit checks that return a negative result will not necessarily be rejected if sufficient additional information accompanies the application.

- The applicant(s) authorize Boyd & Thorne Property Investments cc t/a LANDLORDS to contact, request and obtain information from any credit provider (or potential credit provider) or registered credit bureau relevant to an assessment, of the behaviors, profile payment pattern, indebtedness, whereabouts and creditworthiness of the applicant(s) to any registered credit bureau or to any credit provider (or potential credit provider) seeking a trade reference regarding the tenancy with Landlords, and to continue with credit checks during the lease period. The applicant(s) accept that any person or firm is authorized to release information about the applicant(s) upon request or presentation of this application or photocopy of this application at any time before taking occupation, or during the period of occupation, and for 5 years after vacating the property.
- Every occupant over the age of 18 MUST provide their information and documentation (photocopies are allowed).**
- LANDLORDS have a "NO PETS" policy on their rental properties. Indication of a pet will not be automatic acceptance that you may have a pet on the property, nor the acceptance of pets in the house rules, or the approval by the owner. The acceptance of pets remains exclusively with LANDLORDS. Check with your agent on exceptions. **NOTE FOR THIS PROPERTY- PET-FRIENDLY - SUBJECT TO APPLICATION APPROVAL**

MONETARY CONSIDERATION

- On acceptance of your application, in writing, per e-mail or letter, from Landlords a Holding Deposit of **R19 900.00** is to be paid into the account of Landlords.
- On acceptance it is deemed that the tenant(s) have entered into a verbal **Agreement to Lease**, until a written Agreement to Lease can be signed. This is binding on both tenant and Owner / Agents, as per the Rental Housing Act.
- Bank fees will be to the Applicants account, including **CASH DEPOSITS FEES**, at bank rates.
- An admin fee of R1400.00 (One Thousand Four Hundred Rand) will be payable should you cancel the Application after submission to Landlords.

DOCUMENT REQUIREMENTS FOR SOUTH AFRICAN ID HOLDERS (all documents not older than 3 months)

Please submit the following with this application for each individual applicant **All documents must be emailed in PDF format.**

☐ Clear, certified copy of Identity Document	☐ Copy of document issued by SARS with tax registration number
☐ 3 Months Rental Statement (where applicable)	☐ 3 months pay slips and bank statements
☐ Reference from employer	☐ Proof of present residential address (FICA approved)
☐ Self-employed: Tax Return & proof of income	☐ Certified birth certificates of children to reside in the property

DOCUMENT REQUIREMENTS FOR NON- SOUTH AFRICAN ID HOLDERS (all documents not older than 3 months)

☐ Clear, certified copy of passport	☐ Copy of work and/or student permit
☐ 3 Months Rental Statement (where applicable)	☐ 3 months pay slips and bank statements
☐ Reference from employer	☐ Copy of document issued by SARS with tax registration number
☐ Proof of present residential address, from independent source	☐ Certified birth certificates of children to reside in the property

By signing this application, the applicant hereby confirms that all Information is true, accurate and complete to the best of applicant's knowledge. Landlords reserve the right to disqualify applicant / tenant if information is not as represented.

Signed by the **Applicant/s** at (place) on this day of (month) 20..... (year)

Applicant 1 _____

Signature _____

Applicant 2 _____

Signature _____

Applicant 3 _____

Signature _____

The full Names of all Occupants (under 18) who will not appear on the Application and the Agreement to Lease			
Full Name / Relationship / Age			
Maximum Occupants for this Property: 10 (TEN)			
<u>1st APPLICANT'S PERSONAL INFORMATION / GUARANTOR DETAILS</u>			
Do you understand English? (Yes) (No) if not, what language?			
Title	First Name	Second Name	Surname
ID Number	Passport No	Date of Birth	
Name for contacting		Marital Status	
Phone	Mobile	Email	

Present Home Address			Postal Code
Length of Time	Present Landlord / Agent	Landlord / Agent Contact Number	
Reason for Leaving	Rent PM	Is your present rent up to date?	
Previous Home Address			Postal Code
Length of Time	Previous Landlord / Agent	Landlord / Agent Contact Number	
Reason for Leaving	Rent PM	Was your rent up to date?	

VEHICLE(S) INFORMATION				
Year	Make	Model	Colour	License Plate #
Year	Make	Model	Colour	License Plate #

EMPLOYMENT HISTORY		
Current Employer	Occupation	Hours / Week
Supervisor	E-mail	Phone
Employment Type: Permanent/Contract/Self-employed/Trial-period	Monthly Income	Gross Salary
Year Employed:	From:	To:
Business Address	Business Web Address	Payment Date:

FINANCIAL INFORMATION **SEE PAGE 4

Bank Account Information	Name of Bank	Branch Code
	Acc/ Number	Branch Name
	Acc Type	Account in the Name of:

EMERGENCY/ PERSONAL REFERENCE INFORMATION		
Emergency Contact (not living with you)	Phone / Cell	Relationship
Personal Reference (not related to you)	Phone / Cell	Relationship

ALTERNATIVE ACCOMMODATION: (THIS REFERS TO A PLACE WHERE YOU CAN STAY IN CASE OF AN EMERGENCY)

ALTERNATIVE ACCOMMODATION ADDRESS:

APPLICANT QUESTIONNAIRE	
Have you ever been bankrupt? (Yes) (No)	Have you ever moved while still owing rent? (Yes) (No)
Have you ever been guilty of a criminal offence? (Yes) (No)	Have you ever been locked out of their premises by the sheriff? (Yes) (No)
Have you ever broken an Agreement to Lease? (Yes) (No)	Is the total move-in amount available now (rent and deposit)? (Yes) (No)
Have you ever been brought before the Housing Tribunal? (Yes) (No)	Do you Smoke? (Yes) (No)
Marital Status: (Community of Property) (Ante nuptial Agreement (ANC))	Do you give permission for your credit record to be disclosed to your spouse / life partner? (Yes) (No)

By signing this application, the applicant hereby confirm that they have PERSONALLY INSPECTED or PERSONALLY ACQUAINTED themselves with the premises applied for and accept the premises as being ready for LIVEABLE and ENJOYABLE occupation. All Information is true, accurate and complete to the best of applicant's knowledge. Landlords reserve the right to disqualify applicant / tenant if information is not as represented.

Signed by the **Applicant** at (place) on this day of (month) 20..... (year)

Name_____

Signature_____

2nd APPLICANT'S PERSONAL INFORMATION

Do you understand English? (Yes) (No) if not, what language?			
Title	First Name	Second Name	Surname
ID Number	Passport No	Date of Birth	
Name for contacting		Marital Status	
Phone	Mobile	Email	
Present Home Address			Postal Code
Length of Time	Present Landlord / Agent	Landlord / Agent Contact Number	
Reason for Leaving	Rent PM	Is your present rent up to date?	
Previous Home Address			Postal Code
Length of Time	Previous Landlord / Agent	Landlord / Agent Contact Number	
Reason for Leaving	Rent PM	Was your rent up to date?	
Next Previous Home Address			Postal Code
Length of Time	Next Previous Landlord / Agent	Landlord / Agent Contact Number	
Reason for Leaving	Rent PM	Was your rent up to date?	

VEHICLE(S) INFORMATION				
Year	Make	Model	Colour	License Plate #
Year	Make	Model	Colour	License Plate #

EMPLOYMENT HISTORY		
Current Employer	Occupation	Hours / Week
Supervisor	Phone	Years Employed
Employment Type: Permanent/ Contract/ Self-employed/ Trial-	Monthly Income	Gross Salary
Year Employed:	From:	To:
Business Address	Business Web Address	Payment date

FINANCIAL INFORMATION **SEE PAGE 4			
Bank Account Information	Name of Bank	Branch Code	
	Acc/ Number	Branch Name	
	Acc Type	Account in the Name of:	

EMERGENCY/ PERSONAL REFERENCE INFORMATION		
Emergency Contact (not living with you)	Phone / Cell	Relationship
Personal Reference (not related to you)	Phone / Cell	Relationship

ALTERNATIVE ACCOMMODATION: YES / NO	THIS REFERS TO A PLACE WHERE YOU CAN STAY IN CASE OF AN EMERGENCY
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ALTERNATIVE ACCOMMODATION ADDRESS:

APPLICANT QUESTIONNAIRE	
Have you ever been bankrupt? (YES) (No)	Have you ever moved while still owing rent? (YES) (No)
Have you ever been guilty of a criminal offence? (YES) (No)	Have you ever been locked out of their premises by the sheriff? (YES) (No)
Have you ever broken an Agreement to Lease? (YES) (No)	Is the total move-in amount available now (rent and deposit)? (YES) (No)
Have you ever been brought before the Housing Tribunal? (YES) (No)	Do you Smoke (Yes) - (No)
Marital Status: (COP) (ANC)	Do you give permission for your credit record to be disclosed to your spouse (Yes) (No)

By signing this application, the applicant hereby confirm that they have PERSONALLY INSPECTED or have PERSONALLY ACQUAINTED themselves with the premises applied for and accept the premises as being ready for LIVABLE and ENJOYABLE occupation. All Information is true, accurate and complete to the best of applicant's knowledge. Landlords reserve the right to disqualify applicant / tenant if information is not as represented.

Signed by the **Applicant** at (place) on this day of (month) 20..... (year)

Name

Signature

1: COMPANY DETAILS		
Company's Reg. Name		
Registration number		
Name for contacting person		
Phone	Fax	Email
Street Address:		
Postal Address:		
Name of Auditors:		
Contact details of		
Contact person at		
INCOME – must have proof from Auditor please		
Current Monthly Income R		Proof of Income Provided (Yes) (No)
BANK ACCOUNT DETAILS:		
Name of Bank		
Branch Name / Code		
Acc/Number		
Average Monthly Balance	R	
EMERGENCY/ PERSONAL REFERENCE INFORMATION AT COMPANY		
Emergency Contact	Phone / Cell	
Personal Reference	Phone / Cell	
APPLICANT QUESTIONNAIRE		
Was the company ever been bankrupt? (YES) (No)	Is the total move-in amount available now (rent and deposit)?	
Has the company ever been locked out of any premises by the sheriff? (YES) (No)	Do your client Smoke (Yes) - (No)	
Has the company ever broken a Agreement to Lease? (YES) (No)	Is the total move-in amount available now (rent and deposit)? (YES) (No)	
Has the company ever moved out of any while still owing rent, or damaged a premises? (YES) (No) Commercial or residential?	Do you Smoke (Yes) - (No)	
Has the company ever been brought before the Housing Tribunal? (YES) (No)	When do your client wants to move in?	
Documents needed from the company:		
<u>All documents must be emailed in pdf format.</u>		
Company registration letter	Letter from Accountant	
Resolution letter that the representative may sign the	FICA document	
Proof of income	SARS documentation	

By signing this application, the applicant hereby confirm that they have PERSONALLY INSPECTED or PERSONALLY ACQUAINTED themselves with the premises applied for and accept the premises as being ready for LIVABLE and ENJOYABLE occupation. That you have read and understand the contents of the CONDUCT and MANAGEMENT RULES of the property. All Information is true, accurate and complete to the best of applicant’s knowledge. Landlords reserves the right to disqualify applicant / tenant if information is not as represented.

Signed by the **Company representative** at..... (place). On this day of (month) 20..... (year)

Name;..... **Signature**

On behalf of the company

FINANCIAL INFORMATION					
INCOME			EXPENSES		
MONTHLY INCOME	1 ST APPLICANT	2 ND APPLICANT	MONTHLY EXPENSES	1 ST APPLICANT	2 ND APPLICANT
Gross Salary (before deductions)			Home Loan		
Home Subsidy			Rent		
Car/Travel Allowance			Rates & Taxes		
Average Commission (6 Months)			Levies		
Rental Income			Water		
Rental Income			Electricity		
Rental Income			Vehicle Instalment		
Child Support			Travelling		
Spousal Maintenance			Insurance (short term)		
Other (specify)			Life Insurance		
Other			Telecommunication (Telephone and Cellphone)		
Other			Education		
Other			Groceries		
TOTAL INCOME BEFORE DEDUCTIONS			Debit/Credit Card payments		
			Personal Loans		
DEDUCTIONS:			TV License / DSTV		
Less: Pension			Clothing / Clothing Accounts		
Less: Medical Aid			Entertainment (incl food)		
Less: PAYE			Other		
Less: Other					
TOTAL DEDUCTIONS FROM INCOME			TOTAL EXPENSES		

By signing this page, the applicant confirms that the above information is true and correct.

Signed by the **1st Applicant** at _____ (place) on this _____ day of _____ (month) 20____ (year)

Name_____ **Signature**_____

Signed by the **2nd Applicant** at _____ (place) on this _____ day of _____ (month) 20____ (year)

Name_____ **Signature**_____

Office Use Only					
Check Description	1 st Applicant	2 nd Applicant	Check Description	1 st Applicant	2 nd Applicant
TPN ID VERIFICATION	V	V	PREVIOUS TPN RENT RECORD		%
CREDEX SCORE			CREDIT PAYMENTS	% Good standing	% Good Standing
NUMBER OF ACTIVE ACCOUNTS			EMPLOYER MATCH		
NUMBER OF JUDGMENTS			COPY OF ID ATTACHED		
NUMBER OF NOTICES			TOTAL MONEY OWED	R	R
NUMBER OF DEFAULTS			DEBT INSTALLMENT AMOUNT	R	R
NUMBER OF TRACE ALERTS			TOTAL INCOME AMOUNT	R	R
NUMBER OF ENQUIRIES			FACEBOOK COMMENT		
DEBT REVIEW			NAME GOOGLED		
TPN CREDIT HISTORY			PRIMARY ADDRESS		
TPN AFFORDABILITY			FICA requirement Established		
Approve for Rental (Y) (N)	Signature of Compliance Officer			Dated	



Form 1 - Client identification and verification of natural person (Form 1 also used on all persons who act on behalf of another natural person/legal entity together with the client's identification on form 1, 2, 3 or 4)

1. Full names (as per ID document used)		Surname		ID, passport, work permit or visa no		
(Document used must be inspected by us, and a copy will be required from you) (issued by government source)*						
2. Address						
Contact number/s						
E-mail				Are you a SA citizen / permanent resident?		
(A document less than 3 months old proving this main place of residence will be required from you)**						
3. Type of service:		Other:				
Sell/ Let because:						
Buy/ Rent to use as:						
(Delete the inapplicable words)***						
4. Where to will payments due be made? ***		Agency	Attorney	Seller	Landlord	Other
How will any payments due be financed?****		SA Bank	International transfer	Bond	Subject to sale /or Attorney	Cash
Will any of the payments above involve a payment of R50 000 or more in cash (i.e., paper money, coins, bitcoins or traveller's cheques)?						
(Circle all the applicable words)*** (You may pick more than one method/combination of finance)****						
5. Do you occupy, or have you occupied, any of the following positions in any country other than SA?						
Head of state	Member of the royal family	Cabinet member	Snr member of a political party	Senior judicial officer		
Snr executive of a state-owned entity	High rank in the military	Other:				
(If "YES" Mark if applicable or write in under "Other")						
6. Do you now occupy, or have you occupied, any of the following positions in South Africa?					Yes / No	
President or deputy president of South Africa	Premier of a province	Cabinet minister or deputy minister	MEC of a province			
Mayor of a municipality	Leader of any political party	Member of a royal family	Senior traditional leader	Judge		
Head, accounting officer or CFO of a national or provincial department	Manager or Chief Finance Officer (CFO) of a municipality					
Chairperson, CEO, accounting authority, CFO or chief investment officer of a public entity	Other:					
Ambassador, high commissioner or other senior representative of a foreign country based in SA						
Chairperson of board of directors, chairperson of audit committee, executive officer or CFO of a company doing business with the government, and if so, in what capacity?						
(Mark if applicable or write in under "Other")						
7. Are you a family member or a close associate of one of the categories of people mentioned in questions 5 & 6 above?						
Names & Surname:						
Relationship:		Position:				
(If "YES" Please complete the above)						
If you responded "yes" to any of the previous 3 questions, please indicate your source of wealth?						

* If you are unable to produce an official identity document. The acceptable reason for being unable to produce an official identity document should be noted and dated below by employee OBO our estate agency. (photo should be taken and printed by employee with birthdate, names, surname, ID no of client and the date of photo written on the printed page)

** If your proof of residential address is sent in electronic format. We need to see the original email/WhatsApp as it appeared in your inbox/phone, and the attachment, (if any). That email/WhatsApp and the attachment must be forwarded to us so that we can print a copy.

Consent to process (use) personal information in terms of The Protection Of Personal Information Act (POPIA), on condition that my personal information shall be used and processed in accordance with the Protection of Personal Information Act.

SIGNED AND DATED ON _____
 Date Name in print and signature

Full name and surname Employee of our PPB Date Signature