



MACPROP

residential letting

LEASE APPLICATION



Applicant: _____

Complex: _____

Unit No: _____

Rent: _____

PLEASE NOTE APPLICATION WILL ONLY BE CONSIDERD ONCE ALL RELEVANT DOCUMENTS ARE ATTACHED

PERSONAL:

ID/Passport Copy

Latest Payslip

3 Months Bank Statements

LEGAL ENTITY:

CK/CM Document Copy

Signatory SA ID/Passport Copy

3 Months Bank Statements/Solvency Letter

PROPERTY DETAILS:

Unit No: Complex Name:

Rent Amount: Contract Duration:

Occupation Date: No. of Occupants: No. of Adults: No. of Children:

SECTION 1 – PRIMARY RESIDENT/S INFORMATION REQUIRED:

Name and Surname:

ID/Passport Number:

Contact Details: Cell: Alt:

Contact Details: Work: Alt:

Email Address:

Current Residential Address:

Residential Address Line 2:

Full Names of Spouse/Partner:

ID/Passport Number:

Contact Details of Spouse/Partner: Cell: Alt:

Contact Details of Spouse/Partner: Work: Alt:

Email Address:

SECTION 2 – LEGAL ENTITY ON BEHALF OF PRIMARY RESIDENT/S

Name of Entity:

Registration Number:

Represented by Full Name/s:

ID/Passport Number:

Contact Details: Work:

Email Address:

Current Address:

Own/Rent/Other:

SECTION 3 – CURRENT RESIDENCY DETAIL OF TENANCY/PROPERTY

Landlord/Agency/Home Owner:

Contact No: Alt:

Rental/Bond Amount per Month: Institution/Bank:

Address:

Reason for Leaving:

Period: Number of Late Payments:

Was your Deposit Refunded? Reason, if not:

Have you ever broken a lease? Reasons/s:

Have you ever been Evicted or asked to leave a rental property? Reason/s:

Have you ever refused to pay or held back on Rent? Reason/s:

SECTION 4 – FINANCIAL EMPLOYMENT/INCOME HISTORY

Full Time: Part Time: Student: Retired: Self Employed:

Other (Specify):

CURRENT EMPLOYER

Position: Lengths of Service:

Name of Company:

Supervisor Name:

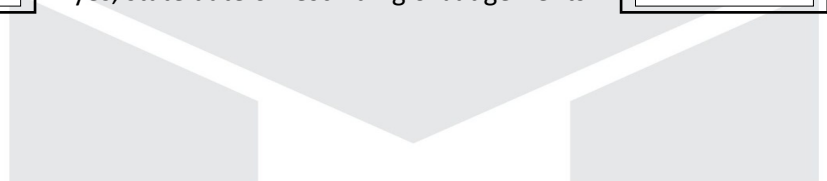
Contact Details: Email:

Gross Salary: Additional Income:

Monthly Take Home: Balance after Debt & Living Expenses:

Have you ever been Sequestered? If yes, state date of Rehabilitation:

Do you have Judgements against you? If yes, state date of rescinding of Judgements:



PARTNER/SPOUSE EMPLOYER

Position: Lengths of Service:

Name of Company:

Supervisor Name:

Contact Details: Email:

Gross Salary: Additional Income:

Monthly Take Home: Balance after Debt & Living Expenses:

Have you ever been Sequestered? If yes, state date of Rehabilitation:

Do you have Judgements against you? If yes, state date of rescinding of Judgements:

TRADE REFERENCES/ACCOUNTS

Company: Acc No:

Credit Limit Balance: Instalment:

Contact Details:

TRADE REFERENCES/ACCOUNTS

Company: Acc No:

Credit Limit Balance: Instalment:

Contact Details:

SECTION 5 – GENERAL INFORMATION

Registration Number: Model: Colour:

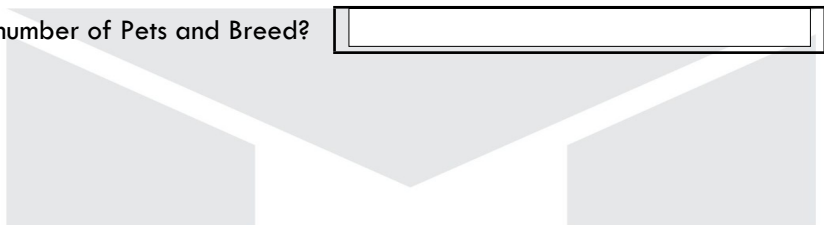
Registration Number: Model: Colour:

PROPOSED OCCUPANTS

Name:	Relationship	Occupation/Employment Details:	Age:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PETS

Will you be bringing Pets? If Yes, number of Pets and Breed?



ADDITIONAL CONTACT INFORMATION:

1st Emergency Contact: Relationship:

Email Address:

Tel: Cell:

2nd Emergency Contact: Relationship:

Email Address:

Tel: Cell:

SECTION 6 – REQUIRED DOCUMENTATION

PERSONAL:

- ID/Passport Copy
- Latest Payslip
- 3 Months Bank Statements

LEGAL ENTITY:

- CK/CM Document Copy
- Signatory SA ID/Passport Copy
- 3 Months Bank Statements/Solvency Letter

SECTION 7 – BANKING DETAILS AND DEBIT ORDER

Account Holder Name:

Bank Name:

Account Number:

Branch Code:

Account Type:

Any current Promotions by Macprop Requires Debit Order Authorisation

DEBIT ORDER

PLEASE TAKE NOTE IF YOU DO NOT REQUEST A DEBIT ORDER YOUR ACCOUNT MUST BE SETTLED BEFORE OR ON THE 1ST DAY OF EACH MONTH

I/we hereby give to Macprop that they may activate a Debit Order against the above-mentioned account for the direct payment of my Rent money due to Macprop. Date of Debit Order specified as the 1st day of each month.

SIGNATURE OF ACCOUNT HOLDER:

TERMS AND CONDITIONS

1. Applicant/s must be over eighteen (18) years of age to sign the Lease Agreement.
2. All Parties to the Lease Agreement will have to fill in an application and sign the Agreement of Lease.
3. As per Lease Agreement, your account must be Paid before or on the 1st day of each month.
4. Tenants are to abide by all Complex Rules as instructed by Macprop.

Initials:

CANCELATION POLICY

1. A Standard Fee of R 950 for this application is applicable prior to any cancellation.
2. A 30% Cancellation fee of the monthly unit rental price is applicable for premature cancellation.
3. Any and all Cancellation fees may be deducted from my Deposit by Macprop Real Estate as required.
4. Any and all Cancellation fees are Payable on Demand to Macprop.

Initials:

CONSENT CLAUSE

The Applicant/s hereby consents and authorises the Landlord or Representative to, at all times:

1. 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
2. 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
3. At any renewal of the lease agreement, re-do above Credit Check
4. POPIA - By completing this form and submitting it I hereby consent to the processing of my personal information in terms of the Protection of Personal Information Act 4 of 2013.

Initials:

ACCEPTANCE

1. Applicant or Applicants acknowledge that this Application will form part of the Lease Agreement when Approved. If any information is found to be incorrect, the Application will be rejected, and any subsequent rental agreement becomes void. False and misleading statements will be sufficient reason for immediate eviction and loss of deposit.
2. No agreement shall be deemed to exist between the Landlord and/or his Representative and the Applicant and/or Applicants until the Lease Agreement has been duly signed by, or on behalf of the Landlord, and monies Paid.

I, HEREBY DECLARE THAT ALL THE ABOVE INFORMATION SUPPLIED IS TRUE AND CORRECT.

Signed at: on the day of 20

SIGNATURE:

SERVICE RATING

Who was your Representative on your Viewing?

Please rate their service out of 5, (1=Poor and 5 = Excellent)

FOR OFFICE USE ONLY:

REF:	
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Does the tenant have enough Nett surplus to cove monthly rent?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Did one of the references give a bad report?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Does the tenant have judgements?	<input type="checkbox"/> Y	<input type="checkbox"/> N

RENTAL COMMENTS:

FINANCE COMMENTS:

DECISION BY LANDLORD: **APPROVED** **REJECTED**

IF REJECTED, REASON:

OR

UNDISCLOSED:

APPLICANT INFORMED OF OUTCOME: Y N

FOR LANDLORD: _____ **DATE:** _____

