



KARIN BADENHORST

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Rental Application (Employed Persons) ADDRESS OF PROPERTY:

Applicant Information

Name:			
Date of birth:	ID NO:	Phone:	
Current address:			
City:			
Own	Rent	(Please circle)	Monthly payment or rent:
			How long?
Previous address:			
City:		Previous Lessor	Tel no:
Owned	Rented	(Please circle)	Monthly payment or rent:
			How long?

Employment Information

Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:		State:	ZIP Code:
Position:		Hourly	Salary (Please circle)
		Annual income:	

Who will occupy the property

Number of adults
Number of children

Co-applicant Information, if Married

Name:			
Date of birth:	ID NO:	Phone:	
Current address:			
City:			
Own	Rent	(Please circle)	Monthly payment or rent:
			How long?
Previous address:			
City:			
Owned	Rented	(Please circle)	Monthly payment or rent:
			How long?

Co-applicant Employment Information

Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:			
Position:		Hourly	Salary (Please circle)
		Annual income:	

References

Name:	Address:	Phone:

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of co-applicant:	Date: