

Tenant Registration Form

Details

Name:		Date:	
Phone (h):	Phone (w):		
Mobile:	Email:		
Area Required:			
Price Range:		to	
Date Required:		Unfurnished <input type="checkbox"/>	Furnished <input type="checkbox"/>
Normal Tenancy <input type="checkbox"/>	or	Fixed Term Tenancy <input type="checkbox"/>	How Long? _____

Dwelling Type Required (please tick)

House <input type="checkbox"/>	Unit <input type="checkbox"/>	Apartment <input type="checkbox"/>	Other:
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Number of Adults

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5+ <input type="checkbox"/>
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Number of Children

Ages

None <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	___ <input type="checkbox"/>
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Number of Bedrooms Required

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5+ <input type="checkbox"/>
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Number of Bathrooms Required

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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Number of Parking Spaces Required

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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Pets:

Yes <input type="checkbox"/>	Please specify:	No <input type="checkbox"/>
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We are an independently owned and operated business and are bound by the Privacy Act 1993. We collect personal information about you in this form to assist you in locating a suitable residential tenancy for you. By completing this form and returning it to us you consent to us collecting and storing your personal information. You also consent to us contacting you regarding potentially suitable residential tenancies we may identify.

Signed _____

Date _____

Office use only

Properties Recommended / List Given

Entered into MyDesktop:

Date: _____

Property Manager:

Leanne

