Threefold Property Group
Your solid property cord!
35 Bauhinia Crescent, Vredekloof, Brackenfell, Cape Town, 7560
Tel 021 981 7521 • Fax 086 611 1886 • Cell 082 416 8965
info@3fold.co.za • www.3fold.co.za

RENTAL APPLICATION FORM:
HARFIELD TERRACES, 2 BELL ROAD, KENILWORTH
Monthly Rent: R7,000 ; Deposit to be held in Trust: R10,500 ; Once-off Lease Admin Fee: R1000,00.

When would you prefer to occupy? ___ / __ / 2020:
Preferred Term: Number of months: ____

DETAILS OF FIRST PERSON APPLYING TO RENT THE PREMISES

Full Name					
Identity / Passport No.					(certified copy to be attached)
Date of Birth					
Nationality					
Marital Status					
If Married: In Community of Property		ANC		Accrual System	
Telephone (Home)		(Work)		(Fax)	
(Mobile)		Email address/es			
Physical Address					
Postal Address					
SARS INCOME TAX NR:					

Are you the Owner of the property where you currently stay? **Yes** **No**

If No, please give us the following information:	
• Rental Paid	
• How long have you rented there	
• Name of Rental Agent / Landlord	
• Contact number	

BANKING DETAILS

Bank	
Branch & Code	
Account number	
Type of Account	

EMPLOYMENT DETAILS

Self-employed: YES / NO	
Occupation	
Current Employer and Tel Nr:	
Employer's address	
Period of employment	

AFFORDABILITY DETAILS

Gross monthly salary (before deductions & tax)		(certified copy of pay slip attached)
Salary payment date		
Current monthly expenses		

First applicant: Kindly break down your monthly household budget on table depicting below:

Type of expense	Amount (R)
1. Groceries, cleansing & personal toiletries	
2. Motor Vehicle Repayment	
3. Fuel/Transport	
4. Personal Loans	
5. Credit Cards	
6. Phone and/or Cell phone	
7. DSTV/Gym/Other memberships	
8. Home Content and/or Other Insurance	
9. Medical fund (if not on pay slip)	
10. Other (specify):	
TOTAL EXPENSE	

DETAILS OF SECOND PERSON APPLYING TO RENT THE PREMISES

Full Name		
Identity / Passport No		(certified copy to be attached)
Date of Birth		

Nationality					
Marital Status					
If Married: In Community of Property		ANC		Accrual System	
Telephone (Home)		(Work)		(Fax)	
(Mobile)		Email address/es			
Physical Address					
Postal Address					
SARS INCOME TAX NR:					

Are you the Owner of the property where you currently stay? **Yes** **No**

If No, please give us the following information:	
• Rental Paid	
• How long have you rented there	
• Name of Rental Agent / Landlord	
• Contact number	

BANKING DETAILS

Bank	
Branch & Code	
Account number	
Type of Account	

EMPLOYMENT DETAILS

Self-employed: YES / NO	
Occupation	
Current Employer and Tel Nr:	
Employer's address	
Period of employment	

AFFORDABILITY DETAILS

Gross monthly salary (before deductions & tax)		(certified copy of payslip attached)
Salary payment date		
Current monthly expenses		

Second applicant: Kindly break down your monthly household budget on table depicting below:

Type of expense	Amount (R)
1. Groceries, cleansing & personal toiletries	
2. Motor Vehicle Repayment	
3. Fuel/Transport	
4. Personal Loans	
5. Credit Cards	
6. Phone and/or Cell phone	
7. DSTV/Gym/Other memberships	
8. Medical Fund (if not on pay slip)	
9. Home Content and/or Other Insurance	
10. Other (specify):	
TOTAL EXPENSE	

GENERAL DETAILS

Who will be staying at the Premises for the whole period of the Lease?

Number of adults							
Names of adults							
Number of children							
Names of children							
Children's ages	1		2		3		4
Names of Schools attended by children							
Number Pets owned Has your pet been spayed or neutered? Inoculation done?		Name, Type and Description:					

Number of vehicles at Premises:

1. Type		Registration	
2. Type		Registration	
3. Type		Registration	

Have you (or both of you) ever had any judgments / defaults granted against you?	Yes	No
If Yes, please give details		

I / we declare that the information we have given in this application form is true and correct to the best of my/our knowledge and that I/we have not failed to provide any information which, if the Landlord had known such information, would have not allowed the application to be successful.

Upon acceptance by the Landlord and the presenting of an Agreement of Lease, I/we agree to pay the following:

Deposit	R 10,500.00
Key deposit	R
Electricity deposit	R
Lease fee	R 1 000.00
Pro-rata rent	R
1st Month rent	R 7 000.00
Total	R 18,500.00

SUPPORTING DOCUMENTS TO BE ATTACHED WITH THIS APPLICATION

First Person		**Second Person**	
Certified RSA ID Document / Passport		Certified RSA ID Document / Passport	
Proof of current address		Proof of current address	
3 Months Pay slips – most recent		3 Months Pay slips – most recent	
3 Months E-Stamped bank statements		3 Months E-Stamped bank statements	
SARS Tax Number Verification		SARS Tax Number Verification	

CONSENT CLAUSE

I, the applicant/potential tenant hereby consent and authorise the Landlord or Agent or RentMaster to, at all times:-

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

Signed by the Applicant at		on this the		day of		20	

FIRST APPLICANT: _____

SECOND APPLICANT AND/OR SPOUSE: _____

Signed by the Second Applicant at		on this the		day of		20	

_____

SIGNATURES OF OTHER APPLICANTS

(SIGNATURES REQUIRED OF BOTH HUSBAND & WIFE, OR PERSONS SHARING)