



RENTAL APPLICATION FORM FOR RESIDENTIAL PREMISES

I
am applying to rent a room at the YMCA Athlone
The address of the Premises is

DETAILS OF THE PERSON APPLYING TO RENT THE PREMISES

Full Name
Ethnicity
Gender
ID No. (copy to be attached); or
Passport No. (copy to be attached)
Date of Birth
Nationality
Marital Status
Telephone: (Home) (Work) (Fax)
(Mobile): Email Address/es:
Place of Work
Address where you currently stay:
Postal Address:

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 the Agent/ Landlord:
Office number:
Mobile:
Email address/es:

Initial



RENTAL APPLICATION FORM FOR RESIDENTIAL PREMISES

DETAILS OF THE PERSON APPLYING TO RENT THE PREMISES

BANKING DETAILS:

Bank	
Branch & Code	
Account Number	
Type of account	

EMPLOYMENT DETAILS:

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

AFFORDABILITY DETAILS

Gross Monthly Salary (Before deduction & tax):		(copy of payslip attached)
Current Monthly Expense:		

DETAILS OF SPONSOR OR CO FUNDER

Full Name	
ID No.	
Passport No	
Date of Birth	

Initial



RENTAL APPLICATION FORM FOR RESIDENTIAL PREMISES

DETAILS OF SPONSOR OR CO FUNDER

Nationality		
Marital Status		
Telephone: (Home)	(Work)	(Fax)
(Mobile):	Email Address/es:	
Address where you currently stay:		
Postal Address:		

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 the Agent/ Landlord:	
Office number:	
Mobile:	
Email address/es:	

BANKING DETAILS:

Bank	
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DETAILS OF SPONSOR OR CO FUNDER

EMPLOYMENT DETAILS:

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

AFFORDABILITY DETAILS

Gross Monthly Salary (Before deduction & tax):		(copy of payslip attached)
Current Monthly Expense:		

GENERAL DETAILS

How many dependants do you have	
Criminal Record YES/NO	(copy of police clearance doc)
Have you ever had any judgements / 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 YMCA Athlone had known such information, would have not allowed the application to be successful.

Upon acceptance by the YMCA Athlone and the presenting of an Lease Agreement, I/We agree to pay the following

Deposit:	
Administration fee:	
1st month Rent:	
Pro-rata rent:	
TOTAL	

Initial



RENTAL APPLICATION FORM FOR RESIDENTIAL PREMISES

SUPPORTING DOCUMENTS TO BE ATTACHED WITH THIS APPLICATION

First Person

Sponsor

RSA ID Document / Passport	RSA ID Document / Passport
Proof of Current Address	Proof of Current Address
3 month's Payslip	3 month's Payslip
3 month's bank Statement	3 month's bank Statement
Police Clearance Certificate	

I/We agree and allow the YMCA Athlone at all times to:

1. Contact, request and obtain information from any credit provider (or potential credit provider) or registered credit bureau that may be necessary to assess my/our behaviour, profile, payment patterns, indebtedness, whereabouts and creditworthiness;
2. Furnish information concerning the behaviour, profile, payment patterns, indebtedness, whereabouts and creditworthiness of me/us to any registered credit bureau or to any credit provider (or potential credit provider) seeking a trade reference regarding my/our dealings with Landlords.

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

APPLICANT

Signed by the sponsor at _____ on this the _____ day of _____ 20_____

SPONSOR

Initial

MEDICAL INFORMATION FORM

Please complete the below form in as much detail as possible. This is so that YMCA Athlone staff can be of medical assistance to you, should the need arise.

MEDICAL AID INFORMATION

Main Member: Full name _____

Main Member : ID no. _____

Main Member: Employer _____

Main Member: Employer No. _____

Dependant: Full Name _____

Dependant: ID no. _____

Medical Aid Scheme _____

Medical Aid Number _____ (copy of card be attached)

MEDICAL BACKGROUND INFORMATION

Do you have any allergies? **YES/NO** _____

Do you suffer from any Chronic Illnesses from the list below ? _____

HYPERTENSION	MULTIPLE SCLEROSIS	CHOLESTEROL	EMPHYSEMA	ASTHMA	LUPUS	THYRIOD DISORDER
DEPRESSION	HEART FAILURE	PORPHYRIA	DIABETES	MENTAL	EPILEPTIC	OTHER:

Are you allergic to penicillin ? _____

Are you allergic to latex ? _____

Have you been in surgery for any reason in the last 5 years ? _____

NEXT OF KIN DETAILS

Full Name _____ Nationality _____

Telephone: (Home) _____ (Work) _____

(Mobile): _____ Email Address/es: _____

Address: _____

- I have to my knowledge completed the above questionnaire truthfully.
- The YMCA Athlone is in no way responsible for any illnesses or injuries that I may incur
- The YMCA Athlone is in no way responsible for any medical bills that I may incur during my stay.

_____ Initial