



In order for your application to be processed ALL questions must be answered.

Please write in **CLEAR** block letters only

### 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)  
Student No.  (copy to be attached)  
Date of Birth   
Nationality   
Marital Status   
Telephone: (Home)  (Work)  (Fax)   
(Mobile)  Alternate : (Mobile)   
Institution   
Email Address/es:   
Campus Email Address   
Address where you currently stay:   
Postal Address:

Offers for accommodation are issued by e-mail. Applicants must provide a current and reliable e-mail 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 or lived 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	

**COURSE DETAILS**

Institution of Study			
Course Name			Faculty
Course Year level	1st <input type="checkbox"/>	2nd <input type="checkbox"/>	3rd <input type="checkbox"/> 4th <input type="checkbox"/> HON <input type="checkbox"/> MAS <input type="checkbox"/>
Status	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Graduating Mid Year <input type="checkbox"/>
Financial Assistance	NSFAS <input type="checkbox"/>	Other <input type="checkbox"/>	None <input type="checkbox"/>
Type of Financial Assistance	Loan <input type="checkbox"/>	Bursary <input type="checkbox"/>	Other <input type="checkbox"/> (If Other Please explain)

**① DETAILS OF PARENT/ GUARDIAN**

Full Name			
ID No.			
Passport No			
Date of Birth			
Nationality			
Marital Status			
Telephone: (Home)	(Work)	(Fax)	
(Mobile):	Email Address/es:		
Address where he/she currently stay:			
Postal Address:			

**AFFORDABILITY DETAILS**

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

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**RENTAL APPLICATION FORM FOR RESIDENTIAL PREMISES**

**② DETAILS OF PARENT/ GUARDIAN**

Full Name		
ID No.		
Passport No		
Date of Birth		
Nationality		
Marital Status		
Telephone: (Home)	(Work)	(Fax)
(Mobile):	Email Address/es:	
Address where he/she currently stay:		
Postal Address:		

**AFFORDABILITY DETAILS**

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

**Are your Parent/s/Guardian/s the owner of the property where he/she/they currently stay YES/NO**

If No, Please give us the following information: Rental Paid:	
How long have they rented there:	
Name of the Agent/ Landlord:	
Office number:	
Mobile:	
Email address/es:	

**BANKING DETAILS OF PARENT/S/GUARDIAN/S:**

Bank	
Branch & Code	
Account Number	
Type of account	

Initial
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**RENTAL APPLICATION FORM FOR RESIDENTIAL PREMISES**

**① DETAILS OF PARENT/ GUARDIAN**

**EMPLOYMENT DETAILS:**

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

**② DETAILS OF PARENT/ GUARDIAN**

**EMPLOYMENT DETAILS:**

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

**GENERAL DETAILS**

How many dependants are in your current Domicile	
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 declare that the information I have given in this application form is true and correct to the best of my knowledge and that I 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:	
<b>TOTAL</b>	

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**RENTAL APPLICATION FORM FOR RESIDENTIAL PREMISES**
**SUPPORTING DOCUMENTS TO BE ATTACHED WITH THIS APPLICATION**
**FOR OFFICE USE**
**THE PERSON APPLYING TO RENT THE PREMISES**

RSA ID Document / Passport

Proof of Current Address

Acceptance Letter

3 month's bank Statement

Police Clearance Certificate

I 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 agent/sponsor at

on this the

day of

20

**AGENT/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