



**Accommodation:** 081 593 2282  
**Management:** 082 309 2134  
**Fax to mail:** 086 607 4713  
**E-mail:** info@letit.co.za  
www.letit.co.za

Forsyth 8  
Universitas  
Bloemfontein  
9301

## AANSOEKVORM/ APPLICATION FORM

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1. When submitting an Application form, we require the following:
  - a) A copy of your ID
  - b) Payslips for the last three months
  - c) Bank statements form the last three months
  
2. This application is not binding on us as the Landlords and no discussion will be entered into if your application is unsuccessful.
  
3. You will be required to pay, on signing of the lease:
  - A deposit equal to the sum of 1.5 months rental to the landlord.
  - R400 contract fee
  
4. Keys to the apartment will only be issued once:
  - a) The lease is signed
  - b) The deposit is paid
  - c) Contract fee is paid
  - d) All the required documents have been submitted



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STUDENT/PERSON LIVING IN:

NAME:		TEL NUMBER:	
SURNAME:		CELL NUMBER:	
ID NO:		FAX NUMBER:	
E-MAIL ADDRESS:		FLAT NUMBER:	
DATE MOVED IN:		OCCUPATION/ FIELD OF STUDY:	

**PERSON RESPONSIBLE FOR PAYMENT DETAILS  
(MOTHER/FATHER/BURSARY/SPONSOR)**

NAME:		TEL NUMBER:	
SURNAME:		CELL NUMBER:	
ID NO:		FAX NUMBER:	
E-MAIL ADDRESS:		PHYSICAL ADDRESS:	
MOTHER/FATHER/BURSARY:		POSTAL ADDRESS:	
WORK PHYSICAL ADDRESS:		WORK FAX NUMBER:	
WORK TEL NO:		OCCUPATION:	

**BANKING DETAILS OF PERSON RESPONSIBLE FOR PAYMENT**

BANK NAME:		BRANCH NAME:	
ACCOUNT NUMBER:		BRANCH CODE:	
ACCOUNT TYPE:			

PLEASE PROVIDE US WITH A BANK STATEMENT AND PAYSLEIPS FOR THE LAST 3 MONTHS.



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**MOTHER PERSONAL INFORMATION**

NAME:		TEL NUMBER:	
SURNAME:		CELL NUMBER:	
ID NO:		FAX NUMBER:	
E-MAIL ADDRESS		PHYSICAL ADDRESS:	
MOTHER		POSTAL ADDRESS:	
WORK PHYSICAL ADDRESS:		WORK FAX NO:	
WORK TEL NUMBER:		OCCUPATION:	

**FATHER PERSONAL INFORMATION**

NAME:		TEL NUMBER:	
SURNAME:		CELL NUMBER:	
ID NO:		FAX NUMBER:	
E-MAIL ADDRESS		PHYSICAL ADDRESS:	
FATHER		POSTAL ADDRESS:	
WORK PHYSICAL ADDRESS:		WORK FAX NO:	
WORK TEL NUMBER:		OCCUPATION:	



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**NEXT OF KIN INFORMATION (OTHER THAN FAMILY)**

NAME:		TEL NUMBER:	
SURNAME:		CELL NUMBER:	
ID NO:		FAX NUMBER:	
E-MAIL ADDRESS		PHYSICAL ADDRESS:	
RELATION		POSTAL ADDRESS:	
WORK PHYSICAL ADDRESS:		WORK FAX NO:	
WORK TEL NUMBER:		OCCUPATION:	



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## IMPORTANT INFORMATION

1. You must provide us with above mentioned family member's ID documents; Proof of physical and postal address.

I hereby declare that the details furnished herein by myself on this *Rental Application Form* are to the best of my knowledge and belief, true and correct. If my application is approved, I accept full responsibility for payment of the rental in advance on the 3rd day of each month. Students or parents that are paid on the 15<sup>th</sup> of each month, must provide proof of payment date.

I hereby confirm that I have personally inspected the premises applied for. I accept that in the event of my failure to assume tenancy of this application, I shall forfeit to *Let It* an amount equal to one month's rental and all costs incurred in finalizing the application, including the cost of a written agreement of lease having been prepared pursuant to my signing this application.

No agreement of lease shall be deemed to exist between the landlord and the tenant until the lease has been duly signed by or on behalf of the landlord.

TENANT SIGNATURE:	DATE:
PERSON RESPONSIBLE FOR PAYMENT SIGNATURE:	DATE:
ACCEPTED AND SIGNED BY LANDLORD:	DATE:
ADMIN ASSISTANT:	DATE: