

QUESTIONNAIRE - HOUSE/FLAT/TOWNHOUSE

SURNAME: _____

ID. NO.: _____

POSTAL ADDRESS: _____

TEL. NO.: **WORK:** _____ **HOME:** _____

CELL: _____

MARITAL STATUS:

SINGLE	MARRIED	DIVORCED

NAME OF EMPLOYER: _____

TEL. NO.: _____ **YEARS EMPLOYED:** _____

OCCUPATION: _____

NAME OF SPOUSE: _____

TEL. NO.: **OFFICE:** _____ **CELL:** _____

SPOUSE'S EMPLOYER: _____

YEARS EMPLOYED: _____

OCCUPATION: _____

CHILDREN:

YES:	
NO:	

AGES: _____

ANIMALS:

YES:	
NO:	

NO OF CATS: _____

NO OF DOGS: _____

DOG BREED: _____

CURRENT RES. ADDR.: _____

NAME OF LESSOR: _____

TEL. OF LESSOR/ _____ **PERIOD:** _____

LETTING AGENCY _____

REQUIREMENTS:

BEDR.:			RENT:		
GARAGES:			GARDEN:		
DATE:			STAIRS:		

I/WE _____ **HEREWITH CERTIFY THAT THE ABOVE PARTICULARS ARE TRUE AND CORRECT.**

DATE: _____

SIGNATURE: _____