

## YMCA Pilmuir Accommodation Application

First Name:	Last Na	Last Name:	
Email Address:			
Phone Number:	Mobile:	Work:	
Date of Birth:			
Applicants Occupation:			
Employer:			
Emergency Contact:			
Contact Details:			
Previous Landlord 1:			
Phone:			
Previous Landlord 2:			
Phone:			
Accommodation Information:			
Date Room is Required:			
Room Type: Single Double D			
Length of Stay:			
SIGNED:	DATE:_		
$\square$ I authorise the YMCA to contact my	given references and con	duct a credit enquiry.	
This form can be downloaded, saved and sheryl@ymcawellington.org.nz when conwith this application form. You will be cobeen received.	mpleted. You will need to	attach a copy of a photo identification	
I have read and understood the above in	nformation.		
SIGNED:	DATE:	YMCA	