

Pilmuir Accommodation Application

First Name:		Last Name:
Email Address:		
Phone Number:	Mobile:	Work:
Date of Birth:		
Employer:		
Contact Details:		
Previous Landlord 1:		
Phone:		
Previous Landlord 2:		
Phone:		
Accommodation Information:		
Date Room is Required:		
Room Type: Single Double		
Length of Stay:		
SIGNED:		DATE:
☐ I authorise the YMCA to contact my	given reference	ces and conduct a credit enquiry.
_ ·	oleted. You will	ck to sheryl.brotherson@ycentral.nz OR I need to attach a copy of a photo identification urther information once these documents
I have read and understood the above in	nformation.	

SIGNED:_____ DATE:_____