
CHRISTCHURCH BORDER COLLIE HAVEN
RESCUE & REHOMING

LANDLORD PERMISSION FORM

Please fill out this questionnaire honestly and in full.

Date of application: ___/___/___

About You:

Full Name: _____

Contact Phone: _____ Email Address: _____

Street address: _____

Suburb: _____ City: _____

Tenant:

Full Name: _____

Contact Phone: _____ Email Address: _____

Street address: _____

Suburb: _____ City: _____

I have known the tenant for _____ years / _____ months

The tenant has been residing at my property for _____ years / _____ months

The property has a remaining lease / rental period of

_____ years / _____ months *(if applicable)*

I confirm I am the Landlord, or HNZ manager of this property

- Yes
- No

I give permission for the tenants in question to have a medium sized dog on the property, with access to indoors and outdoors as the dog pleases

- Yes
- No

The property is a fully fenced section

- Yes
- No

The property has no pools, lakes, streams or other bodies of water that are not adequately fenced off and have easy access

- Yes
- No

I am happy to be a character reference for the tenants

- Yes
- No

Declaration:

I, _____ confirm the information I have provided is true and correct, and understand if any information is found to be incorrect it may result in the application being terminated.

Signed: _____

Date: ____/____/____