

# Accommodation Application and Contract

**Nikau Accommodation**  
79-85 Nile Street  
Nelson 7010  
New Zealand

**Phone: (03) 548 7000**  
**Fax: 028 255 26532**  
**Email: stay@nikauapartments.co.nz**

NAME (please print)			
FAMILY name	First ( given )	Middle ( or English name )	
ARRIVAL DATE	DEPARTURE DATE	APARTMENT SIZE	GENDER
			<input type="checkbox"/> Male <input type="checkbox"/> Female
HOME MAILING ADDRESS			BIRTHDAY
Number	Street	Day/month /year	
			<b>Resident of New Zealand</b>
City	District	Country	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone	Mobile		
Email address:			REFERECES
			Previous landlord:
PERMANENT HOME ADDRESS (if different from above)			Address:
Number	Street	Phone:	
City	District	Country	
Phone	Mobile		
EMERGENCY CONTACT PERSON			
Name	Relationship	Home Phone	Mobile
EMPLOYER or PLACE OF STUDY			
Company / Course of Study	Start / Finish Dates	Contact Person / Tutor	Phone
HEALTH DETAILS	CRIMINAL CONVICTIONS		
Please indicate any physical or mental health issues we may need to be aware of. Use back of page for more space on details.	List any previous or pending criminal convictions or bail conditions.		
SMOKING	REFERENCES		
I AM A SMOKER <input type="checkbox"/> YES <input type="checkbox"/> NO			

**Please read the Nikau Accommodation terms and conditions outlined in the handbook as they form part of this application contract.**

**I understand and agree to the following:**

1. After submitting your application and once we offer a room a non-refundable \$100 application fee must be paid
2. That I am responsible to meet all payment requirements on time.
3. You must be 18 years of age or over at the date of your arrival at Nikau.
4. A deposit of two weeks rent must be paid no later than 30 days before your arrival date or the booking will be cancelled without notice. This payment will count as rent payment.
5. That I will be financially responsible for rent and cancellation penalties should I terminate my residency and if I wish to reduce my residency period I must make a written request at least four weeks prior to departure.
6. Charges will apply to changes of your booking made within 4 weeks of your arrival date.
7. That if I fail to comply with any of the terms of my contract, it may be necessary for me to vacate the property with no less than 24 hours notice.

**I have read and agree to the Nikau Rules and Regulations Handbook and I certify that the information on this contract is accurate. I understand that giving false information may disqualify my application at Nikau Apartments.**

**Signed:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

## **SEND IT**

**Mail, email or fax the completed application form and fee of \$100**

*Cheque made out to: Nelson Nikau Apartments Ltd*

**Or deposit made to:**

**ANZ Bank Account** (with your family name or arrival date as reference)

**01 0702 0284917 00**

**Nelson Nikau Apartments Ltd**

**Nelson Nikau Apartments Ltd**

**PO Box 7297**

**Nelson 7042**

**New Zealand**

**Fax: 028 255 26532**

**stay@nikauapartments.co.nz**