

Residential Tenancy Application Form

All sections of this form must be completed & signed for your application to be processed.

Proposed Rental Property Address: _____			Postcode: _____
Rent Per Week: \$ _____	Bond Amount: \$ _____	Have you inspected the property?: YES / NO (Please circle)	
Length of Tenancy: _____	Years: _____	Months: _____	Tenancy to Commence: _____
How many tenants will occupy the property? _____	Adults: _____	Dependants: _____	Ages: _____
			Pets: Yes / No (Circle) If yes attach a PHOTO OF EACH pet.
Pet Type: _____	Breed/s: _____	Reg. No: _____	Outdoor only: YES / NO
Pet Type: _____	Breed/s: _____	Reg. No: _____	Outdoor only: YES / NO
Vehicle 1 Rego: _____	Model/Year/Colour: _____	Vehicle 2 Rego: _____	Model/Year /Colour: _____

1. First Applicant

Title: _____	First Name: _____	Middle Initial: _____
Last Name: _____	Smoker: _____	Yes / No
Name at Birth: _____	Country of Birth: _____	
Date of Birth: _____ / _____ / _____	Age (Years / Months): _____	
Drivers Licence No: _____	State: _____	
Card No. (NSW only): _____		
Passport No: _____	Medicare No: _____	Ref: _____
Pension Type (If applicable): _____	No: _____	
Home Phone: _____	Mobile Phone: _____	
Email: _____		
Marital status: Single Married De Facto Sep/Div Friends Relatives		
Maiden Name (If applicable): _____		

2. Rental History - Applicant 1

Current Address: _____		
Suburb: _____	Postcode: _____	
How long at current address? _____	Years: _____	Months: _____
Reason for Leaving: _____	Rent per week: \$ _____	
Landlord/Agent Name: _____	Phone: _____	
Email: _____	Fax: _____	
Previous Address: _____		
Suburb: _____	Postcode: _____	
Length at previous address? _____	Years: _____	Months: _____
Reason for Leaving: _____	Rent per week: \$ _____	
Landlord/Agent Name: _____	Phone: _____	
Email: _____	Fax: _____	
Bond refunded: Yes / No _____	If not, why?: _____	

3. Employment Details - Applicant 1

Occupation: _____	Employers Name: _____
Employment Address: _____	
Suburb: _____	Postcode: _____
Employer Phone No: _____	Contact Name: _____
Length at current employment _____	Years: _____
Months: _____	
Net Income \$ _____	Per Week \$ _____
Per Month \$ _____	
Are you self-employed? Yes / No _____	ABN: _____
Accountant Name: _____	Phone: _____

1. Second Applicant AND/OR Partner

Title: _____	First Name: _____	Middle Initial: _____
Last Name: _____	Smoker: _____	Yes / No
Name at Birth: _____	Country of Birth: _____	
Date of Birth: _____ / _____ / _____	Age (Years / Months): _____	
Drivers Licence No: _____	State: _____	
Card No. (NSW only): _____		
Passport No: _____	Medicare No: _____	Ref: _____
Pension Type (If applicable): _____	No: _____	
Home Phone: _____	Mobile Phone: _____	
Email: _____		
Marital status: Single Married De Facto Sep/Div Friends Relatives		
Maiden Name (If applicable): _____		

2. Rental History - Applicant 2

Current Address: _____		
Suburb: _____	Postcode: _____	
How long at current address? _____	Years: _____	Months: _____
Reason for Leaving: _____	Rent per week: \$ _____	
Landlord/Agent Name: _____	Phone: _____	
Email: _____	Fax: _____	
Previous Address: _____		
Suburb: _____	Postcode: _____	
Length at previous address? _____	Years: _____	Months: _____
Reason for Leaving: _____	Rent per week: \$ _____	
Landlord/Agent Name: _____	Phone: _____	
Email: _____	Fax: _____	
Bond refunded: Yes / No _____	If not, why?: _____	

3. Employment Details - Applicant 2

Occupation: _____	Employers Name: _____
Employment Address: _____	
Suburb: _____	Postcode: _____
Employer Phone No: _____	Contact Name: _____
Length at current employment _____	Years: _____
Months: _____	
Net Income \$ _____	Per Week \$ _____
Per Month \$ _____	
Are you self-employed? Yes / No _____	ABN: _____
Accountant Name: _____	Phone: _____

4. Social Security Benefits OR Centrelink Payment

Type: _____ CRN: _____
 \$ _____ Per Week \$ _____ Per Month

5. Referees - Applicant 1 - (NOT co-applicant)

1. Reference Name: _____
 Address: _____
 Home Phone: _____ Mobile No: _____
 2. Reference Name: _____
 Address: _____
 Home Phone: _____ Mobile No: _____

6. Emergency Contact Details - (Not same as co-applicant)

Name: _____ Phone No: _____
 Address: _____
 Suburb: _____ Postcode: _____
 Email: _____

4. Social Security Benefits OR Centrelink Payment

Type: _____ CRN: _____
 \$ _____ Per Week \$ _____ Per Month

5. Referees - Applicant 2 - (NOT co-applicant)

1. Reference Name: _____
 Address: _____
 Home Phone: _____ Mobile No: _____
 2. Reference Name: _____
 Address: _____
 Home Phone: _____ Mobile No: _____

6. Emergency Contact Details - (Not same as co-applicant)

Name: _____ Phone No: _____
 Address: _____
 Suburb: _____ Postcode: _____
 Email: _____

7. Please ensure you provide Min.100 points Identification - at least ONE item from EACH section is required - Photo copy ALL & bring originals

Section 1:	Section 2:	Section 3:
_____ (40) Drivers License _____ (40) Passport (Complete the following) Name at Birth: _____ Place of Birth: _____ Passport Country: _____	_____ (30) Latest 3 Current Pay Slips OR Current Bank Statement OR Centre Link income Statement	_____ (30) Previous tenancy reference _____ (20) Previous two rent receipts _____ (20) Home owner MUST SUPPLY a recent rates notice _____ (10) Motor vehicle registration _____ (10) Telephone account _____ (10) Electricity account _____ (10) Gas account _____ (10) Pet rego papers _____ (10) Birth certificate _____ (10) Medicare card _____ TOTAL POINTS

8. FREE Utilities Connections User Consent Form ReduceMyBills is the hassle-free connections service that takes the time and worry out of moving

ReduceMyBills .com.au Ph: 1300 680 603

• Internet • Foxtel • Telephone • Electricity • Gas

Declaration

By signing this application, I/we give consent to ReduceMyBills to make contact by phone, email or sms for the purpose of arranging connections and disconnections of approved utility services. I/we authorise ReduceMyBills to supply collected information to other household service providers for the services including Cleaning, Removal, Insurance and Appliances.

I/we authorise ReduceMyBills to contact us via these means even if the telephone numbers supplied are listed on the Do Not Call Register. I/we understand that ReduceMyBills may also send related emails promoting other services provided by ReduceMyBills.

I/we acknowledge that all information supplied in the application is true and correct to be best of my/our knowledge and that we have not falsely represented our identity in any manner.

I/we understand that ReduceMyBills treat any personal information it collects, uses or discloses in accordance with the Privacy Act 1988.

I/we authorise ReduceMyBills to supply collected information to nominated suppliers and/or potential suppliers for the connection and disconnection of nominated utilities or to assist with my obtaining other services including appliances, removalists, cleaners and insurance.

I/we understand that in the course of connecting utilities, ReduceMyBills may need to obtain an NMI (National Meter Identifier) for electrical points or MIRN (Meter Installation Registration Number) for Natural Gas connections. I/we authorise ReduceMyBills to collect these identifiers and consent to those numbers being supplied to utility providers.

I/we acknowledge that whilst ReduceMyBills is a free service, I/we are solely responsible for any and all amounts payable in relation to deposits, connections/disconnections or ongoing supply of the connected services and amounts payable for other services including appliance, removalists, cleaners and insurance.

I/we acknowledge that ReduceMyBills, to the extent permitted by law, shall not be liable for any loss or damage (including consequential loss and loss of profits) to me/us as a result of the provision of any service. Nor shall ReduceMyBills be liable for any act or omission by any utility provider for any loss caused by failure to provide nominated services.

I/we acknowledge that the nominated real estate entity along with ReduceMyBills may receive a benefit from suppliers for the provision of connections.

I/we declare that we have read and understand the above declaration and wish to be contacted by ReduceMyBills.

Signature: _____ Date: _____

9. Declaration of Authority

I hereby offer to rent the property from the owner under a lease to be prepared by the Agent. Should this application be accepted by the landlord I agree to enter into a Residential Tenancy Agreement.

I acknowledge that this application is subject to the approval of the owner/landlord. I declare that all information contained in this application (including the reverse side) is true and correct and given of my own free will. I declare that I have inspected the premises and am not bankrupt.

I authorise the Agent to obtain personal Information from:

(a) The owner or the Agent of my current or previous residence;
 (b) My personal referees and employer/s;
 (c) Any record listing or database of defaults by tenants such as NTD, TICA or TRA for the purpose of checking my tenancy history;

I am aware that I may access my personal information by contacting -

• NTD: 1300 563 826 • TRA: (02) 9363 9244 • TICA: 1902 220 346

If I default under a rental agreement, I agree that the Agent may disclose details of any such default to a tenancy default database, and to agents/landlords of properties I may apply for in the future.

I am aware that the Agent will use and disclose my personal information in order to:

(a) communicate with the owner and select a tenant
 (b) prepare lease/tenancy documents
 (c) allow tradespeople or equivalent organisations to contact me
 (d) lodge/claim/transfer to/from a Bond Authority
 (e) refer to Tribunals/Courts & Statutory Authorities (where applicable)
 (f) refer to collection agents/lawyers (where applicable)
 (g) conduct an ID/background check with NTD for residential tenancies and/or a credit check for commercial tenancies with the National Tenancy Database (NTD)

I am aware that if information is not provided or I do not consent to the uses to which personal information is put, the Agent cannot provide me with the lease/tenancy of the premises.

Printed Name Applicant 1:	
Signature Applicant 1:	Date:
Printed Name Applicant 2:	
Signature Applicant 2:	Date:

10. Payment Details

Property Rental Per Week	\$ _____
Rent in Advance (_____ weeks)	\$ _____
Rental Bond (_____ weeks rent)	\$ _____
Total Due	\$ _____

Cheque / Bank Cheque / EZIRENT