

Residential Tenancy Application Form

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 _____ Children _____ Ages _____

Pets: Yes / No (Circle) Types: _____ Reg? Yes /No _____ Breed/s: _____

Vehicle 1 Rego: _____ Model/Year/Colour _____ Vehicle 2 Rego: _____ Model/Year /Colour _____

1. First Applicant

Title _____ First Name _____ Initial _____

Last Name _____ Smoker Yes / No _____

Other names: (Maiden, married etc) _____

Date of Birth _____ / _____ / _____ Age (Years / Months) _____

Drivers Licence No. _____ State _____ NSW Card no. _____

Passport _____ Medicare No. _____ Ref: _____

Pension Type (if applicable) _____ No _____

Home Ph _____ Mobile Ph _____

Email _____

Occupation _____ Work No _____

Marital status: Single Married De Facto Sep/Div Friends Relatives _____

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: _____ Agent Ph: _____

Previous Address _____

Suburb _____ Postcode _____

Length at previous Address? _____ Years _____ Months _____

Reason for Leaving: _____ Rent per week: \$ _____

Landlord/ Agent Name: _____ Agent Ph: _____

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: _____

4. Social Security Benefits OR Centrelink Payment

Type _____ CRN: _____

\$ _____ Per Week \$ _____ Per Month _____

1. Second Applicant AND/OR Partner

Title _____ First Name _____ Initial _____

Last Name _____ Smoker Yes / No _____

Other names: (Maiden, married etc) _____

Date of Birth _____ / _____ / _____ Age (Years / Months) _____

Drivers Licence No. _____ State _____ NSW Card no. _____

Passport _____ Medicare No. _____ Ref: _____

Pension Type (if applicable) _____ No _____

Home Ph _____ Mobile Ph Text _____

Email _____

Occupation _____ Work No _____

Marital status: Single Married De Facto Sep/Div Friends Relatives _____

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: _____ Agent Ph: _____

Previous Address _____

Suburb _____ Postcode _____

Length at previous Address? _____ Years _____ Months _____

Reason for Leaving: _____ Rent per week: \$ _____

Landlord/ Agent Name: _____ Agent Ph: _____

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 _____

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 _____

7. The Following Documents Should Be Enclosed with your Application - Bring originals for verification

ALL DOCUMENTS ARE TO BE COPIED AND ATTACHED TO YOUR APPLICATION BEFORE SUBMITTING IT.

Copy of Drivers Licence Copy of Passport Copy of Pay Slips Copy of Medicare
Copy of Bank Statement Copy of Tenant Ledger References

8. FREE Utilities Connections User Consent Form



Ph: 1300 301 001

- . Electrical . Telephone . Water . Cleaners
- . Gas . Insurance . Removalist . Appliances

ReduceMyBills is the hassle-free connections service that takes the time and worry out of moving.

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, removalist, 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 your 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) complete a credit check with NTD (National Tenancies Database)

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 \$ _____
Rental Bond (4 weeks rent) \$ _____
Total Due \$ _____ EFT/Bank Cheque/Money Order