

Residential Tenancy Application Form – All sections 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? <input type="checkbox"/> YES / <input type="checkbox"/> NO
Length of tenancy:		Tenancy commencement date:
How many tenants will occupy the property? Adults:	Children:	Ages: Pets: <input type="checkbox"/> YES / <input type="checkbox"/> NO <i>If yes, attach photo of each</i>

1. First Applicant		1. Second Applicant	
Title:	Given Name/s:	Title:	Given Name/s:
Last Name:	Smoker: <input type="checkbox"/> YES / <input type="checkbox"/> NO	Last Name:	Smoker: <input type="checkbox"/> YES / <input type="checkbox"/> NO
Date of Birth:	Age (Years/Month):	Date of Birth:	Age (Years/Month):
Drivers Licence No:	State:	Drivers Licence No:	State:
Passport:		Passport:	
Pension Type (if applicable):	No:	Pension Type (if applicable):	No:
Home Ph:	Mobile Ph:	Home Ph:	Mobile Ph:
Email:		Email:	
Vehicle Rego:	Model/Year/Colour:	Vehicle Rego:	Model/Year/Colour:

2. Rental History		2. Rental History	
Current Address:		Current Address:	
Suburb:	Postcode:	Suburb:	Postcode:
How long at current address:	Rent per week: \$	How long at current address:	Rent per week: \$
Reason for leaving:		Reason for leaving:	
Landlord/Agent Name:		Landlord/Agent Name:	
Phone:	Fax:	Phone:	Fax:
Email:		Email:	
Previous Address:		Previous Address:	
Suburb:	Postcode:	Suburb:	Postcode:
Length at previous address:	Rent per week: \$	Length at previous address:	Rent per week: \$
Reason for leaving:		Reason for leaving:	
Landlord/Agent Name:		Landlord/Agent Name:	
Phone:	Fax:	Phone:	Fax:
Email:		Email:	
Bond Refunded: <input type="checkbox"/> YES / <input type="checkbox"/> NO If not, why?		Bond Refunded: <input type="checkbox"/> YES / <input type="checkbox"/> NO If not, why?	

3. Referees		3. Referees	
1. Reference Name:		1. Reference Name:	
Home Phone:	Mobile Phone:	Home Phone:	Mobile Phone:
2. Reference Name:		2. Reference Name:	
Home Phone:	Mobile Phone:	Home Phone:	Mobile Phone:

4. Emergency Contact Details – Not same as co-applicant		4. Emergency Contact Details – Not same as co-applicant	
Contact Name:	Contact Number:	Contact Name:	Contact Number:

Please Note: Initial payments must be made by cash, bank cheque or money order within 24 hours after approval of application. No personal cheques will be accepted. Keys will not be handed over until the lease agreement has been signed by all applications. This application is accepted subject to the availability of the property on the due date and no action shall be taken by the applicant against the landlord and the agent should any circumstances arise whereby the property is not available for occupation on the due date.

5. Employment Details

Nature of employment: <input type="checkbox"/> FULL TIME / <input type="checkbox"/> PART TIME / <input type="checkbox"/> CASUAL / <input type="checkbox"/> N/A		Nature of employment: <input type="checkbox"/> FULL TIME / <input type="checkbox"/> PART TIME / <input type="checkbox"/> CASUAL / <input type="checkbox"/> N/A	
Occupation:		Occupation:	
Employer's Name:		Employer's Name:	
Employment Address:		Employment Address:	
Suburb:	Postcode:	Suburb:	Postcode:
Employer Phone No:	Contact Name:	Employer's No:	Contact Name:
Length at current employment:		Length at current employment:	
Net Income: \$	Per week / \$	Per month	Net Income: \$
			Per week / \$
			Per month
Are you self-employed? <input type="checkbox"/> YES / <input type="checkbox"/> NO		Are you self-employed? <input type="checkbox"/> YES / <input type="checkbox"/> NO	
Accountant Name:	Phone:	Accountant Name:	Phone:

5. Employment Details**6. Social Security Benefits OR Centrelink Payment**

Type:	CRN:	Type:	CRN:
\$	Per week	\$	Per month

6. Social Security Benefits OR Centrelink Payment**7. Required Documents For Each Applicant – Please photocopy ALL required documents**

100 Points of ID (Must include at least 1 photo ID):	Required:
<input type="checkbox"/> Drivers Licence (50)	<input type="checkbox"/> Current Payslips (2 weeks)
<input type="checkbox"/> Medicare (20)	<input type="checkbox"/> Current Bank Statement (1 month)
<input type="checkbox"/> Passport (50)	<input type="checkbox"/> Centrelink Income Statement (if applicable)
<input type="checkbox"/> Concession/Pension Card (10)	
<input type="checkbox"/> Student ID or Proof of Age Card (50)	
<input type="checkbox"/> Phone/Utility Bill (30 each)	

8. FREE Utility Connection Service

AFREEUTILITYCONNECTION AND
COMPARISONSERVICE

Unless I have opted out of this section, I/we:

Consent to the disclosure of information on this form to Econnex ABN 94 609 377 406 for the purpose of arranging the connection of nominated utility services; consent to

Econnex disclosing personal information to utility service providers for the stated purpose and obtaining confirmation of connection; consent to Econnex disclosing confirmation details (including NMI, MIRN, utility provider) to the Real Estate Agent, its employees and Econnex may receive a fee/incentive from a utility provider in relation to the connection of utility services; acknowledge that whilst Econnex is a free service, a standard connection fee and/or deposit may be required by various utility providers; acknowledge that, to the extent permitted by law, the Real Estate Agent, its employees and Econnex shall not be liable for any loss or damage (including consequential loss and loss of profits) to me/us or any other person or any property as a result of the provision of services or any act or omission by the utility provider or for any loss caused by or in connection with any delay in connection or provision of, or failure to connect or provide the nominated utilities. I acknowledge that Econnex record all calls for coaching, quality and compliance purposes.

Please tick Utilities as required:

- Electricity
- Gas
- Phone
- Broadband

Phone: 1800 013 000

Email: activations@econnex.com.au

Web: www.econnex.com.au/abc realestateagent

Yes, Please Contact

Interpreter required

Tick here to opt out

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, the tenant, accept the property in the condition it was in when inspected.

I authorise the Agent to obtain personal information about me from:

- (a) The owner or the Agent of my current or previous residences;
- (b) My personal referees and employer/s;
- (c) Any record listing or database of defaults by tenants;

Any record listing or database of defaults by tenants such as TICA, NTD or TRA for the purpose of checking your tenancy history. I am aware that I may access my personal information by contacting: - TICA: 1902 220 346 - NTD: 1300 563 826 - TRA: (02) 9363 9244

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

- (a) communicate with the owner and select a tenant
- (b) prepare lease/tenancy documents
- (c) allow trades-people 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 check with TICA

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:	Printed Name:
Signature:	Signature:
Date:	Date: