

**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?  YES /  NO (circle)

Length of tenancy: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Tenancy to commence: \_\_\_\_\_

How many tenants will occupy the property? \_\_\_\_\_ Adults \_\_\_\_\_ Dependants \_\_\_\_\_ Ages: \_\_\_\_\_ Pets:  Y /  N (circle) *If yes, attach photo of each*

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** **1. Second Applicant AND/OR Partner**

Title: _____	First Name: _____	Initial: _____	Title: _____	First Name: _____	Initial: _____
Last Name: _____	Smoker: YES / NO		Last Name: _____	Smoker: <input type="checkbox"/> YES / <input type="checkbox"/> NO	
Name at Birth: _____	Place of Birth: _____		Name at Birth: _____	Place of Birth: _____	
Date of Birth: _____	Age (Years / Months): _____		Date of Birth: _____	Age (Years / Months): _____	
Drivers Licence No: _____	State: _____	NSW Card No: _____	Drivers Licence No: _____	State: _____	NSW Card No: _____
Passport: _____	Medicare No: _____	Ref: _____	Passport: _____	Medicare No: _____	Ref: _____
Pension Type (if applicable): _____	No: _____		Pension Type (if applicable): _____	No: _____	
Home Ph: _____	Mobile Ph: _____		Home Ph: _____	Mobile Ph: _____	
Email: _____			Email: _____		
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Sep/Div <input type="checkbox"/> Friends <input type="checkbox"/> Relatives			Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Sep/Div <input type="checkbox"/> Friends <input type="checkbox"/> Relatives		

**2. Rental History -Applicant** **2. Rental History - Applicant 2**

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

**3. Employment Details - Applicant 1** **3. Employment Details- Applicant 2**

Occupation: _____	Employer's Name: _____	Occupation: _____	Employer's Name: _____
Employment Address: _____		Employment Address: _____	
Suburb: _____	Postcode: _____	Suburb: _____	Postcode: _____
Employer Phone No: _____	Contact Name: _____	Employer Phone No: _____	Contact Name: _____
Length at current employment: _____ Years _____ Months		Length at current employment: _____ Years _____ Months	
Net Income: \$ _____ Per week \$ _____ Per month \$ _____		Net Income: \$ _____ Per week \$ _____ Per month \$ _____	
Are you self employed? <input type="checkbox"/> YES/ <input type="checkbox"/> NO ABN: _____		Are you self employed? <input type="checkbox"/> YES/ <input type="checkbox"/> NO ABN: _____	
Accountant Name: _____	Phone: _____	Accountant Name: _____	Phone: _____

**4. Social Security Benefits OR Centrelink Payment** **4. Social Security Benefits OR Centrelink Payment**

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

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

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

1. Reference Name:	1. Reference Name:
Address:	Address:
Home Phone:                      Mobile Phone:	Home Phone:                      Mobile Phone:
2. Reference Name:	2. Reference Name:
Address:	Address:
Home Phone:                      Mobile Phone:	Home Phone:                      Mobile Phone:

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


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

Name:                                      Phone:	Name:                                      Phone:
Address:	Address:
Suburb:                                      Postcode:	Suburb:                                      Postcode:
Email:	Email:

7. Please ensure you provide Min 100 Points of Identification - At least ONE item from each section is required - Photocopy ALL & bring originals

<p><b>Section ONE</b></p> <input type="checkbox"/> (40) Drivers License <input type="checkbox"/> (40) Passport (complete the following)  Name at Birth: _____ Place of Birth: _____ Passport Country: _____	<p><b>Section TWO</b></p> <input type="checkbox"/> (30) Current Payslips <input type="checkbox"/> (30) Current Bank Statement <input type="checkbox"/> (30) Centrelink Income Statement	<p><b>Section THREE</b></p> <input type="checkbox"/> (30) Previous tenancy reference <input type="checkbox"/> (10) Electricity Account <input type="checkbox"/> (20) Previous two rent receipts <input type="checkbox"/> (10) Gas Account <input type="checkbox"/> (20) Home owner MUST SUPPLY a recent rates notice <input type="checkbox"/> (10) Pet rego papers <input type="checkbox"/> (10) Motor Vehicle Rego <input type="checkbox"/> (10) Birth Certificate <input type="checkbox"/> (10) Telephone Account <input type="checkbox"/> (10) Medicare Card
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8. FREE Utility Connection Service



**A FREE UTILITY CONNECTION AND COMPARISON SERVICE**

Please tick Utilities as require:

 Electricity  
 Gas  
 Phone  
 Broadband

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.

Yes, Please Contact me                       Interpreter required

*Tick here to opt out*

Phone: 1800013000  
 Email: activations@econnex.com.au  
 Web: www.econnex.com.au/networkreality

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

10. Payment Details

Property Rental per week	
Rent in advance (2 wks rent)	\$
Rental Bond (4 wks rent)	\$
<b>Total Due</b>	<b>\$</b>

*Eft/Bank Cheque/Money Order/Direct Deposit*