

**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 \_\_\_\_\_ Initial \_\_\_\_\_

Last Name \_\_\_\_\_ Smoker Yes / No \_\_\_\_\_

Name at Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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 \_\_\_\_\_

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

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

Title \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Last Name \_\_\_\_\_ Smoker Yes / No \_\_\_\_\_

Name at Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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 \_\_\_\_\_

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

**2. Rental History - Applicant 1**

Current Address

Suhurb \_\_\_\_\_ 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? \_\_\_\_\_

**2. Rental History - Applicant 2**

Current Address

Suhurb \_\_\_\_\_ 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: \_\_\_\_\_

**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 \_\_\_\_\_

**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 \_\_\_\_\_

**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 Address \_\_\_\_\_

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

Name \_\_\_\_\_ Phone No \_\_\_\_\_  
 Address \_\_\_\_\_  
 Suburb \_\_\_\_\_ Postcode \_\_\_\_\_  
 Email Address \_\_\_\_\_

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

**Section ONE**

\_\_\_\_ (40) Drivers License  
 \_\_\_\_ (40) Passport (complete the following)  
 Name at Birth: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
 Passport Country: \_\_\_\_\_

**Section Two**

\_\_\_\_ (30) Latest 3  
 Current Pay Slips OR  
 Current Bank Statement OR  
 Centre Link income Statement

**Section Three**

____ (30) Previous tenancy reference	____ (10) Gas account
____ (20) Previous two rent receipts	____ (10) Pet rego papers
____ (20) Home owner MUST SUPPLY a recent rates notice	____ (10) Birth Certificate
____ (10) Motor vehicle registration	____ (10) Medicare Card
____ (10) Telephone account	
____ (10) Electricity account	
	<b>____ TOTAL POINTS</b>

**8. FREE Utilities Connections User Consent Form**



Ph: 1 300 680 603

- . Electrical    . Telephone    . Foxtel
- . Gas            . Insurance

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 (2 wks rent) \$ \_\_\_\_\_

Rental Bond (4 wks rent) \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

EFT/Bank Cheque/Money Order/ Direct Deposit