

Only Estate Agents

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**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) <i>If yes, attach photo of each pet</i>	
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: YES / 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:		Drivers Licence No:	State:	
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: Single Married De Facto Sep/Div Friends Relatives			Marital status: Single Married De Facto Sep/Div Friends Relatives		

2. Rental History - Applicant 1**2. Rental History - Applicant 2**

Current Address:			Current Address:		
Suburb:	Postcode:		Suburb:	Postcode:	
How long at current address?	Years	Months	How long at current address?	Years	Months
Reason for leaving:	Rent per week: \$		Reason for leaving:	Rent per week: \$	
Landlord/Agent Name:	Phone:		Landlord/Agent Name:	Phone:	
Email:	Fax:		Email:	Fax:	
Previous Address:			Previous Address:		
Suburb:	Postcode:		Suburb:	Postcode:	
Length at previous address?	Years	Months	Length at previous address?	Years	Months
Reason for leaving:	Rent per week: \$		Reason for leaving:	Rent per week: \$	
Landlord/Agent Name:	Phone:		Landlord/Agent Name:	Phone:	
Email:	Fax:		Email:	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? YES / NO	ABN:		Are you self employed? YES / 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

Section ONE	Section TWO	Section THREE
____ (40) Drivers License ____ (40) Passport (complete the following) Name at Birth: _____ Place of Birth: _____ Passport Country: _____	____ (30) Current Payslips ____ (30) Current Bank Statement ____ (30) Centrelink Income Statement	____ (30) Previous tenancy reference ____ (10) Electricity Account ____ (20) Previous two rent receipts ____ (10) Gas Account ____ (20) Home owner MUST SUPPLY a recent rates notice ____ (10) Pet rego papers ____ (10) Motor Vehicle Rego ____ (10) Birth Certificate ____ (10) Telephone Account ____ (10) Medicare Card

8. FREE Utility Connection Service

MyConnect will contact you to connect your utilities for FREE

Select your required utilities:

Water (Compulsory) Electricity Gas
 Internet Phone Pay TV

OR Tick here to opt out

 1300 854 478 enquiry@myconnect.com.au myconnect.com.au

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

Consent to the disclosure of information on this form to myconnect ABN 65 627 003 605 for the purpose of arranging the connection of nominated utility services; consent to myconnect disclosing personal information to utility service providers for the stated purpose and obtaining confirmation of connection; consent to myconnect disclosing confirmation details (including NMI, MIRN, utility provider) to the Real Estate Agent, its employees and myconnect may receive a fee/incentive from a utility provider in relation to the connection of utility services; acknowledge that whilst myconnect 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 myconnect 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 myconnect record all calls for coaching, quality and compliance purposes.

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 Tenancy Databases
 (h) transfer water account details into my name

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

10. Payment Details

Property Rental per week	\$	
Rental Bond	\$	
Total Due	\$	

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.

Eft/Bank Cheque/Money Order/Direct Deposit