



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

**2. Rental History -Applicant** **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: \_\_\_\_\_ Suburb: \_\_\_\_\_

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

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.

Phone: 1800013000  
 Email: activations@econnex.com.au  
 Web: www.econnex.com.au/principle9

Yes, Please Contact me
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.**

<b>Printed Name Applicant 1:</b>	
<b>Signature Applicant 1:</b>	<b>Date:</b>
<b>Printed Name Applicant 2:</b>	
<b>Signature Applicant 2:</b>	<b>Date:</b>

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*