

## Application Form

Please ensure an application is completed for each person intending to reside at the property.

### PROPERTY DETAILS

Address of Property:	
Lease commencement date:	Lease term:
Rent per week:	Number and type of pets:
Names of all other occupants for the property:	
Names and ages of any children to occupy the property:	

### PERSONAL DETAILS

Given Name(s):		Surname:	
Current Address:			
Home Phone:		Work Phone:	
Mobile:		Fax:	
Email:		Date of Birth:	
Drivers Licence No:	Drivers Licence State:	Type of Car:	Financed:
Passport No:		Passport Country:	

### CURRENT TENANCY DETAILS

Length of time at current address:		Rent Paid:
Reason for leaving:		
Name of Landlord / Agent:		Phone:

### PREVIOUS RENTAL HISTORY 1

Previous Address:			
Length of time at above address: From		to	Rent Paid:
Name of Landlord / Agent:		Phone:	
Was Bond refunded in full?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, please specify reasons why:			

## PREVIOUS RENTAL HISTORY 2 (IF CURRENT TENANCY IS LESS THAN 6 MONTHS)

Previous Address:			
Length of time at above address:	From	to	Rent Paid:
Name of Landlord / Agent:			Phone:
Was Bond refunded in full?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please specify reasons why:			

## CURRENT EMPLOYMENT DETAILS

Occupation:	Current Employer:
Employer's Address:	
Contact Name (payroll / manager):	Contact Number:
Length of Employment:	

## SELF EMPLOYMENT DETAILS

Company Name:	Business Type:
Business Address:	
Position Held:	ABN:
Accountant Name:	Phone:
Accountant Address:	

## INCOME

Net weekly employment income:
Net weekly income from other sources:
Source(s) of other income:

## PREVIOUS EMPLOYMENT (IF CURRENT EMPLOYMENT IS LESS THAN 6 MONTHS)

Occupation:	Previous Employer:	
Employer's Address:		
Contact Name (payroll / manager):	Contact Number:	
Length of Employment: From	to	Net weekly income:

## STUDENT INFORMATION

Place of Study:	Course Name:
Course Length:	Enrolment / Student No:
Campus Contact:	Contact Number:
Course Co-ordinator:	Contact Number:

## REFERENCES

Name:	Relationship:
Address:	
Contact Number:	
Length of Relationship:	

Name:	Relationship:
Address:	
Contact Number:	
Length of Relationship:	

Name:	Relationship:
Address:	
Contact Number:	
Length of Relationship:	



**OFFICE USE ONLY**

**100 POINT IDENTIFICATION CHECK** - The following identification has been photocopied and is attached to this application

Item	<input checked="" type="checkbox"/>	Points	Initial		<input checked="" type="checkbox"/>	Points	Initial
Drivers License	<input type="checkbox"/>	30		Medicare Card	<input type="checkbox"/>	20	
Passport	<input type="checkbox"/>	30		Bank Debit/Credit Card	<input type="checkbox"/>	20	
Other Photo ID	<input type="checkbox"/>	20		Bank Statement	<input type="checkbox"/>	20	
Current Wage Advice	<input type="checkbox"/>	20		Telephone Account	<input type="checkbox"/>	20	
Previous Tenancy Reference	<input type="checkbox"/>	20		Electricity Account	<input type="checkbox"/>	20	
Previous 2 Rent Receipts	<input type="checkbox"/>	20		Gas Account	<input type="checkbox"/>	20	

Item	<input checked="" type="checkbox"/>	Initial		<input checked="" type="checkbox"/>	Initial
Personal Reference Checked	<input type="checkbox"/>		Previous Agent Lessor Checked	<input type="checkbox"/>	
Tenancy Database Checked	<input type="checkbox"/>		Lessor Notified - Approved	<input type="checkbox"/>	
Employment Checked	<input type="checkbox"/>		Applicant Notified	<input type="checkbox"/>	

\_\_\_\_\_  
**Property Manager Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**