

Tenancy Application Form

9 High Street, Wodonga, VIC 3690

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www.wodongafn.com.au



Bonnici &
Associates

We put you first



Residential Tenancy Application Form

I _____ (**Applicant Name**) acknowledge that this is an application to **lease** _____ (**Property Address**) and that my application is subject to the owner's approval and the availability of the premises on the due date. I hereby offer to rent the property from the owner under a lease to be prepared by the Agent pursuant to the Residential Tenancies Act 1997.

I, the Applicant, declare that I am not bankrupt or an undischarged bankrupt and that the information provided by me is true and correct. **I inspected the premises on ____/____/20** and wish to apply for tenancy of the premises for a period of _____ **months** at a **rental of \$_____ per week.**

The personal information the Applicant provides in this application or that the Agent collects from other sources is necessary for the Agent to verify the Applicant's identity, to process and evaluate the application and to manage the tenancy. Personal information collected about the Applicant in this application and during the course of the tenancy, if the Applicant was successful, may be disclosed for the purpose for which it was collected to other parties including to the landlord, referees, other agents, financial institutions, tradespeople, third party operators of tenancy reference databases and other third parties as required by law. The Agent will only disclose information in this way to other parties to achieve the purposes specified above or as otherwise allowed under the Privacy Act 1988.

The Applicant agrees that in the event of a default occurring under a Tenancy Agreement I give my permission to the member of the tenancy database to register any of my details of a breach (in accordance with section 49E of the Residential Tenancies Act) with a tenancy database. I further agree and understand that the removal of such information from a database company is subject to the conditions of the Database company.

I understand that TICA Default Tenancy Control Pty Ltd is a database company that allows its members access to information accumulated from members about tenants who have breached their tenancy agreements. I acknowledge and understand that I can contact TICA Default Tenancy Control Pty Ltd on 1902 220 346 or www.tica.com.au. I agree that the calls to TICA Default Tenancy Control Pty Ltd are charged at \$5.95 per minute inclusive of GST. I consent to the information provided in this application being verified and a reference check on the Tenant Information Centre of Australia (TICA) being undertaken.

I have been advised that a Consumer Affairs Booklet can be obtained from the Agent, Office of Fair Trading or the Rental Bond Board.

If the Applicant would like to access the personal information the Agent holds, they can do so by contacting First National Real Estate Bonnici & Associates at 9 High Street, Wodonga VIC 3690 Telephone: (02) 6024 9222 Facsimile: (02) 6024 9223 Email: reception@wodongafn.com.au

Signed by Applicant: _____ Date: ____/____/20

Current Address: _____

Signed by Agent: _____ Date: ____/____/20

In order to process your application the following documentation must be submitted.

- 1. Drivers Licence/Passport/Proof of Age Card
- 2. Medicare/Centrelink Card
- 3. Rent ledger or last four (4) rent receipts
- 4. Current utility or phone bill at current address
- 5. 2 x recent payslips or Centrelink income statements

If you are unable to provide any of the above documents please speak with First National Wodonga.

NOTE: *SHOULD* A RESERVATION FEE BE TAKEN THE FOLLOWING CONDITIONS ARE TO BE INSERTED

RESERVATION FEE AND ACKNOWLEDGEMENT OF RESERVATION CONDITIONS

It is hereby acknowledged:

- 1. That the Applicant is to pay a Reservation fee equivalent to one week's rent.
 - 2. That during this period, the premises will not be reserved for any other Applicant, nor will a Reservation Fee be received from any other Applicant.
 - 3. That the Reservation Fee will be banked into a Trust Account and any refund given will be by way of Trust Account cheque.
- First National Real Estate Bonnici & Associates, acting for the Landlord of the premises, acknowledge receipt of the above Application and the accompanying Reservation agree to reserve the premises for the period and in accordance with the conditions above stated.

Residential Tenancy Application Form

Please fully complete and sign every page of this application to ensure your application is processed.

PROPERTY APPLYING FOR

Address: _____ Suburb: _____
Rent: \$ _____ Per Week Commencement Date: ____/____/200 Lease Term: _____ months
Number of persons to occupy property: _____ Adults _____ Children Age of Children: _____
Names of other people to occupy property: _____
Do you smoke? No Yes Pets? No Yes Type: _____ Breed: _____ Age _____

PERSONAL DETAILS

Full Name: _____ Date of Birth: ____/____/____
Address: _____ Suburb: _____ Post Code: _____
Home No: _____ Work No: _____ Mobile: _____
Email address: _____
Drivers Licence Number: _____ State of Issue: _____ Expiry: _____

CURRENT LIVING SITUATION

Renter Rent: \$ _____ PW / PF / PM How long have you lived there? ____ Years ____ Months
Name of Landlord/Agent: _____ Contact Number: _____
Reason for Leaving: _____

Owner Mortgage: \$ _____ PW / PF / PM How long have you lived there? ____ Years ____ Months
Name of Selling Agent/Property Manager: _____ Contact Number: _____
Reason for Leaving: _____

PREVIOUS LIVING SITUATION

Renter Rent: \$ _____ PW / PF / PM How long did you live there? ____ Years ____ Months
Address: _____ Suburb: _____
Name of Landlord/Agent: _____ Contact Number: _____
Reason for Leaving: _____
Was bond refunded in full Yes No – Please specify: _____

Owner Mortgage: \$ _____ PW / PF / PM How long did you live there? ____ Years ____ Months
Address: _____ Suburb: _____
Name of Selling Agent/Property Manager: _____ Contact Number: _____
Reason for Leaving: _____

FREE UTILITY CONNECTION SERVICE

Utility Connection Service

myconnect

Yes, Please Contact Me

Tick here to opt out

Unless I have opted out below, I/we: consent to the disclosure of information on this form to MyConnect ABN 34121 892 331 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; acknowledge 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.

CURRENT EMPLOYMENT DETAILS

Occupation: _____ Full time Part Time Casual
 Employer Business Name: _____
 Address: _____
 Contact Name: _____ Position: _____ Contact Number: _____
 Net income: \$ _____ PW / PF / PM Length of employment: ____ Years ____ Months

PREVIOUS EMPLOYMENT DETAILS

Occupation: _____ Full time Part Time Casual
 Employer Business Name: _____
 Address: _____
 Contact Name: _____ Position: _____ Contact Number: _____
 Net income: \$ _____ PW / PF / PM Length of employment: ____ Years ____ Months

SELF EMPLOYED

Company Name: _____ A.B.N.: _____
 Address: _____
 Business Type: _____ Net income: \$ _____ PW / PF / PM
 Accountant Name: _____ Contact Number: _____

CENTRELINK DETAILS

Centrelink No.: _____ Payment Type: _____ Income: \$ _____ PW / PF / PM

STUDENT DETAILS

Place of Study: _____ Course: _____ Student No.: _____

PERSONAL REFEREES * Please note - No relatives***

1. Full Name: _____ Relationship: _____
 Occupation: _____ Contact Number: _____

2. Full Name: _____ Relationship: _____
 Occupation: _____ Contact Number: _____

3. Full Name: _____ Relationship: _____
 Occupation: _____ Contact Number: _____

EMERGENCY CONTACT **Not living with you*

Full Name: _____ Relationship: _____
 Address: _____ Suburb: _____ Post Code: _____
 Home PH Number: _____ Work PH Number: _____ Mobile: _____

- I confirm that I have read and understand the Privacy Policy that the Agent has made available to me.
- I declare that all information contained in the application (including the reverse sides) is true and correct and given of my own free will.

Signed: _____ Date: ____/____/20