



Wodonga Mini Storage Application Form

PERSONAL DETAILS

Full Name: _____ Date of Birth: ____/____/____
Business Name (if applicable): _____
Address: _____ Suburb: _____ Post Code: _____
Home No: _____ Work No: _____ Mobile: _____
Email address: _____

UNIT APPLYING FOR

Unit Size: 3.0m x 3.4m 3.4m x 6.0m 6.0m x 6.0m
Monthly Rates \$121 Inc GST Monthly Rate: \$187 Inc GST Monthly Rate: \$236.50 inc GST

Unit Number: _____ Lease Term: _____ months Commencement Date: ____/____/____
Type of Goods to be Stored: _____

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

PERSONAL REFEREES *** Please note - No relatives*

1. Full Name: _____ Relationship: _____
Occupation: _____ Contact Number: _____
2. 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 understand that TICA Default Tenancy Control Pty Ltd is a database company that allows it's member's 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 declare that all information contained in the application is true and correct and given of my own free will.

Signed: _____ Date: ____/____/20

~ OFFICE USE ONLY ~

TICA <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
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Current Employment Check

Name:	Date:
Comment	

Reference Checks

Name	Date:
Comment	

Name	Date:
Comment	

Applicant Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Lessee

Lease Term: _____ Months Option Term: _____ Months	Start Date: ____ / ____ / ____	End Date: ____ / ____ / ____
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Rent	\$	Per Week / Fortnight / Calendar Month
Bond	\$	Bank Account Details Given: Yes / No
TOTAL	\$	Bank A/C Reference:

Pre Sign – Up

- | | | |
|-------------------------------------|--------------------------|-------|
| Unit Removed from Available List | <input type="checkbox"/> | _____ |
| Lease Agreement Written (2 copies) | <input type="checkbox"/> | _____ |
| Tenant Details entered into to Rest | <input type="checkbox"/> | _____ |
| Key Taken Sheet Prepared | <input type="checkbox"/> | _____ |

Y Initial

Sign- Up

- | | | |
|--|--------------------------|-------|
| 2 leases signed & copy given to Tenant | <input type="checkbox"/> | _____ |
| Key Taken Sheet signed | <input type="checkbox"/> | _____ |
| One month rent & Bond paid | <input type="checkbox"/> | _____ |
| Postal or Email Address for Invoicing | <input type="checkbox"/> | _____ |

Y Initial