



TENANCY APPLICATION FORM

Please ensure you have read and completed each page in full and have all required information available when submitting this application.

PROPERTY ADDRESS: _____

DATE VIEWED THE PROPERTY: _____

Total Number of Applicant/s: _____ **Total Number of Occupant/s:** _____ **ages:** _____

Please provide an independent TENANCY APPLICATION FORM FOR EVERY occupant 18 years or older.

Applicant Full Name:		
Email	Mobile	
Drivers Licence #	DOB ____/____/____	Work Phone
Current Address:		
Landlord/ Agent Name	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	
Landlord/ Agent Phone	Current Rent p/w \$	
Reason for leaving?	Length of occupancy ____ yrs ____ mths	
Previous Address:		
Landlord/ Agent Name	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	
Landlord/ Agent Phone	Previous Rent p/w \$	
Bond refunded in full? <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of occupancy ____ yrs ____ mths	
Occupation (company Name):		
Employer / Supervisor Name	Ph.	
Income: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly \$_____	Position	
Length of Employment _____ yrs _____ mths	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual	
Personal References (References CANNOT be a relation to you or current employer):		
Name	Relationship	Ph.
Name	Relationship	Ph.
Name of co applicant/s		
Will pets be kept at the property: <input type="checkbox"/> No or <input type="checkbox"/> Yes Total Number of pets: _____ Please complete a PET APPLIATION FORM		
Emergency Contacts (must NOT be other applicant/s):		
Name	Relationship	Ph.
Name	Relationship	Ph.
Have you applied for Social, Community or Department of Housing accommodation: <input type="checkbox"/> Yes <input type="checkbox"/> No		
I have/intend to apply for bond assistance with Department of Housing: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you allow smoking in your home: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there anything we should know about your application?		



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Please supply the following for each applicant (to be photocopies & attached, NOT originals)	
<input type="checkbox"/> 2 forms of identification	i.e. driver's license, passport, 18+ card, birth certificate, Medicare card (at least 1 must be photo id)
<input type="checkbox"/> Proof of regular housing payments	i.e. rent receipts, rent ledger, bank statement, mortgage statement (if home owner)
<input type="checkbox"/> 2 forms of proof of current address	(other than those provided as identification) i.e. bank statement, phone bill
<input type="checkbox"/> Proof of income	i.e. 2 recent pay slips, Centrelink income statement, recent group certificate (if self-employed)
<input type="checkbox"/> 2 written personal references	If no previous rental history – must be signed with contact details and not related or current employer.

PRIVACY STATEMENT - PLEASE READ CAREFULLY

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 is true and correct and given of my own free will. I declare that I am not bankrupt.

I authorise the Agent to obtain personal information from:

- (a) The owner or the Agent of my current or previous residence;
- (b) My personal referees and employer/s;
- (c) Any record listing or database of defaults by tenants;

If I default under a rental agreement, I agree that the Agent may disclose details of any such default to a tenancy default database, and to agents/landlords of properties I may apply for in the future.

I am aware that the Agent will use and disclose my personal information in order to:

- (a) Communicate with the owner and select a tenant
- (b) Prepare lease/tenancy documents
- (c) Allow tradespeople 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 credit check with TICA GROUP

It is a standard procedure for our office to check an applicant's tenancy history through TICA Default Tenancy Control Pty Ltd (ABN 84 087 400 379).

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. I am aware that I may access personal information on the contact details above.

I/we declare I have inspected the premises and am satisfied with the current condition and cleanliness of the property.

Signature: _____ Print Name: _____ Date: _____

I/we have inspected the property at _____ and wish to apply for tenancy of the premises for a period of 6 Months or 12 Months from ___/___/___ at a rental of \$ _____ per week.

– I/we confirm that the rental to be paid is within my/our means.

– I/we also undertake to pay a rental bond of 4 x weekly rent and 2 x weekly rent in advance which I/we understand must be paid prior or upon the signing of the tenancy agreement.

– It is AGREED that immediately upon communication of acceptance of this application by the landlord or his agent, to at least one of the applicants either in writing or verbally this tenancy shall be binding.

– I/we agree that if the application is approved, to pay the equivalent of 1 weeks rent, within 24hrs as a **non-refundable holding deposit**.

– I/we acknowledge that Nowra First National Real Estate does not accept bond transfers.

Name: _____

Signature: _____

Date: _____

OFFICE USE

Received: _____

Recipient: _____