

Residential Application Form

For your application to be processed you must answer all questions (including the reverse side)

A. AGENT DETAILS



Address: PO Box 1041, Merrylands NSW 2160
Phone: 0433 256 414
email: thatsmyagents@gmail.com

Property Manager:

B. PROPERTY DETAILS

1. What is the address of the property you would like to rent?

<input type="text"/>
<input type="text"/> Postcode

Property Rental

\$ per week

2. Lease commencement date?

Day Month Year

3. Lease term?

Years Months

4. How many tenants will occupy the property?

Adults Children Ages of Children

C. PERSONAL DETAILS

5. Please give us your details

Mr ☐ Ms ☐ Miss ☐ Mrs ☐ Other ☐

Surname

Given name/s

Date of Birth

Driver's licence number

Driver's licence expiry date

Driver's licence state

Passport no.

Passport country

Pension no. (if applicable)

Pension type (if applicable)

6. Please provide your contact details

Home phone no.

Mobile phone no.

Work phone no.

Fax no.

Email address

7. What is your current address?

Postcode

D. UTILITY CONNECTIONS

YourPorter

Telephone: 1300 400 600
Fax: 1300 326 468
www.yourporter.com.au

YourPorter is a **FREE** service connecting utilities and other services. If the Agent approves this application, YourPorter will be contacting you by phone, SMS, or email for the purposes of assisting you to connect your utilities within 24 hours of receiving this application for next business day connection.

- | | | |
|---|--|---|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Telephone | <input type="checkbox"/> Pay TV |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Internet | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Car Insurance | <input type="checkbox"/> Home Loans | |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Home & Contents Insurance | |

DECLARATION AND ACCEPTANCE:

I/We consent to the disclosure of this application form (including any personal information contained in this form) to YourPorter Pty Ltd (ABN 36 252 576 050) for the purpose of allowing YourPorter and its service providers to contact me for the connection of services as offered by YourPorter.

I/We acknowledge that if I/We do not provide my/our personal information, YourPorter will not be able to provide these services to me/us. YourPorter will ensure that my/our personal information is collected, used, held and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth).

I/We acknowledge that YourPorter, and the Agent, may receive a benefit in relation to the connection of any of the services listed above. I/We consent to YourPorter contacting me by phone or SMS in relation to the connection of the services listed above. I/We acknowledge that this consent permits YourPorter to contact me even if the numbers listed on this application are listed on the Do Not Call Register. YourPorter will otherwise collect, hold, use and disclose personal information in accordance with their privacy policies, which are available at www.yourporter.com.au/general/privacy-policy/. YourPorter is a free service, but I/We acknowledge that standard connection fees may apply for services connected (in addition to the ongoing service fees).

I/We acknowledge that neither YourPorter nor the Agent accept any responsibility for any delay in or failure to arrange or provide for any connection of a service or for any loss, damage, cost or expense in connection with such delay or failure. By signing this application, I/We understand YourPorter is a value add product and that I/We are under no obligation to use YourPorter.

Signature of The Applicant

X

Date

/ /

E. DECLARATION

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 acknowledge that should my application be approved and a holding deposit is paid and I decide not to proceed with entering into the Residential Tenancy Agreement, then my holding deposit will be forfeited.

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 such as NDT, TICA or TRA for the purpose of checking your tenancy history;

I am aware that I may access my personal information by contacting;

NTD: 1300 563 826
TICA: 1902 220 346
TRA: (02) 9363 9244

If I default under the 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 NTD (National Tenancies Database)

I am aware that if the 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.

Signature of The Applicant

X

Date

/ /

F. APPLICANT HISTORY**8. How long have you lived at your current address?** Years Months**9. Why are you leaving this address?****10. Landlord/Agent details of this property (if applicable)**

Name of landlord or agent

Landlord/agent's phone no.

Weekly Rent

\$ **11. What was your previous residential address?**

Postcode

12. How long did you live at this address? Years Months**13. Landlord/Agent details of this property (if applicable)**

Name of landlord or agent

Landlord/agent's phone no.

Weekly Rent

\$

Was bond refunded in full?

If not why not?

G. EMPLOYMENT HISTORY**14. Please provide your employment details**

What is your occupation?

What is the nature of your employment?

☐ Full Time ☐ Part Time ☐ Casual ☐ Unemployed

Employer's name (inc. accountant if self employed or institution if student)

Employer's address

Postcode

Contact name

Phone no.

Length of employment

 Years Months

Net Income

\$ **15. Please provide your previous employment details**

Occupation?

Employer's name

Length of employment

 Years Months

Net Income

\$ **H. CONTACTS / REFERENCES****16. Please provide a contact in case of emergency**

Surname

Given name/s

Relationship to you

Phone no.

17. Please provide 2 personal references (not related to you)

1. Surname

Given name/s

Relationship to you

Phone no.

2. Surname

Given name/s

Relationship to you

Phone no.

I. OTHER INFORMATION**18. Car Registration****19. Please provide details of any pets**

Breed/type

Council registration / number

1.

2.

PLEASE NOTE

Initial payments must be made by cash, bank cheque or money order within 24 hours after approval of application. No Personal Cheques accepted.

Keys will not be handed over until the lease agreement has been signed by all applicants.

This application is accepted subject to the availability of the property on the due date and no action shall be taken by the applicant against the landlord and the agent should any circumstances arise whereby the property is not available for occupation on the due date.

HOW DID YOU FIND OUT ABOUT THIS PROPERTY?

☐ The Age ☐ The Internet ☐ Local Paper
☐ Board ☐ Counter List ☐ Relocation Company
☐ Referral ☐ Other (specify)

PLEASE PROVIDE US WITH 100 POINTS OF IDENTIFICATION

Driver's Licence	<input type="checkbox"/> 50
Passport	<input type="checkbox"/> 50
Proof of Age Card	<input type="checkbox"/> 50
Student ID Card	<input type="checkbox"/> 50
Copy of Mobile Phone Account	<input type="checkbox"/> 20
Copy of Medicare Card	<input type="checkbox"/> 20
Concession / Pension Card	<input type="checkbox"/> 10
Copy of Gas/Electricity account	<input type="checkbox"/> 30 each

OFFICE USE ONLY

Rent per week	Deposit Paid	Bond
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Lodged with YourPorter		