Tenancy Application Form

Please be advised, this application will only be processed once ALL details have been completed and all copies of all supporting documents attached. Each applicant must submit an individual form.

A. AGENCY DETAILS

Elders Grafton

Address: 70 Pound St Grafton NSW 2460

Phone: (02) 6642 1122 Fax: (02) 6642 1321 Email: graftonpm@eldersre.com.au Web: www.grafton.eldersrealestate.com.au **Property Manager PROPERTY DETAILS** 1. Address of Property: 2a. How would you like to lodge your bond? Please be sure to tick one: Paper bond Bonds online 2b. If using Rental Bonds Online, do you already have an account? No Yes 3. Lease Commencement Date: Day Month Year 4. Lease Term: Years **Months** 5. How many tenants will occupy the property?: Children **Adults** Ages of Children **PERSONAL DETAILS** 6. Please give us your details Other Mr Ms Miss Dr Mrs Surname Given Name/s Date of Birth Driver's licence number Driver's licence state Driver's licence expiry date Passport no. **Passport country** Pension no. (if applicable) Pension type (if applicable) 7. Please provide your contact details Home phone no. Mobile phone no. Work phone no. **Email address** 8. What is your current address?



D. APPLICA	NT HISTORY										
9. How long have yo	ou lived at your c	urrent	address?								
Years	Mon	ths	Weekly Rent \$								
10. Why are you leaving this address?											
I1. Landlord/Agent details of this property (if applicable) Name of landlord or agent											
valle of falluloru of	agent										
_andlord/agent's ph	none/fax no.	Landlo	ord/agent's email								
<u> </u>											
12. What was your բ	 previous resident	tial add	dress?								
12 How long did yo	live et this edd	****									
13. How long did yo Years	Mor		Weekly Rent \$								
14. Landlord/Agent details of this property (if applicable)Name of landlord or agent											
_andlord/agent's ph	none/fax no.	Landlo	ord/agent's email								
Nas bond refunded	in full?										
f not why not?											
E. DECLARA	ATION - TENA	NT S	IGNATURE								
	this application be a		er under a lease to be prepared d by the landlord I agree to enter								
landlord. I declare that	it all information cor and correct and giv	ntained en of n	to the approval of the owner/ in this application (including the ny own free will. I declare that I upt.								
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 propertie I am aware that the A			ure. my personal information in								
(f) refer to collection a	ancy documents e or equivalent orga er to/from a Bond A Courts & Statutory / agents/lawyers (who	anisatio authority Authorit ere app	ns to contact me / ities (where applicable)								
which personal inforn	nation is put. the Aques. I am aware that	gent ca	I do not consent to the uses to nnot provide me with the lease/ access personal information on								
Tenant Signature			Date								

F. CONTACTS/REFEREN	NCES		J. EN	/IPLOY	MENT HIS	STOR	Y				
15. Please provide a contact in case of emergency			21. Please	provide	your emplo	ymen	t details	5			
Surname Given name/s			What is your occupation?								
Relationship to you	Phone no.	What is the nature of your employment? (circle)									
			FULL	TIME	F	PART 1	IME	L	C	ASUAL	
16. Please provide 2 personal refe	erences (not rel /Given name	- · · · · · · · · · · · · · · · · · · ·	Employer'	s name (accountant if	self en	nployed	or insti	tution if	student)	
1. Surname	Olvell Hallie/	5									
			Employer'	s addres	SS (accountar	nt if self	femploy	ed or ir	nstitution	n if student)	
Relationship to you	Phone no.				· · · · · · · · · · · · · · · · · · ·						
2. Surname	Given name/	s									
			Contact na	ame			Phone i	no			
Relationship to you	Phone no.		- Contact III	41110			1 110110 1				
Relationship to you											
			Length of employment				Net Income				
G. OTHER INFORMATION	N			Years		Mon	ths \$				
17. Car Registration			22. Please	_ provide	your previo	us em	ployme	ent det	ails		
			Occupatio	n?							
18. Please provide details of any			Employer'	s name							
Breed/type	Council re	gistration / number	<u> </u>								
1.											
			Length of	employn ¬	nent	1	Net	Incom	ie		
2.				Years		Mon	ths \$				
19. Are the pets inside or outside		ide Outside		_		J					
20. Are you a smoker? Yes	No		K. UT	ILITY (CONNECT	TION:	S - FR	EE SI	ERVIO	E	
H. PAYMENT DETAILS										e following:	
Drawart Dantal Dan Wash		Ċ			es in your ne			ileet ye	, a to th	c ronowing.	
Property Rental Per Week		\$	DIDEC	`Т		,					
Rental Bond (4 weeks rent):		\$	DIREC	•							
		<u> </u>	CON	NECT	Electric	ity	Gas	Pho: Inte		Pay TV	
First payment of rent in advance (2 weeks rent)		\$	MAKES MC	OVING EA	SY		~				
Total		\$				_		Ĩ	-0-		
			vrc		Remova	alists	Cleani	ng	Truck	Hire	
Please note: Once the holding dep section 42 of the Residential Tena		s non refundable as per	YES								
I. 100 Points of ID Requ	ired		I consent to	o;							
We require 100 Points of ID. You	must have:				providing m						
1. A current drivers Licence or other			nect including name, address, email and phone number.								
2. Current proof of income			» Direct Connect contacting me in relation to my utilities and service connections.								
3. Current rent ledger (if renting)			» Direct	Connect	obtaining m	neterin	g inforn	nation	for the	premises I	
Application without 100 Points of	ID will not be a	ccepted.	am mo	oving to.							
Your 100 Point Check Drivers Licence	Δ	0 Points	Signature						Date		
Passport		0 Points	Jigilature						Date		
Birth Certificate/Extract		0 Points									
Other PhotoID Current proof of income		0 Points 0 Points									
Previous Landlord Reference		0 Points	,								
Rent Ledger from other Agent		0 Points	Name of ap	plicant 2 (if	applicable)				Date		
Motor Vehicle Registration Certificate Bank Statement / Bank Card		0 Points 0 Points									
Phone / Electricity/ Gas Account		0 Points	Signature of	applicant 2	2 (if applicable)		Phone	Numbe	r		
			2.6	p. p	, .,.,						

20 Points

10 Points

20 Points

Date

Pension Card

Agent Signature

Medicare / Health Care Card

Rates Notice (Proof of Ownership)

570 Church St, Cremorne, Victoria 3121. P: 1300 664 715 F:1300 664 185. www.directconnect.com.au