



TENANCY APPLICATION FORM

Care Property Management
25 Enterprise Avenue,
Hampton Park VIC 3976

Tel: 03 9702 8222 Fax: 03 9799 3220

Website: www.carepm.com.au

Email: rebecca@carepm.com.au

Proposed Property: _____ Rent Per Week: \$ _____

Term of Tenancy: 6 months/12 months (circle) Tenancy to Commence: ___/___/___ Bond: \$ _

People Residing at Property: Adults _____ Children _____ Ages of Children _____ Pets _____

Office Use Only

Application Received	Processed By
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Applicant Details - Applicant 1

Title: _____ Family/Last Name: _____
 Given Names _____
 Driver's License No: _____ State: _____
 Expiry Date: ___/___/___ Date of Birth: ___/___/___
 Pension/Student Card Number: _____
 Vehicle Registration: _____ State: _____
 Make: _____ Model: _____
 Passport No _____ Passport Country: _____
 Current Address: _____
 _____ Post Code: _____
 Home Phone: _____ Bus Phone: _____
 Mobile Phone: _____
 E-Mail: _____

Applicant Details - Applicant 2

Title: _____ Family/Last Name: _____
 Given Names _____
 Driver's License No: _____ State: _____
 Expiry Date: ___/___/___ Date of Birth: ___/___/___
 Pension/Student Card Number: _____
 Vehicle Registration: _____ State: _____
 Make: _____ Model: _____
 Passport No _____ Passport Country: _____
 Current Address: _____
 _____ Post Code: _____
 Home Phone: _____ Bus Phone: _____
 Mobile Phone: _____
 E-Mail: _____

Current Employment Details - Applicant 1

Occupation _____
 Employer's Name: _____
 Address: _____
 _____ Post Code: _____
 Ph: _____ Length of Employment: _____ yrs _____ mths
 (Net) Weekly Income: \$ _____

Current Employment Details - Applicant 2

Occupation _____
 Employer's Name: _____
 Address: _____
 _____ Post Code: _____
 Ph: _____ Length of Employment: _____ yrs _____ mths
 (Net) Weekly Income: \$ _____

Previous Employment Details - Applicant 1

If Employed for less than 6 months
 Previous Employer: _____
 Address: _____
 _____ Post Code: _____
 Ph: _____ Length of Employment: _____ yrs _____ mths

Previous Employment Details - Applicant 2

If Employed for less than 6 months
 Previous Employer: _____
 Address: _____
 _____ Post Code: _____
 Ph: _____ Length of Employment: _____ yrs _____ mths

If You Are Self Employed - Applicant 1

Name of Business: _____ How long: _____
 ABN: _____ Industry: _____
 Address: _____
 _____ Post Code: _____
 Accountant: _____ Phone: _____

If You Are Self Employed - Applicant 2

Name of Business: _____ How long: _____
 ABN: _____ Industry: _____
 Address: _____
 _____ Post Code: _____
 Accountant: _____ Phone: _____

We Require 2 years income history

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Current Rental History - Landlord/Agent Details

Current Address: _____
 Agent/Landlord Contact Name: _____
 Contact Number: _____
 Rent Paid per Week: \$ _____ Time Rented?: _____
 Reason for Leaving: _____

Current Rental History - Landlord/Agent Details

Current Address: _____
 Agent/Landlord Contact Name: _____
 Contact Number: _____
 Rent Paid per Week: \$ _____ Time Rented?: _____
 Reason for Leaving: _____

Previous Rental History - Landlord/Agent Details

Previous Address: _____
 Agent/Landlord Contact Name: _____
 Contact Number: _____
 Rent Paid per Week: \$ _____ Time Rented?: _____
 Bond Refunded in Full: _____ If not why? _____
 Reason for Leaving: _____

Previous Rental History - Landlord/Agent Details

Previous Address: _____
 Agent/Landlord Contact Name: _____
 Contact Number: _____
 Rent Paid per Week: \$ _____ Time Rented?: _____
 Bond Refunded in Full: _____ If not why? _____
 Reason for Leaving: _____

Business Reference - Applicant 1

1) Name: _____
 Address: _____
 _____ Post Code: _____
 Mobile Phone: _____ Work Phone: _____
 Relationship: _____
 How long known: _____

Business Reference - Applicant 2

1) Name: _____
 Address: _____
 _____ Post Code: _____
 Mobile Phone: _____ Work Phone: _____
 Relationship: _____
 How long known: _____

Personal References - Applicant 1

2) Name: _____
 Address: _____
 _____ Post Code: _____
 Mobile Phone: _____ Work Phone: _____
 Relationship: _____
 How long known: _____

Personal References - Applicant 2

2) Name: _____
 Address: _____
 _____ Post Code: _____
 Mobile Phone: _____ Work Phone: _____
 Relationship: _____
 How long known: _____

Next of Kin/Parent/Guardian

3) Name: _____
 Address: _____
 _____ Post Code: _____
 Mobile Phone: _____ Work Phone: _____
 Relationship to you: _____

Next of Kin/Parent/Guardian

3) Name: _____
 Address: _____
 _____ Post Code: _____
 Mobile Phone: _____ Work Phone: _____
 Relationship to you: _____

UTILITY CONNECTIONS (Free service that connects your utilities)

Ph: 1300 850 360 Fax: 1300 661 160

Let *On The Move* reduce your stress and save you time by arranging your utility connections at the property.... at no extra cost!
 We will contact you within 24 hours to confirm



YES!! I would like *On The Move* to contact me to arrange my connections; **ELECTRICITY, GAS, TELEPHONE, BROADBAND, FOXTEL WATER** (standard connection with all applications)

Terms & Conditions - By ticking the box above, you are consenting to *On The Move* contacting you to arrange your services. *On The Move* may need to disclose personal information to utility companies to arrange your services. *On The Move* & your Agent do not accept responsibility for any delay or failure to connect your services. Standard connection fees & bonds may apply. *On The Move* and your agent may receive a benefit for arranging your services.

If You Receive a Centrelink Payment - Applicant 1**If You Receive a Centrelink Payment - Applicant 2**

Type of Payment: _____

Type of Payment: _____

Customer Number: _____

Customer Number: _____

Amount \$: _____ Per Fortnight

Amount \$: _____ Per Fortnight

Other Details

Do you have any pets: Yes/No (circle) If "Yes" and registered - registration details: _____

Types: _____ Breed/s: _____ Ages: _____

APPLICANTS SIGNATURE**APPLICANTS SIGNATURE****Signed:** _____ Date: ___/___/___**Signed:** _____ Date: ___/___/___*I declare that the information given on this application is true and correct to the best of my knowledge**I declare that the information given on this application is true and correct to the best of my knowledge***IDENTIFICATION For each applicant, identification is required as follows:-****Please tick all you are providing. We ask that you please ensure that all your identification is copied and submitted with your application. Should we need to photo copy documents for you this will incur a charge of \$1.00 per page.****MUST HAVE: (at least one of the 3 below)****MUST HAVE (ALL):**

Current Drivers License	<input type="checkbox"/>	Centrelink Certificate (if applicable)	<input type="checkbox"/>
Passport	<input type="checkbox"/>	Current Bank Statement	<input checked="" type="checkbox"/>
Proof of Age Card	<input type="checkbox"/>	Payslips (3) or Proof of Income	<input checked="" type="checkbox"/>

OTHER

Previous 4 Rent Receipts	<input type="checkbox"/>	Medicare Card	<input type="checkbox"/>	Utilities Account Gas/Elec/Phone)	<input type="checkbox"/>
Tenancy History Ledger	<input type="checkbox"/>	Motor Vehicle Rego	<input type="checkbox"/>	Pension or Health Care Card	<input type="checkbox"/>
Rental Bond Receipt	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Council/Water Rates Notice	<input type="checkbox"/>
Rental Tenancy Agreement	<input type="checkbox"/>	ATM Card	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>

TENANCY PRIVACY STATEMENT (must be acknowledged and signed by all applicants)**Privacy Act 1988, Spam Act 2003, Do Not Call Register Act 2006 and the National Consumer Credit Protection Act 2009.**

CARE Property Management Pty Ltd, its related entities, subsidiaries, employees, Contractors and the Agent/Broker that will assist you ("we", "us" or "the Group"), stores and uses your personal information collected from you at the open for inspections for security purposes on behalf of our clients.

We will also use your personal information to contact you by means of any officer, contractor, employee or agent in relation to this property as well as other properties, products and services which we believe may be of interest to you and for customer feedback on our services.

In providing your personal information you consent to us collecting, storing and using your personal information in the manner set out above and you consent to us disclosing your personal information to our related bodies corporate and each of their officers, contractors, employees and agents who may collect, store and use of your personal information in the manner set out above.

You are also consenting for us to give your personal information to our preferred product suppliers for example, On The Move, for them to sell you products that we may receive a commission on.

You acknowledge and agree that this consent is effective consent for the purposes of the Do Not Call Register Act 2006, Spam Act 2003, Privacy Act 1988 and National Consumer Credit Protection Act 2009 and is deemed to be for an indefinite period (unless you advise us differently). If the information is not provided by you we may not be able to provide an effective service to you. If you require more information you can contact your CARE Property Management agent with which you have dealings, or contact us on the details provided below.

Contacting us and feedback

You can make any requests relating to your personal information held by us or any complaints regarding treatment of your privacy by contacting:

Director
Care Property Management
 25 Enterprise Ave,
 HAMPTON PARK VIC 3976
 Ph. 03 9702 8222
 Fax. 03 9799 3220
 Email. rebecca@carepm.com.au

For more information please refer to our Privacy Policy

I/we declare that I understand the National Privacy Principles and the manner in which my private information may be used. I have been read and told my rights and responsibilities and authorize my details to be used for any necessary action as stated above.

Applicant 1 Signature

Date / /20

Applicant 2 Signature

Date / /20

Print Name

Print Name

I the said applicant(s), so solemnly and sincerely declare that the information contained in this application is true and correct and that all of the information was given of my/our own free will. I/we further consent to the lessor/agent contacting and or conducting any inquiries and or searches with regard to the information and references supplied in this application. I the said applicant(s) do solemnly and sincerely declare that I am over 18 years of age and have read and understand the contents of this agreement and have the competence and capacity to enter into this agreement.

I the said applicant(s) do solemnly and sincerely declare:-

1. I have inspected the property located at: _____
2. I have of my own accord decided that I wish to rent the aforementioned property commencing ___/___/_____ for a period of _____
3. I have been informed, understand and agree that the rental for the aforesaid property is to be \$ _____ per week and that this rental is within my means to support.
4. (i) I have been informed, understand and agree that the rental for the said property is to be paid every month and is to be one month in advance at all times.
(ii) I agree to use the Rental Rewards system for payment which will be one payment once a month 5 days in advance of the monthly due date. I agree to pay the prescribed charges for using the Rental Rewards system.
(iii) I have been informed, understand and agree that the lessor/Agent will carry out an inspection on the property on a six monthly basis and I further warrant that I/We will cooperate fully to allow this inspection to be carried out on a six monthly basis.
5. I have been informed, understand and agree that the bond for the aforesaid property will be \$ _____ and I further authorise the letting agent to attend to all details regarding the lodgement of the said rental bond with the appropriate authority.
6. I have been informed, understand and agree that the full amount of the bond not be paid by the signing tenancy agreement, I authorise the letting agent to apply all or part of the subsequent rental payments to be apportioned to finalising the rental bond for the aforesaid property.
7. I have been informed, understand and agree that the acceptance of my application is subject to a satisfactory report being obtained from information supplied on the FULLY completed Tenancy Application submitted by me.
8. I have been informed, understand and agree that should there be a requirement to commence proceedings for recovery of rent, repairs and or damage to the aforesaid property during the term or at the expiration of the Tenancy Agreement all costs of recovery associated with these proceedings shall be able to be recovered from me.
9. I further consent to the Agent disclosing all personal information that they may hold for the purpose of enforcing or commencing recovery action in relation to any debt owed as a result of outstanding rent, repairs and or damage that occurred or occurs during my period of tenancy.
10. I have been informed, understand and agree that should this application for tenancy not be accepted, the Agent is not required or obligated to disclose why or supply any reason for the rejection of the application.
11. I confirm that I have read and understand the Privacy Policy that the lessor/Agent has made available to me.
12. I have been informed, understand and consent to the Agent supplying all necessary information, as may be required, to any Tenancy Database/s that they use, subject to the Tenancy Database/s complying with the provisions of the Privacy Act.
13. I have been informed, understand and acknowledge that the Agent has the contact details for the tenancy database/s they use and that the Agent will supply these contact details should I request these details.
14. It is the tenants responsibility to arrange connection of electricity, gas, telephone and water, once the application is approved. CARE Property Management Hampton Park will offer you a free connection service through On The Move, however it is your responsibility to ensure you have asked or indicated on your application for this service.
15. The applicant hereby agrees to a credit check being carried out by the National Tenancy Database. If you wish to view your details or the information is not accurate, you can contact NTD on 1300 563 826 or www.ntb.net.au to amend or dispute the record.

Signature: _____ **Date:** ___/___/___

Signature: _____ **Date:** ___/___/___

APPLICANT 1 Print Name: _____

APPLICANT 2 Print Name: _____

Please note;

If your application is approved, the bond must be paid before the commencement of the tenancy date. This is to be paid by **Bank Cheque or Money Order** only and made payable to the **RESIDENTIAL TENANCIES BOND AUTHORITY**