

Residential Tenancy Application

For your application to be processed you must answer all questions

PO Box 400 St Agnes SA 5097
 Ph: (08) 8263 3177 F: (08) 8263 3711
 E: rentals@davieshetzel.com.au
 W: www.davieshetzel.com.au

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

Lease commencement date?

Day	Month	Year
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

Lease Term?

Years	Months
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

How many people will normally occupy the property?

Adults	Children
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

APPLICANT 1

1. Please give us your details

Mr Mrs Miss Ms Dr Other

Given name/s Surname

Date of Birth Car registration no. & State

Drivers licence/Passport no. Licence state/ Passport country Expiry Date

Pension/Medicare no. (if applicable) Pension type (if applicable)

Home phone no. Mobile phone no.

Work phone no. Email address

What is your current address?

APPLICANT 2

1. Please give us your details

Mr Mrs Miss Ms Dr Other

Given name/s Surname

Date of Birth Car registration no. & State

Drivers licence/Passport no. Licence state/ Passport country Expiry Date

Pension/Medicare no. (if applicable) Pension type (if applicable)

Home phone no. Mobile phone no.

Work phone no. Email address

What is your current address?

FREE UTILITY CONNECTION SERVICE



MyConnect offer a completely FREE service for home movers.

MyConnect will call you to arrange the connection of your required utilities at your new property.

- Yes, please contact me**
- Interpreter required**
- OR Tick here to opt out**

We connect



Our retailers



Unless I have opted out of this section, I/we: Consent to the disclosure of information on this form to myconnect ABN 65 627 003 605 for the purpose of arranging the connection of nominated utility services; consent to myconnect disclosing personal information to utility service providers for the stated purpose and obtaining confirmation of connection; consent to myconnect disclosing confirmation details (including NMI, MIRN, utility provider) to the Real Estate Agent, its employees and myconnect may receive a fee/incentive from a utility provider in relation to the connection of utility services; acknowledge that whilst myconnect is a free service, a standard connection fee and/or deposit may be required by various utility providers; acknowledge that, to the extent permitted by law, the Real Estate Agent, its employees and myconnect shall not be liable for any loss or damage (including consequential loss and loss of profits) to me/us or any other person or any property as a result of the provision of services or any act or omission by the utility provider or for any loss caused by or in connection with any delay in connection or provision of, or failure to connect or provide the nominated utilities. I acknowledge that myconnect record all calls for coaching, quality and compliance purposes.

APPLICANT 1

2. How long have you lived at your current address?

Years Months

Please tell us about this rented property
Name of landlord or agent

Landlord/agent's phone no.

Weekly rent paid

\$

Why are you leaving this address?

3. What was your previous residential address?

Please give us further information about this rented property
Name of landlord or agent

Landlord/agent's phone no.

Weekly rent paid

\$

How long did you live at this address?

Years Months

Why did you leave this address?

4. Please provide your employment details

What is your occupation?

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

Employer's address

Contact name

Phone no.

Length of employment

Years Months

Weekly income

\$

5. Please provide your previous employer details

Business name

Business address

Phone No.

Contact name

Phone no.

APPLICANT 2

2. How long have you lived at your current address?

Years Months

Please tell us about this rented property
Name of landlord or agent

Landlord/agent's phone no.

Weekly rent paid

\$

Why are you leaving this address?

3. What was your previous residential address?

Please give us further information about this rented property
Name of landlord or agent

Landlord/agent's phone no.

Weekly rent paid

\$

How long did you live at this address?

Years Months

Why did you leave this address?

4. Please provide your employment details

What is your occupation?

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

Employer's address

Contact name

Phone no.

Length of employment

Years Months

Weekly income

\$

5. Please provide your previous employer details

Business name

Business address

Phone No.

Contact name

Phone no.

6. Next of kin details (not residing with you)

Surname	Given name/s
<input type="text"/>	
Home no.	Work/mobile
<input type="text"/>	<input type="text"/>
Relationship to you	
<input type="text"/>	

7. Please provide two personal references (not related to you) Please ensure each has agreed for you to nominate them as a referee and names must be given that can be contacted during business hours

1. Surname	Given name/s
<input type="text"/>	
Home no.	Work/mobile
<input type="text"/>	<input type="text"/>
2. Surname	Given name/s
<input type="text"/>	
Home no.	Work/mobile
<input type="text"/>	<input type="text"/>

6. Next of kin details (not residing with you)

Surname	Given name/s
<input type="text"/>	
Home no.	Work/mobile
<input type="text"/>	<input type="text"/>
Relationship to you	
<input type="text"/>	

7. Please provide two personal references (not related to you) Please ensure each has agreed for you to nominate them as a referee and names must be given that can be contacted during business hours

1. Surname	Given name/s
<input type="text"/>	
Home no.	Work/mobile
<input type="text"/>	<input type="text"/>
2. Surname	Given name/s
<input type="text"/>	
Home no.	Work/mobile
<input type="text"/>	<input type="text"/>

8. Full names and ages of all OTHER persons who will reside at the property

Names	Ages
1.	
2.	
3.	
4.	

9. Please provide details of any pets

Breed/type	council registration number
1.	
2.	
3.	

10. Registration, make & model of all vehicles permanently kept at the property

1.
2.
3.

THESE PREMISES ARE SMOKE FREE INSIDE.

12. Payment details

Please indicate how you propose to pay your bond:
 Own funds Borrowed funds SA Housing Trust

Please indicate how you propose to pay your initial rent
 Own funds Borrowed funds SA Housing Trust

Property rental
 \$ Per week OR \$ per month

First payment of rent two weeks in advance

\$

Rental bond 4 / (6 weeks if rent more than \$250 per week)

\$

Sub total (payable before possession of property)

\$

Payment Method: Direct or Internet Banking

Bpay

Cheque or Money Order

DECLARATION

The applicant acknowledges:

- 1. that the landlords insurance will not cover the tenant's contents and it is advised that the tenant should obtain contents and public liability insurance.
- 2. that the terms and conditions were available at the time of applying as these form part of the tenancy agreement and the tenant agrees with these terms and conditions.
- 3. that upon being advised of approval of this application by the agent a legal tenancy agreement is created and if the tenant(s) choose not to proceed, the agent will begin procedures to relet the property and MAY choose to recover costs incurred from the reletting as set down by the Residential Tenancies Act 1995.
- 4. That unless agreed otherwise the tenant shall be liable for all water costs pertaining to the property as per SA Water calculations. Costs to be calculated on a daily basis.**
- 5. Please Note: Our tenancy agreements contain a special clause stating: NO SMOKING INSIDE THE PREMISES**

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 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 NTD (National Tenancies Database)

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.

Signature of applicant 1 _____ Date...../...../..... Signature of applicant 2 _____ Date...../...../.....

Property Manager name: _____

PLEASE PROVIDE US WITH 100 POINTS OF IDENTIFICATION

100 points of identification below:

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