

Residential Application Form



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Property: _____

Rent: \$ _____ per week Bond: \$ _____ Length of Lease: _____ Years _____ Months
Lease Start: ____/____/____ Number of Residents: _____ Adults _____ Children _____ Ages

myconnect Phone : 1300 854 478
A FREE utility connection service. Fax: 1300 854 479
Email: enquiry@myconnect.com.au

Please tick utilities required
 Electricity Gas Telephone Internet Water Pay TV

If this section is complete, I consent to the disclosure of information on this form to myconnect ABN 34121 892 331 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; acknowledge 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.

Signature _____ Date _____

Documents Required – At least one from each following categories need to be attached to this application

Photo Identification	If you are student	Proof of Income	Other Document
<input type="radio"/> Passport <input type="radio"/> Driver's Licence	<input type="radio"/> Student ID Card	<input type="radio"/> 3 Last Pay Slips <input type="radio"/> Guarantor Letter	<input type="radio"/> Gas, Electricity, Phone Account
<input type="radio"/> Proof of Age Card	<input type="radio"/> Visa (Compulsory for Oversea Student)	<input type="radio"/> Employment Confirmation	<input type="radio"/> Bank Statement

Personal Details
 Mr Mrs Ms Miss Other: _____

First Name: _____ Surname: _____

Date of Birth: _____ DD/MM/YYYY Driver's Licence Number: _____

Driver's Licence State: _____ Driver's Licence Expiry Date: _____ DD/MM/YYYY

Passport Number: _____ Passport Country: _____

Pension Number (if applicable): _____ Pension Type (if applicable): _____

Contact Details
 Home Phone: _____ Work Phone: _____
 Mobile Phone: _____ Fax: _____
 Email: _____

Current Address:

Disclaimer and Authority

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 in to 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, the tenant, accept the property in the condition it was in when inspected. I authorise the Agent to obtain personal information from:

- The owner or the Agent of my current or previous residences;
- My personal referees and employer/s;
- Any record listing or database of defaults by tenants such as NTD, 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 a rental agreement, I agree that the Agent may disclose details of any such default to a tenancy 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 within this application in order to:

- communicate with the owner and select a tenant
- prepare lease/tenancy documents
- allow trades-people or equivalent organisations to contact me
- lodge/claim/transfer to/from a Bond Authority
- refer to Tribunals/Courts & Statutory Authorities (where applicable)
- (f) refer to collection agents/lawyers (where applicable)
- complete a check with NTD (National Tenancies Database)
- transfer water account details into my name

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 _____

 Date _____
 DD/MM/YYYY

Current Accommodation History

Why are you leaving this address? _____ How long have you lived in at your current address?
 _____ *Years* *Months*

Name of Landlord or Agent (if applicable): _____

Landlord/Agent's Phone Number: _____ Rent: \$ _____ per week

Previous Accommodation History

Address: _____

Name of Landlord or Agent (if applicable): _____ How long have you lived in at this address?
 _____ *Years* *Months*

Landlord/Agent's Phone Number: _____ Rent: \$ _____ per week

Was the bond refunded in full?
 Yes No, Why? _____

Please Note: 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.

Employment Details

Current Employment

Occupation:	Length of Employment: <i>Years</i> <i>Months</i>	Net Income: \$ per week
Employer Name:	Phone:	Contact Person:
Employer Address:		
Email:	Nature of Your Employment: <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Casual	

Previous Employment

Occupation:	Length of Employment: <i>Years</i> <i>Months</i>	Net Income: \$ per week
Employer Name:	Phone:	Contact Person:
Employer Address:		
Email:	Nature of Your Employment: <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Casual	

Self Employed

Accountant:	Phone:	Fax:
Contact Person:	Email:	

Student

Institution:	Course Undertaken:	Student ID:
Contact Person	Department:	Phone:
Income Source:	Net Income: \$ per week	Financial Supporter (if any):
Supporter's Phone:	Email:	
Address:		

Other Details

Vehicle Details

Make/Type:	Registration No.:	State:
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Details of Any Pets

Breed/Type:	Council Registration No.:	Age:
Breed/Type:	Council Registration No.:	Age:

Emergency Contact (other than the co-tenants)

Name:	Relationship to You:	Phone:
Address:	Email:	
Name:	Relationship to You:	Phone:
Address:	Email:	

Personal References (not related to you)

Name:	Relationship to You:	Phone:
Name:	Relationship to You:	Phone: