

TENANCY APPLICATION

PROPERTY ADDRESS _____

HAVE YOU INSPECTED THE PROPERTY? [YES / NO] (PLEASE CIRCLE)

RENT WEEK \$ _____ CALENDAR MONTH \$ _____

COMMENCEMENT DATE _____ **LEASE TERM** _____

BOND \$ _____ (ONE CALENDAR MONTHS RENT)

(Payable to Residential Tenancies Bond Authority)

NUMBER OF PEOPLE TO OCCUPY PREMISES _____

Where there is more than one tenant and they do not contribute equally to the total bond, state the amount you are paying

FIRST NAME _____

SURNAME _____

NAME AT BIRTH _____ **COUNTRY OF BIRTH** _____

TELEPHONE (Home) _____ (Work) _____ (Mobile) _____

DATE OF BIRTH _____

PASSPORT NO. _____ **MEDICARE NO.** _____

EMAIL ADDRESS _____

OWN VEHICLE [YES/NO] (Please Circle) **DRIVERS LICENSE NO.** _____ **STATE** _____

REGISTRATION NO. _____

PRESENT ADDRESS _____

How long at this address _____ Years/Months _____

If rented, rent paid \$ _____

Agent/landlord _____ Ph: _____

Reason for leaving _____

PREVIOUS ADDRESS _____

How long at this address _____ Years _____ Months _____

If rented, rent paid: \$ _____

Agent/landlord _____ Ph: _____

Reason for leaving _____

Bond Refunded? [YES/NO] - If not why? _____

EMPLOYMENT Occupation _____ Full-time/Part-time/Casual

Current employer _____

For _____ Years _____ Months _____

Address _____ Telephone _____

Contact Name _____ Position Held _____

Are you self employed? [YES/NO] - ABN _____

Accountant Name: _____ Phone No. _____

Previous employer _____

For _____ Years _____ Months _____

Address _____ Telephone _____

Current net income per week \$ _____

Other net income per week (such as investments) \$ _____

Baywest Real Estate Pty. Ltd.

1/109 High Street, Hastings,

Ph: 03-59794412 Fax: 03-59793097 email: rentals@baywestrealestate.com.au



SELLING, BUYING, RENTING?
TALK TO US

SOCIAL SECURITY PAYMENT OR CENTRELINK PAYMENT

Type _____ CRN _____
\$ _____ Week \$ _____ Month _____

REFERENCES (Written to be attached)

Name	Relationship	Telephone (Mobile)	Telephone (Work)
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY NEXT OF KIN

Name _____
Address _____
Telephone Number _____ Relationship _____

ANY PETS? [YES/NO] Type _____ Breed _____
 How many? Type _____ Breed _____
 Type _____ Breed _____

ARE YOU ON A WAITING LIST FOR GOVERNMENT OR COMMUNITY HOUSING? YES/NO

PLEASE NOTE THE FOLLOWING:

ONE APPLICATION PER ADULT

100 POINTS OF IDENTIFICATION REQUIRED

MARKED **X** MEANS COMPULSARY

Section 1 (Minimum 1 required)

- (40) Drivers License **X**
- (40) Passport

Section 2

- (30) Latest 3 Current Pay Slips AND/OR **X**
- (30) Current Bank Statement AND/OR
- (30) Centre Link income Statement

Total Points:

Section 3

- (30) Previous tenancy reference
- (20) Previous 2 rent receipts
- (20) Home owner must supply a recent rates notice
- (10) Motor vehicle registration
- (10) Telephone account
- (10) Electricity Account
- (10) Gas Account
- (10) Pet registration papers
- (10) Birth Certificate
- (10) Medicare Card **X**

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SUCCESSFUL APPLICANTS

If your application is successful, you will be required to pay

1. **1 WEEKS RENT as a holding deposit within 24 hours of being approved**
2. **A further 3 weeks rent and**
3. **Full calendar months bond prior to collecting the keys in the form of a bank cheque or money order payable to the RTBA.**

It is important that your payment is received within 24 hours of such notification or the next applicant may be given preference of the property re-listed.

Services/Insurance

It is your responsibility to have all services (such as telephone, gas and electricity) connected in your name to coincide with your date of occupation. It is also the tenant's responsibility to insure their possessions. The landlord's insurance policy does not cover your possessions.

Declaration of 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 authorize 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 such as NTD, TICA or TRA for the purpose of checking my tenancy history;

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

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

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 trades people or equivalent organizations 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) conduct an ID/background check with NTD for residential tenancies and/or a credit check for commercial tenancies with the National Tenancy Database (NTD)

I/We _____

(Applicants names)

Acknowledge the I/We have read and understood the contents of this Declaration of Authority

(Applicant(s) to sign above)

Date / /