

APPLICATION FOR RESIDENTIAL TENANCY

(One application to be completed per person)

Please complete all sections of this form and return to **info@willowkangarooport.com.au**

If you have any queries relating to any part of your application please contact Dianne either via email or **0417 768187**

DETAILS OF PROPERTY YOU ARE APPLYING FOR

Unit No.: _____ Willow KANGAROO POINT Date of Application: _____
Move in Date: _____ Tenancy Term: _____
Rent per Week: \$ _____ No. and type of pets: _____
Names and ages of any dependants _____
to occupy the property: _____
(Note: All persons over 18 years must complete a separate application)

PERSONAL DETAILS

Name: _____ Date of Birth: _____
Home Phone: _____ Work Phone: _____
Mobile: _____ Email: _____
Driver's Licence No _____ Passport Number: _____
Expiry Date: _____ State: _____ Passport Country: _____
Are you or any of the dependants living with you a smoker? Yes No

CURRENT ADDRESS DETAILS

Property Address: _____
State: _____ Postcode: _____
Choose one (1): Rent: Own: Other: _____
Length of time at current address: _____ Years: _____ Rent paid: _____
Reason for leaving: _____
Landlord/ Agent: _____
Telephone: _____ Email: _____

PREVIOUS ADDRESS DETAILS

Property Address: _____
State: _____ Postcode: _____
Choose one (1): Rent: Own: Other: _____
Length of time at current address: _____ Years: _____ Rent paid: _____
Reason for leaving: _____
Landlord/ Agent: _____
Telephone: _____ Email: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____
Mobile: _____ Email: _____

RENTAL HISTORY

Have you ever been evicted by Agent/ Lessor? Yes No Are there any known reasons that would affect your ability to pay rent? Yes No
Was your bond refunded in full from your last property? Yes No If no, please advise what deductions were made: _____
Do you have an outstanding debt to another Agent/ Lessor? Yes No If yes, what is the debt: _____

CURRENT EMPLOYMENT DETAILS

Occupation: _____ Employer: _____

Employment Status: Full Time Part Time Casual Contract Self Employed

Employer Address: _____ Employer Email: _____

Contact Name: _____ Telephone: _____

Length of employment: _____ Net Weekly Income: _____

PREVIOUS EMPLOYMENT DETAILS

Occupation: _____ Employer: _____

Employment Status: Full Time Part Time Casual Contract Self Employed

Employer Address: _____ Employer Email: _____

Contact Name: _____ Telephone: _____

Length of employment: _____ Net Weekly Income: _____

CENTRELINK PAYMENTS (If receiving Government assistance, please attach proof of income and statement)

Are you receiving any regular Centrelink Payments? Yes No Total Income per week: _____

Description: _____ Date payments commenced: _____

STUDENT INFORMATION

Are you Studying full time? Yes No Place of Study: _____

Are you an overseas Student? Yes No If yes, Visa expiry date: _____

PERSONAL REFERENCE (No. 1)

Name: _____ Relationship: _____

Address: _____ Contact No.: _____

PERSONAL REFERENCE (No. 2)

Name: _____ Relationship: _____

Address: _____ Contact No.: _____

SUPPORTING DOCUMENTS

You are required to meet a 100 point identification criterion upon submission of your application. Please tick the identifying documents you have provided with your application. **IMPORTANT: At least one form of Photo Identification MUST be provided.**

70 Points	<input type="checkbox"/> Passport	<input type="checkbox"/> Full Birth certificate	<input type="checkbox"/> Citizenship certificate
40 Points	<input type="checkbox"/> Australian Drivers Licence	<input type="checkbox"/> Student Photo ID	<input type="checkbox"/> DVA Card
	<input type="checkbox"/> Centrelink Card	<input type="checkbox"/> Proof of Age card	<input type="checkbox"/> State/ Federal Government Photo ID
25 Points	<input type="checkbox"/> Medicare Card	<input type="checkbox"/> Council Rates Notice	<input type="checkbox"/> Motor Vehicle registration
	<input type="checkbox"/> Telephone bill	<input type="checkbox"/> Electricity bill	<input type="checkbox"/> Gas bill
	<input type="checkbox"/> Tenancy history ledger	<input type="checkbox"/> Bank statement	<input type="checkbox"/> Credit card statement
	<input type="checkbox"/> Lasts FOUR rent receipts	<input type="checkbox"/> Rent Bond receipt	<input type="checkbox"/> Previous Tenancy Agreement

PROOF OF INCOME

You are also required to supply proof of your income upon submission of your application.

Employed: Last TWO pay advices

Self employed: Bank statements, Group Certificate, Tax Return or Accountant’s letter

Not employed: Centrelink statement or Bank statements

DECLARATION

I declare that the above information is true and correct and that I have supplied it of my own free will.

Applicant Name: _____ Signature: _____ Date: _____

PRIVACY AND CONSENT NOTICE

By signing this application, I authorise the Agent to obtain personal Information from:

1. The owner or the Agent of my current or previous residence;
2. My personal referees and employer/s;
3. 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 (Ph: 1300 563 826), TRA: (Ph: 02 9363 9244), TICA: (Ph: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:

1. communicate with the owner and select a tenant
2. prepare lease/tenancy documents
3. allow tradespeople or equivalent organisations to contact me
4. lodge/claim/transfer to/from a Bond Authority
5. refer to Tribunals/Courts & Statutory Authorities (where applicable)
6. refer to collection agents/lawyers (where applicable)
7. complete a credit check with NTD (National Tenancies Database)

I am aware that a full copy of Mocha Management Pty Ltd's Privacy and Consent Policy is available at www.willowkangarooport.com.au.

Applicant Name: _____ **Signature:** _____ **Date:** _____

FREE UTILITIES CONNECTION USER CONSENT FORM

Electrical / Telephone / Water / Insurance / Gas / Removalist / Cleaners / Appliances



ReduceMyBills is the hassle-free connections service that takes the time and worry out of moving.

Ph: 1300 301 001

Declaration

1. By signing this application, I/we give consent to ReduceMyBills to make contact by phone, email or sms for the purpose of arranging connections and disconnections of approved utility services.
2. I/we authorise ReduceMyBills to supply collected information to other household service providers for the services including Cleaning, Removal, Insurance and Appliances.
3. I/we authorise ReduceMyBills to contact us via these means even if the telephone numbers supplied are listed on the Do Not Call Register. I/we understand that ReduceMyBills may also send related emails promoting other services provided by ReduceMyBills.
4. I/we acknowledge that all information supplied in the application is true and correct to be best of my/our knowledge and that we have not falsely represented our identity in any manner.
5. I/we understand that ReduceMyBills treat any personal information it collects, uses or discloses in accordance with the Privacy Act 1988.
6. I/We authorise ReduceMyBills to supply collected information to nominated suppliers and/or potential suppliers for the connection and disconnection of nominated utilities or to assist with my obtaining other services including appliances, removalists, cleaners and insurance.
7. I/we understand that in the course of connecting utilities, ReduceMyBills may need to obtain an NMI (National Meter Identifier) for electrical points or MIRN (Meter Installation Registration Number) for Natural Gas connections.
8. I/we authorise ReduceMyBills to collect these identifiers and consent to those numbers being supplied to utility providers.
9. I/We acknowledge that whilst ReduceMyBills is a free service, I/we are solely responsible for any and all amounts payable in relation to deposits, connections/disconnections or ongoing supply of the connected services and amounts payable for other services including appliance, removalist, cleaners and insurance.
10. I/we acknowledge that ReduceMyBills, to the extent permitted by law, shall not be liable for any loss or damage (including consequential loss and loss of profits) to me/us as a result of the provision of any service. Nor shall ReduceMyBills be liable for any act or omission by any utility provider for any
11. loss caused by failure to provide nominated services.
12. I/we acknowledge that the nominated real estate entity along with ReduceMyBills may receive a benefit from suppliers for the provision of connections.
13. **I/we declare that we have read and understand the above declaration and wish to be contacted by ReduceMyBills.**

Applicant Name: _____ **Signature:** _____ **Date:** _____