# Tenancy Application Form

Please be advised, this application will only be processed once ALL details have been completed and all copies of all supporting documents attached. Each applicant must submit an individual form.

AGENCY DETAILS

# UNREAL ESTATE - Coffs Coast

Address: 137 Sawtell Road, Toormina

| Phone: | 02 6658 6042        |
|--------|---------------------|
| Fax:   | 02 6658 6043        |
| Email: | rentals@unre.com.au |
| Web:   | www.unre.com.au     |

## **Property Manager**

| B. PROPERT                   | Y DETAILS       |                              |            |           |        |
|------------------------------|-----------------|------------------------------|------------|-----------|--------|
| Address of Property:         |                 |                              |            |           |        |
|                              |                 |                              |            |           |        |
|                              |                 |                              |            |           |        |
|                              |                 |                              |            |           |        |
| Lease Commenceme             | nt Date:        |                              |            |           |        |
| Day                          |                 |                              | Month      |           | Year   |
| Lease Term:                  | L               |                              |            |           |        |
|                              | Years           |                              |            | N         | lonths |
| How many tenants w           | ill occupy the  | proper                       | ty?:       |           |        |
| Adults Chil                  | dren            | Ages o                       | f Childro  | en        |        |
| C. PERSONA                   | L DETAILS       |                              |            |           |        |
| 5. Please give us you        |                 |                              |            |           |        |
|                              | Miss            | Mro                          |            |           | har [  |
| Mr Ms                        | WISS            | Mrs                          |            | Dr Otl    | her    |
| Surname                      |                 | Given                        | Name/s     | 6         |        |
|                              |                 |                              |            |           |        |
| Date of Birth                |                 | Drive                        | r's licen  | ce number |        |
|                              |                 |                              |            |           |        |
| Driver's licence expiry date |                 |                              | er's licer | nce state |        |
| •                            |                 |                              |            |           |        |
| Decement no.                 |                 | Beeer                        |            | when a    |        |
| Passport no.                 |                 |                              | oort cou   | ntry      |        |
|                              |                 |                              |            |           |        |
| Pension no. (if applicable)  |                 | Pension type (if applicable) |            |           |        |
|                              |                 |                              |            |           |        |
| 6. Please provide you        | ur contact deta | ils                          |            |           |        |
| Home phone no.               |                 | Mobil                        | e phone    | e no.     |        |
|                              |                 |                              |            |           |        |
| Work phone no.               |                 | Fax n                        | 0.         |           |        |
|                              |                 | 1                            |            |           |        |

Email address

7. What is your current address?

## 8. How did you find ou

Newspaper Office

Referral

| ıt a | bout this property? | ? |                        |
|------|---------------------|---|------------------------|
|      | The Internet        |   | Local Paper            |
|      | Office Window       |   | Sign Board at property |
|      | Other (specify)     |   |                        |

n)realestate

## UTILITY CONNECTIONS D.

This is a FREE service that connects all your utilities and other services.

Direct Connect can help arrange for the connection or provision of the following utilities and other services

Electricity Gas Phone Internet Pay TV

Cleaners Insurance Removalist Truck or van hire



MAKES MOVING EASY

Please tick this box if you would like Direct Connect to contact you in relation to any of the above utilities and other services



We guarantee that when you connect with one of our market leading electricity and gas suppliers, your services will be connected on the day you move in. Please refer to Direct Connect's Terms & Conditions for further information.

Once Direct Connect has received this application Direct Connect will call you to confirm your details. Direct Connect will make all reasonable efforts to contact you within 24 hours of the nearest working day on receipt of this application to confirm your information and explain the details of the services offered. Direct Connect is a one stop connection service. Direct Connect's services are free. However, the relevant service providers may charge you a standard connection fee as well as ongoing service charges

## DECLARATION AND EXECUTION: By signing this application, you:

- 1. Acknowledge and accept Direct Connect's Terms and Conditions (which are included with this application).
- 2. Invite Direct Connect to contact you by any means (including by telephone or SMS even if the Customer's telephone number is on the Do Not Call Register) in order to provide Direct Connect's services to you, to enter into negotiations with you relating to the supply of relevant services as an agent for the service providers, and to market or promote any of the services listed above. This consent will continue for a period of 1 year from the date the Customer enters into the Agreement
- 3. Consent to Direct Connect using the information provided by you in this application to arrange for the nominated services, including by providing that information to service providers for this purpose. Where service providers are engaged by you, they may use this information to connect, supply and charge you for their services.
- 4. Authorise Direct Connect to obtain the National Metering Identifier and / or the Meter Installation Reference Number for the premises you are moving to
- 5. Agree that, except to the extent provided in the Terms and Conditions, Direct Connect has no responsibility to you for the connection or supply (or the failure to connect or supply) any of the services.
- 6.Acknowledge that Direct Connect may receive a fee from service providers, part of which may be paid to the real estate agent or to another person, and that you are not entitled to any part of any such fee.

By signing this application form, I warrant that I am authorised to make this application and to provide the invitations, consents, acknowledgements, authorisations and other undertakings set out in this application on behalf of all applicants listed on this application. Signature Date

| O Box 1519, Box Hill, Victoria 3128. P: 1300 664 715 F:1300 664 18 | 85. v | www.directconnect.com.au |  |
|--|-------|--------------------------|--|
| E. DECLARATION   |       |                          |  |

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 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 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. Signature Date

| F. APPLIC                             | ANT HIST      | ORY          |               |                           |
|---------------------------------------|---------------|--------------|---------------|---------------------------|
| ). How long have                      | you lived a   | t your c     | urrent addı   | ess?                      |
|                                       | Y             | ears         |               | Month                     |
| 10. Why are you                       | leaving this  | address      | ?             |                           |
|                                       |               |              |               |                           |
| 11. Landlord/Age                      |               | this pro     | operty (if ap | oplicable)                |
| Name of landlord                      | l or agent    |              |               |                           |
| Landlord/agent's                      | phone/fax r   | 10. V        | Veekly Ren    | t Paid                    |
|                                       | <u></u>       |              | \$            |                           |
| 12. What was you                      | ur previous i | resident     | ial address   | ?                         |
|                                       | -             |              |               |                           |
|                                       |               |              |               |                           |
| <b>10</b>                             |               |              |               |                           |
| 13. How long did                      | -             | his add      | 1855 /        | Month                     |
| 14 Lonalland/A                        |               |              | northy /if a  |                           |
| 14. Landlord/Age<br>Name of landlord  |               | uns pro      | perty (IT ap  | philoapie)                |
|                                       |               |              |               |                           |
| Landlord/agent's                      | phone/fax r   | 10. <u>V</u> | Veekly Ren    | t Paid                    |
|                                       |               |              | \$            |                           |
| Was bond refund                       | led in full?  |              |               |                           |
|                                       |               |              |               |                           |
| If not why not?                       |               |              |               |                           |
|                                       |               |              |               |                           |
| G. EMPLO                              | YMENT H       | ISTOR        | XY            |                           |
| 15. Please provid<br>What is your occ |               | oyment       | details       |                           |
| what is your occ                      | upation       |              |               |                           |
| What is the natur                     | e of your on  | nlovme       | nt? (circle)  | <u> </u>                  |
| FULL TIME                             |               | PART T       |               | CASUAL                    |
|                                       |               |              |               | stitution if student)     |
|                                       |               | n sen en     | ipioyea or In | Sutution II Student)      |
| Emplover's addre                      | ess (account: | ant if self  | emploved o    | r institution if student) |
|                                       |               |              |               |                           |
|                                       |               |              |               |                           |
| • • •                                 |               |              |               |                           |
| Contact name                          |               | F            | hone no.      |                           |
| Length of employ                      | /ment         |              | Net Inco      | ome                       |
| Years                                 |               | Mont         | •             | ////6                     |
| 16. Please provid                     |               |              | Ŧ             | lotaile                   |
| Occupation?                           |               |              |               |                           |
|                                       |               |              |               |                           |
| Employer's name                       | )             |              |               |                           |
|                                       |               |              |               |                           |
| Length of employ                      | /ment         |              | Net Inco      | ome                       |
| Years                                 | ;             | Mont         | hs \$         |                           |

## H. CONTACTS/REFERENCES

| 17. Please provide a<br>Surname    | a contact in case | e of emergency<br>Given name/s |                  |
|------------------------------------|-------------------|--------------------------------|------------------|
| ourname                            |                   |                                |                  |
| Relationship to you                |                   | Phone no.                      |                  |
|                                    |                   |                                |                  |
| 18. Please provide 2               | 2 personal refere | ences (not relate              | ed to you)       |
| 1. Surname                         |                   | Given name/s                   |                  |
|                                    |                   |                                |                  |
| Relationship to you                |                   | Phone no.                      |                  |
|                                    |                   |                                |                  |
| 2. Surname                         |                   | Given name/s                   |                  |
| Deletienskin te ver                |                   | Phone no.                      |                  |
| Relationship to you                |                   | Phone no.                      |                  |
|                                    |                   |                                |                  |
|                                    | ORMATION          |                                |                  |
| 19. Car Registration               | 1                 |                                |                  |
|                                    |                   |                                |                  |
| 20. Please provide c<br>Breed/type | letails of any pe |                                | tration / number |
| 1.                                 |                   |                                |                  |
| •                                  |                   |                                |                  |
| 2.                                 |                   |                                |                  |
| J. PAYMENT                         | DETAILS           |                                |                  |
| Property Rental                    |                   |                                |                  |
| \$                                 | per week OR       | \$                             | per mont         |

\$

\$

\$

Rental Bond (4 weeks rent):

First payment of rent in advance (2 weeks rent)

## K. 100 Points of ID Required

We require 100 Points of ID.

You must have:

1. A current drivers Licence or other photo ID

2. Current proof of income

3. Current rent ledger (if renting)

Application without 100 Points of ID will not be accepted.

Your 100 Point Check

| Drivers Licence                        | 40 Points |  |  |  |  |
|--|-----------|--|--|--|--|
| Passport                               | 40 Points |  |  |  |  |
| Birth Certificate/Extract              | 30 Points |  |  |  |  |
| Other PhotoID                          | 30 Points |  |  |  |  |
| Current proof of income                | 20 Points |  |  |  |  |
| Previous Landlord Reference            | 20 Points |  |  |  |  |
| Rent Ledger from other Agent           | 20 Points |  |  |  |  |
| Motor Vehicle Registration Certificate | 10 Points |  |  |  |  |
| Bank Statement / Bank Card             | 10 Points |  |  |  |  |
| Phone / Electricity/ Gas Account       | 10 Points |  |  |  |  |
| Pension Card                           | 20 Points |  |  |  |  |
| Medicare / Health Care Card            | 10 Points |  |  |  |  |
| Rates Notice (Proof of Ownership)      | 20 Points |  |  |  |  |
| Signature of Landlords Agent           |           |  |  |  |  |