

Residential Application Form

For your application to be processed you must answer all questions



A. AGENT DETAILS				
Professional Taylors Lakes				
Address: Shop 27 Taylors Lakes Shopping Centre, 3 Melton Hwy, Taylors Lakes VIC 3038				
Phone: (03) 9390 9400				
Fax: (03) 9390 9137				
Email: taylorslakes@professionals.com.au				
Website: www.professionalstaylorlakes.com.au				
B. PROPERTY DETAILS				
1. What is the address of the property you would like to rent?				
<input type="text"/>				
<input type="text"/> Postcode				
2. Property Rental				
\$ <input type="text"/> per week	\$ <input type="text"/> per month			
3. Lease commencement date?				
<input type="text"/> Day	<input type="text"/> Month	<input type="text"/> Year		
4. Lease term?				
<input type="text"/> Years	<input type="text"/> Months			
5. How many tenants will occupy the property?				
<input type="text"/> Adults	<input type="text"/> Children	Ages of children <input type="text"/>		
C. PERSONAL DETAILS				
6. Please give us your details				
Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Mrs <input type="checkbox"/>	Other <input type="checkbox"/>
Surname <input type="text"/>		Given Name/s <input type="text"/>		
Date of Birth <input type="text"/>	Driver's licence number <input type="text"/>			
Driver's licence expiry date <input type="text"/>	Driver's licence state <input type="text"/>			
Passport no. <input type="text"/>	Passport country <input type="text"/>			
Pension no. (if applicable) <input type="text"/>	Pension type (if applicable) <input type="text"/>			
7. Please provide your contact details				
Home phone no. <input type="text"/>	Mobile phone no. <input type="text"/>			
Work phone no. <input type="text"/>	Fax no. <input type="text"/>			
Email address <input type="text"/>				
8. What is your current address?				
<input type="text"/>				
<input type="text"/> Postcode				

D. UTILITY CONNECTIONS	
	Let On The Move reduce your stress and save you time by arranging your utility connections at the property... at no extra cost! We will contact you within 2 hours to confirm.
ELECTRICITY, GAS, TELEPHONE, INTERNET, PAY TV, TENANCY INSURANCE	
Ph: 1300 850 360 Fax: 1300 661 160	
Email: sales@onthemove.com.au	
Terms & Conditions - You are consenting to On The Move contacting you to arrange your services. On The Move may need to disclose personal information to utility companies to arrange your services. Please see On The Move's Privacy Policy at www.onthemove.com.au . On The Move and your Agent may receive a benefit for arranging your services. On The Move and your Agent do not accept responsibility for any delay or failure to connect your services. Standard connection fees and bonds may apply.	
<input type="checkbox"/>	No, I will connect the required utilities on my own accord but acknowledge that if the property has a separate water meter, my contact details must be given to the relevant water provider, who will read the meter and commence billing.
	We guarantee that your electricity and gas will be connected on your agreed move-in date*.
<small>* Terms and conditions apply. Full details at onthemove.com.au</small>	
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)	
(h) 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.	
Signature <input type="text"/>	Date <input type="text"/>

F. APPLICANT HISTORY

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

	Years		Months
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10. Why are you leaving this address?

11. Landlord/Agent details of this property (if applicable)

Name of landlord or agent

Landlord/agent's phone no.

Weekly Rent

\$

12. What was your previous residential address?

Postcode

13. How long did you live at this address?

	Years		Months
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14. Landlord/Agent details of this property (if applicable)

Name of landlord or agent

Landlord/agent's phone no.

Weekly Rent

\$

Was bond refunded in full?

If not why not?

G. EMPLOYMENT HISTORY

15. Please provide your employment details

What is your occupation?

What is the nature of your employment?
(FULL TIME/PART TIME/CASUAL)

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

Employer's address

Postcode

Contact name

Phone no.

Length of employment

	Years		Months
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Net Income

\$

16. Please provide your previous employment details

Occupation?

Employer's name

Length of employment

	Years		Months
--	-------	--	--------

Net Income

\$

H. CONTACTS / REFERENCES

17. Please provide a contact in case of emergency

Surname

Given name/s

Relationship to you

Phone no.

18. Please provide 2 personal references (not related to you)

1. Surname

Given name/s

Relationship to you

Phone no.

2. Surname

Given name/s

Relationship to you

Phone no.

I. OTHER INFORMATION

19. Car Registration

20. Please provide details of any pets

Breed/type

Council registration / number

1.
2.

PLEASE NOTE

Initial payments must be made by cash, bank cheque or money order within 24 hours after approval of application. No Personal Cheques accepted.

Keys will not be handed over until the lease agreement has been signed by all applicants.

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.

HOW DID YOU FIND OUT ABOUT THIS PROPERTY?

- | | | |
|--------------------------------|---------------------------------------|--|
| <input type="radio"/> The Age | <input type="radio"/> The Internet | <input type="radio"/> Local Paper |
| <input type="radio"/> Board | <input type="radio"/> Counter List | <input type="radio"/> Relocation Company |
| <input type="radio"/> Referral | <input type="radio"/> Other (specify) | |

PLEASE PROVIDE US WITH 100 POINTS OF IDENTIFICATION

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

OFFICE USE ONLY

Property Rental

\$		per week	\$		per month
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