



APPLICATION FOR TENANCY

6 Humphrys Street, Junee NSW 2663

PO BOX 324, Junee NSW 2663

Ph: 02 6924 4000 | Fax: 02 6924 4011

www.remaxvision.com.au/

DATE _____

PROPERTY ADDRESS _____

I/we the said applicant/s declare that all the information contained in this application is true and correct and that the information supplied by me/us in this application for verification of the details provided.

Before any application will be considered, we require the following information (equaling 100 points):

Current rent ledger/rent payment record – showing paid to dates	50
Current Drivers License – with photo or 18+ card	40
Current Passport (Non-Australian Residents only)	40
Proof of Income (COMPULSORY) – Recent Payslip, Bank Statement or Centrelink Statement	30
Electricity / Gas or Phone Invoice with current address	20
Copy of Birth Certificate	10
Debit / Credit card statement (photocopy)	10
Medicare Card	10
Motor Vehicle or Motor Bike registration	10
NUMBER OF POINTS	/100

Submitting an application without the relevant documents will delay or prevent your application from being processed.

When an application is approved, we require the following:

Rent 2 weeks rent (1 week for a holding deposit - this is forfeited if you withdraw your application)

Bond Equivalent to 4 weeks rent

TERMS OF TENANCY

Proposed length of tenancy: 6 months OR 12 months Other: _____

Commencing on: ____/____/____ Property Rent? \$ _____ Per Week

Rental Bond: \$ _____ (equivalent to four weeks rent)

APPLICANTS DETAILS

SURNAME _____ GIVEN NAME/S _____
DOB _____ D/L _____ PASSPORT _____
PH: (H) _____ (W) _____ (M) _____
EMAIL _____ CAR _____ REGO _____



OTHER APPLICANTS: A separate application form must be completed for each additional application intending to be named on the lease

Names of additional applicants: _____

Method of rental payment: **Direct Debit** (Proof of direct debit is required)
 Centrepay (through Centrelink)
 Other _____

Will you be seeking assistance from Housing NSW for your rental bond? YES NO

Are you currently on the waiting list to find a place with Housing NSW? YES NO

I Agree that smoking is strictly prohibited inside the at all times YES NO

Do you have a bond account with the Rental Bond Board? YES NO

NUMBER OF OCCUPANTS:

ADULTS _____ CHILDREN _____ AGES _____

PRESENT ADDRESS: _____

PERIOD OF OCCUPANCY _____ RENT PAID (if rented) _____ p/w

NAME & ADDRESS OF LANDLORD/AGENT _____

PH _____ DATE VACATED _____

REASON FOR LEAVING _____

PREVIOUS ADDRESS: _____

PERIOD OF OCCUPANCY _____ RENT PAID (if rented) _____ p/w

NAME & ADDRESS OF LANDLORD/AGENT _____

PH _____ DATE VACATED _____

REASON FOR LEAVING _____

WAS YOUR BOND REFUNDED IN FULL? **YES** | **NO** - If no, why not? _____



OCCUPATION (CURRENT EMPLOYER):

OCCUPATION _____ EMPLOYER _____

ADDRESS _____

PHONE _____ CONTACT _____ INCOME \$ _____

PERIOD OF EMPLOYMENT _____

OCCUPATION (PREVIOUS EMPLOYER):

OCCUPATION _____ EMPLOYER _____

ADDRESS _____

PHONE _____ CONTACT _____ INCOME \$ _____

PERIOD OF EMPLOYMENT _____

OTHER INCOME:

ADDITIONAL INCOME or BENEFITS _____ AMOUNT \$ _____

PETS:

BREED/TYPE	Pets Inside/outside

PERSON TO CONTACT IN EMERGENCY (NOT THE PEOPLE YOU WILL BE LIVING WITH)

NAME: _____ PH: _____

ADDRESS: _____

NAME: _____ PH: _____

ADDRESS: _____

PROFESSIONAL REFEREE'S (NOT FRIENDS OR FAMILY MEMBERS)

1. NAME OF REFEREE _____ PH: _____

RELATIONSHIP: _____

2. NAME OF REFEREE _____ PH: _____

RELATIONSHIP: _____

Answers to the following questions must be provided:

- | | | |
|----|--|--------|
| 1. | Has your tenancy ever been terminated by a landlord or agent? | Yes/No |
| 2. | Have you ever been refused a property by any landlord or agency? | Yes/No |
| 3. | Have any deductions ever been made from your rental bond? | Yes/No |
| 4. | Have you ever been placed on TICA previously? | Yes/No |

If so please provide more details. Has it been cleared? _____

I acknowledge that the agent will rely on the truth of the above answers in assessing the application for tenancy.



RE/MAX Vision

PRIVACY ACT ACKNOWLEDGEMENT FORM FOR TENANT APPLICANTS & APPROVED OCCUPANTS

This form provides information about how RE/MAX Vision ABN (9515053030) will handle your personal information, as required by the National Privacy Principles in the Privacy Act 1988, and seek your consent to disclosures to certain third parties (which are set out below) in specified circumstances. If you do not consent to the disclosure of your personal information to those third parties, we cannot process your application for a tenancy.

We will collect and handle personal information about you in order to process your application for a tenancy and the information we collect can be accessed by you contacting our office below:

RE/MAX Vision
PH 69 244000 FAX 69 244011

Primary Purpose:

Before a tenancy is accepted, we collect your information to assess any risk to our clients in providing you with the property you have requested to rent and if considered acceptable, provide you with a tenancy for the property. In order to assess your application, we disclose your personal information to:

- The lessor / owner(s) for approval or rejection of your application.
- TICA Default Tenancy Control Pty Ltd to assess the risk to our clients and verify the details you have provided in your tenancy application.
- Referees to validate information supplied in your application.
- Other Real Estate Agents to assess the risk to our clients.

Secondary Purpose:

During and after your tenancy we may need to disclose your personal information to:

- Tradespersons to contact you for repairs and maintenance to the property.
- Refer to Tribunals or Courts having jurisdiction seeking Orders or remedies.
- Refer to Debt Collection Agencies where Tribunal / Court Orders have been awarded.
- Refer to TICA Default Tenancy Control Pty Ltd to record details of your tenancy history.
- Refer to the Lessors / Owners insurer in the event of an insurance claim.
- To provide future rental references to other managing agents / owners.

If you fail to provide your personal information and do not consent to the uses set out above, we cannot properly assess the risk to our client or carry out our duties as managing agent. Consequently, we cannot provide you with the property you have applied for to rent.

FOR SIGNATURE BY THE APPLICANT

SIGNED by the applicant/s: _____

PRINT NAME:/S _____

DATE: _____

FREE UTILITY CONNECTION SERVICE

myconnect



Yes, Please Contact Me



MyConnect is a FREE and easy
to use utility connection service

Phone: 1300 854478
Fax: 1300 854479
Email: enquiry@myconnect.com.au
Web: www.myconnect.com.au

Unless I have opted out below, 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.

Tick here to opt out