

APPLICATIONS MUST BE COMPLETED IN FULL, BY ALL INTENDING LEASE HOLDERS, BEFORE THE APPLICATION WILL BE PROCESSED

PROPERTY: _____.

LEASE TERM: 6 / 12 MONTHS STARTING DATE: _____ **RENT PER WEEK \$** _____.

APPLICANT DETAILS					
NAME:			DATE OF BIRTH:		
PHONE – HOME:		WORK:		MOBILE:	
EMAIL:					
DRIVERS LICENCE:			PASSPORT NO:		SMOKER: YES / NO
NUMBER OF CARS TO BE KEPT AT PREMISES:		MAKE/MODEL: REGISTRATION:	MAKE/MODEL: REGISTRATION:		
PET INFORMATION:	TYPE:		BREED:		AGE:
	TYPE:		BREED:		AGE:
NAMES AND AGES OF ALL OTHER OCCUPANTS TO LIVE AT THE PREMISES:					

CURRENT RESIDENCE DETAILS	
ADDRESS:	
RENTED/OWNED:	RENT PER WEEK: \$
NAME OF MANAGER/AGENT IF SOLD:	
AGENTS ADDRESS:	
EMAIL:	PHONE:
PERIOD OF OCCUPANCY:	
REASON FOR LEAVING:	
DO YOU EXPECT THE BOND TO BE REFUNDED? Yes / No If no – why:	

PREVIOUS RESIDENCE DETAILS	
ADDRESS	
RENTED/OWNED:	RENT PER WEEK: \$
AGENT:	
EMAIL:	PHONE:
WAS THE BOND REFUNDED? YES / NO IF NO, WHY:	

EMPLOYMENT/INCOME DETAILS			
OCCUPATION:		PERIOD OF EMPLOYMENT:	
EMPLOYER:			
BUSINESS ADDRESS:		PHONE:	
EMAIL:			
FULL TIME	PART-TIME	CASUAL	HOURS PER WEEK:
STUDENT	PENSIONER	CENTRELINK	PAYMENT: \$ PER WEEK/FORTNIGHT
SELF-EMPLOYED – NAME OF BUSINESS:			
ADDRESS:		ABN:	
HOW LONG ESTABLISHED:		ACCOUNTANT:	
EMAIL:		PHONE:	
INCOME (PLEASE STATE NET/GROSS): \$			
OTHER INCOME/SAVINGS/INVESTMENTS: \$			

PERSONAL REFERENCES (NOT RELATIVES)	
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:
EMERGENCY CONTACT:	PHONE: