

W.B. SIMPSON & SON

PLEASE COMPLETE IN FULL

30 ERROL STREET, NORTH MELBOURNE 3051

CONFIDENTIAL

PH: 9328 1213, FAX: 9329 9030 EMAIL: leasing@wbsimpson.com.au

HOW DID YOU FIND OUT ABOUT THIS PROPERTY?

Rental list Office Window Internet Age Newspaper To Let Sign Referral Other _____

RESIDENTIAL RENTAL APPLICATION FORM

| | | |
|---|--|----------------------|
| ADDRESS OF PROPERTY: | | DATE: |
| NO. OF ADULT APPLICANTS: | NO. OF CHILDREN: | AGES: |
| SURNAME: Mr/Mrs/Miss/Ms/Dr | GIVEN NAMES: | |
| PRESENT ADDRESS: | | |
| PHONE NO: | MOBILE NO: E-MAIL: | HOW LONG AT ADDRESS: |
| PRESENT LANDLORD/AGENT: | PHONE NO: | |
| REASON FOR LEAVING: | RENT: \$ _____ per week | |
| PREVIOUS ADDRESS: (1) | HOW LONG: | |
| LANDLORD/AGENT: | PHONE NO: | |
| PREVIOUS ADDRESS: (2) | HOW LONG: | |
| LANDLORD/AGENT: | PHONE NO: | |
| OCCUPATION: | INCOME (After Tax): \$ _____ per week | |
| EMPLOYER: | PHONE NO: | |
| ADDRESS OF EMPLOYER: | HOW LONG EMPLOYED THERE: | |
| PREVIOUS EMPLOYER | PHONE NO: | |
| IS THERE ANY OTHER SOURCE OF INCOME? YES/NO IF YES STATE BELOW: | | |
| DATE OF BIRTH: | MARITAL STATUS: | PASSPORT NO: |
| DRIVER'S LICENCE NO: (Please attach copy) | CAR MAKE: | REG.NO: |
| PERSONAL REFERENCE: NAME: (No relatives) | PHONE NO: | |
| BUSINESS REFERENCE: NAME: | PHONE NO: | |
| NEAREST RELATIVE: NAME: ADDRESS: | RELATIONSHIP TO YOU: PHONE: | |
| DETAILS OF BANK ACCOUNT: BANK | | BRANCH: |
| WILL YOU BE APPLYING FOR ASSISTANCE FROM THE MINISTRY OF HOUSING? YES/NO | | |
| PLEASE NOTE: 1. Initial rental payments must be made in cash or Bank cheque and security deposits must be paid by Bank cheque or money order payable to RESIDENTIAL TENANCIES BOND AUTHORITY. 2. Keys will not be handed over until tenancy agreement is signed by all tenants. 3. This application is subject to owner's approval. 4. Personal information collected by us in the course of this application and any subsequent tenancy is necessary for us to verify your identity, to process and evaluate your application and to manage the property. Such information may be disclosed to other parties as permitted by the Privacy Act 1988 including the landlord, referees, other agents and operators of tenancy data bases. If this information is not provided we may not be able to process your application or manage the tenancy. | | |
| I DO SINCERELY AND SOLEMNLY DECLARE THAT: 1. The information supplied in this application is true and correct. 2. If granted tenancy no person other than stated in this application shall occupy the premises unless their application is lodged and approved beforehand. 3. I shall not use the rented premises or permit the rented premises to be used for any purpose other than residential use. 4. No action shall be taken by the applicant against the landlord or the agent should any circumstances arise whereby the property is not available for occupation on the due date. 5. The applicant acknowledges and accepts that the premises are leased in their present condition. | | |
| APPLICANT'S SIGNATURE: | | DATE: |

OFFICE USE ONLY

REFERENCE CHECKS

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|-----------------------------|--------|
| PRESENT LANDLORD/AGENT: | DATE: |
| NAME: | PHONE: |
| COMMENTS: | |

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| PREVIOUS LANDLORD/AGENT: | DATE: |
| NAME: | PHONE: |
| COMMENTS: | |

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|-----------------------------|--------|
| PRESENT EMPLOYER: | DATE: |
| NAME: | PHONE: |
| COMMENTS: | |

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|-----------------------------|--------|
| PREVIOUS EMPLOYER: | DATE: |
| NAME: | PHONE: |
| COMMENTS: | |

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|-----------------------------|--------|
| PERSONAL: | DATE: |
| NAME: | PHONE: |
| COMMENTS: | |

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|-----------------------------|--------|
| BUSINESS: | DATE: |
| NAME: | PHONE: |
| COMMENTS: | |

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|-------------------|--------------------|----------|--------------------------|---------|--------------------------|
| IDENTITY CHECKED: | PHOTOCOPY ATTACHED | PASSPORT | <input type="checkbox"/> | LICENCE | <input type="checkbox"/> |
|-------------------|--------------------|----------|--------------------------|---------|--------------------------|

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| APPLICATION ADVISED TO OWNER BY S.P.SMITH/D.COYNE & APPROVED. DATE _____ |
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