

# Rental Application

Property \_\_\_\_\_

The property was inspected on \_\_\_\_/\_\_\_\_/2017 and found to be reasonably clean Yes/No

If No, I would like the landlord to consider the following should my application be approved. Please also note any other matters you would like the Landlord to consider.

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I/we wish to rent the property for a period of 3/6/12 months Commencing \_\_\_\_/\_\_\_\_/2017.

I/we understand that:

- a) The availability of telephone/internet/digital television and the adequacy of such services at the property are my own responsibility and I will make my own enquiries in relation to the availability of services at the property.
- b) Should my application not be accepted R & R Property are not obligated to give a reason for the application not being approved.
- c) Rent is to be paid by direct deposit to the agents trust account or via Centrepay should my application be approved.
- d) I may be responsible for water usage should the property have town water supply or should the property be supplied by tank water it may be my own responsibility to refill the water tanks.
- e) If approved I am required to pay a holding deposit of 1 weeks rent by direct deposit to R & R Property Pty Ltd trust account within 24 hours of approval. If I do not proceed with the rental I will forfeit the holding deposit. The property will continue to be marketed until the deposit is paid.

Tenant Print Name \_\_\_\_\_ Signed \_\_\_\_\_ / /

**Applicants 18 years of age and over must complete an application form**

**Incomplete applications will not be processed**

Application can be return to our office or email [rentals@randrproperty.com.au](mailto:rentals@randrproperty.com.au)

73 Cowper Street, Stroud NSW 2425  
Ph: 02 4994 5766 | Fx: 02 4994 5776  
Website: [www.randrproperty.com.au](http://www.randrproperty.com.au)

**Residential Tenancy Application Form** All sections of this form must be completed & signed for your application to be processed.

Proposed Rental Property Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Rent Per Week: \$ \_\_\_\_\_ Bond Amount: \$ \_\_\_\_\_ Have you inspected the property?: YES / NO (Please circle)

Length of Tenancy: \_\_\_\_\_ Years: \_\_\_\_\_ Months: \_\_\_\_\_ Tenancy to Commence: \_\_\_\_\_

How many tenants will occupy the property? \_\_\_\_\_  
Adults: \_\_\_\_\_ Dependants: \_\_\_\_\_ Ages: \_\_\_\_\_ Pets: Yes / No (Circle)  
If yes attach a PHOTO OF EACH pet.

Pet Type: \_\_\_\_\_ Breed/s: \_\_\_\_\_ Reg. No: \_\_\_\_\_ Outdoor only: YES / NO

Pet Type: \_\_\_\_\_ Breed/s: \_\_\_\_\_ Reg. No: \_\_\_\_\_ Outdoor only: YES / NO

Vehicle 1 Rego: \_\_\_\_\_ Model/Year/Colour: \_\_\_\_\_ Vehicle 2 Rego: \_\_\_\_\_ Model/Year /Colour: \_\_\_\_\_

**1. First Applicant**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ Smoker: Yes / No

Name at Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age (Years / Months): \_\_\_\_\_

Drivers Licence No: \_\_\_\_\_ State: \_\_\_\_\_

Card No. (NSW only): \_\_\_\_\_

Passport No: \_\_\_\_\_ Medicare No: \_\_\_\_\_ Ref: \_\_\_\_\_

Pension Type (If applicable): \_\_\_\_\_ No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Marital status: Single Married De Facto Sep/Div Friends Relatives

Maiden Name (If applicable): \_\_\_\_\_

**2. Rental History - Applicant 1**

**Current Address:** \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

How long at current address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Rent per week: \$ \_\_\_\_\_

Landlord/Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Length at previous address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Rent per week: \$ \_\_\_\_\_

Landlord/Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Bond refunded: Yes / No If not, why?: \_\_\_\_\_

**1. Second Applicant AND/OR Partner**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ Smoker: Yes / No

Name at Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age (Years / Months): \_\_\_\_\_

Drivers Licence No: \_\_\_\_\_ State: \_\_\_\_\_

Card No. (NSW only): \_\_\_\_\_

Passport No: \_\_\_\_\_ Medicare No: \_\_\_\_\_ Ref: \_\_\_\_\_

Pension Type (If applicable): \_\_\_\_\_ No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Marital status: Single Married De Facto Sep/Div Friends Relatives

Maiden Name (If applicable): \_\_\_\_\_

**2. Rental History - Applicant 2**

**Current Address:** \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

How long at current address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Rent per week: \$ \_\_\_\_\_

Landlord/Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Length at previous address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Rent per week: \$ \_\_\_\_\_

Landlord/Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Bond refunded: Yes / No If not, why?: \_\_\_\_\_

**3. Employment Details - Applicant 1**

Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
\_\_\_\_\_

Company Phone No: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Length at current employment    Years:                      Months: \_\_\_\_\_

Net Income \$ \_\_\_\_\_ Per Week/ Per Month (Please circle)

Are you self-employed?    Yes / No                      ABN: \_\_\_\_\_

Accountant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous Employment**

Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
\_\_\_\_\_

Length at employment    Years:                      Months: \_\_\_\_\_

Net Income \$ \_\_\_\_\_ Per Week/ Per Month (Please circle)

**4. Social Security Benefits OR Centrelink Payment**

Type: \_\_\_\_\_ CRN: \_\_\_\_\_

\$ \_\_\_\_\_ Per Week/Per Month (please circle)

**5. Referees - Applicant 1 - (NOT co-applicant)**

1. Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile No: \_\_\_\_\_

2. Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**6. Emergency Contact Details - (Not same as co-applicant)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No: \_\_\_\_\_

**3. Employment Details - Applicant 2**

Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
\_\_\_\_\_

Company Phone No: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Length at current employment    Years:                      Months: \_\_\_\_\_

Net Income \$ \_\_\_\_\_ Per Week/ Per Month (Please circle)

Are you self-employed?    Yes / No                      ABN: \_\_\_\_\_

Accountant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous Employment**

Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
\_\_\_\_\_

Length at employment    Years:                      Months: \_\_\_\_\_

Net Income \$ \_\_\_\_\_ Per Week/ Per Month (Please circle)

**4. Social Security Benefits OR Centrelink Payment**

Type: \_\_\_\_\_ CRN: \_\_\_\_\_

\$ \_\_\_\_\_ Per Week/Per Month (please circle)

**5. Referees - Applicant 2 - (NOT co-applicant)**

1. Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile No: \_\_\_\_\_

2. Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**6. Emergency Contact Details - (Not same as co-applicant)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No: \_\_\_\_\_

**7. Please ensure you provide Min.100 points Identification - at least ONE item from EACH section is required - Photo copy ALL & bring originals**

**Section 1:**

\_\_\_\_ (40) Drivers License  
\_\_\_\_ (40) Passport (Complete the following)

Name at Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Passport Country: \_\_\_\_\_

**Section 2:**

\_\_\_\_ (30) Latest 3 Current Pay Slips OR  
Current Bank Statement OR  
Centre Link income Statement

**Section 3:**

\_\_\_\_ (30) Previous tenancy reference    \_\_\_\_ (10) Gas account  
\_\_\_\_ (20) Previous two rent receipts    \_\_\_\_ (10) Pet rego papers  
\_\_\_\_ (20) Home owner MUST SUPPLY    \_\_\_\_ (10) Birth certificate  
a recent rates notice                      \_\_\_\_ (10) Medicare card  
\_\_\_\_ (10) Motor vehicle registration  
\_\_\_\_ (10) Telephone account  
\_\_\_\_ (10) Electricity account

**TOTAL**

**8. FREE Utilities Connections**



- Electricity
- Gas
- Telephone
- Pay TV
- Internet
- Car Insurance
- Life Insurance
- Health Insurance
- Home & Contents
- Home Loans

**YourPorter is a FREE service connecting utilities and other services.**

If the Agent approves this application, YourPorter will be contacting you by phone, SMS, or email for the purposes of assisting you to connect your utilities within 24 hours of receiving this application for next business day connection.

**Telephone: 1300 400 600**  
**Fax: 1300 326 468**  
**www.yourporter.com.au**

**DECLARATION AND ACCEPTANCE:** I/We consent to the disclosure of this application form (including any personal information contained in this form) to YourPorter Pty Ltd (ABN 36 252 576 050) for the purpose of allowing YourPorter and its service provider iSelect Ltd to contact me for the connection of services as offered by YourPorter. I/We acknowledge that if I/We do not provide my/our personal information, YourPorter and iSelect will not be able to provide these services to me/us. YourPorter and iSelect will ensure that my/our personal information is collected, used, held and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth). I/We acknowledge that iSelect, the Agent, its employees and YourPorter may receive a benefit in relation to the connection of any of the services listed above. I/We consent to YourPorter and iSelect contacting me by phone or SMS in relation to the connection of the services listed above. I/We acknowledge that this consent permits YourPorter and iSelect to contact me even if the numbers listed on this application are listed on the Do Not Call Register. YourPorter and iSelect will otherwise collect, hold, use and disclose personal information in accordance with their respective privacy policies, which are available at [www.yourporter.com.au/general/privacy-policy/](http://www.yourporter.com.au/general/privacy-policy/) and <http://www.iselect.com.au/privacy-policy/>. YourPorter is a free service, but I/We acknowledge that standard connection fees may apply for services connected (in addition to the ongoing service fees). I/We acknowledge that neither YourPorter nor the Agent nor iSelect accept any responsibility for any delay in or failure to arrange or provide for any connection of a service or for any loss, damage, cost or expense in connection with such delay or failure. By signing this application I/We understand YourPorter is a value add product and that I/We are under no obligation to use YourPorter.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**9. Declaration of Authority**

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 my tenancy history;

I am aware that I may access my personal information by contacting -

- NTD: 1300 563 826
- TRA: (02) 9363 9244
- TICA: 1902 220 346

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) conduct an ID/background check with NTD for residential tenancies and/or a credit check for commercial tenancies with the National Tenancy Database (NTD)

**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.**

**Printed Name Applicant 1:**

**Signature Applicant 1:**

**Date:**

**Printed Name Applicant 2:**

**Signature Applicant 2:**

**Date:**

**10. Payment Details**

Property Rental Per Week	\$ _____
Rent in Advance ( ____ weeks)	\$ _____
Rental Bond ( ____ weeks rent)	\$ _____
Total Due	\$ _____

Cheque / Bank Cheque / EZIRENT / Other \_\_\_\_\_

