

5 Kennedy Street, Longwarry, Victoria

Telephone : 03 5629 9010

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Proposed Rental Property address: Postcode Bond Amount: \$ Have you inspected the property?: YES / NO (please circle) Rent Per Week: \$ Length of tenancy: Years Months Tenancy To Commence Pets: Yes / No (Circle) Adults Dependants Ages How many tenants will occupy the property? If yes attach a PHOTO OF EACH pet Breed/s: Pet type: 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 1. Second Applicant AND/OR Partner First Name Initial First Name Initial Last Name Smoker Yes / No Last Name Smoker Yes / No Name at Birth: Place Birth: Name at Birth: Place of Birth: Age (Years / Months) Date of Birth Date of Birth Age (Years / Months) Drivers Licence No. State NSW Card no. State Drivers Licence No. NSW Card no. Passport Medicare No Ref: Passport Medicare No Ref Pension Type (if applicable) No Pension Type (if applicable) No Home Ph Mobile Ph Mobile Ph Home Ph Email Email Marital status: Single Married De Facto Sep/Div Friends Relatives Marital status: Single Married De Facto Sep/Div Friends Relatives 2. Rental History - Applicant 2 2. Rental History - Applicant 1 Current Address Current Address Postcode Suburb Suburb Postcode Years Months Years Months How Long at Current Address? How Long at Current Address? Reason for Leaving: Rent per week: \$ Reason for Leaving: Rent per week: \$ Phone: Phone: Landlord/ Agent Name: Landlord/ Agent Name: fax: Email: Email: Previous Address Previous Address Suburb Postcode Suburb Postcode Length at previous Address? Years Months Length at previous Address? Years Months Reason for Leaving: Rent per week: \$ Reason for Leaving: Rent per week: \$ Landlord/ Agent Name: Phone: Phone: Landlord/ Agent Name: fax: Fmail: fax: Email: Bond Refunded Yes / No If not why? Bond Refunded Yes / No If not why? 3. Employment Details - Applicant 2 3. Employment Details - Applicant 1 **Employers Name** Occupation **Employers Name Employment Address** Employment Address Suburb Postcode Suburb Postcode Employer Phone No Contact Name Employer Phone No Contact Name Length at current employment Years Months Length at current employment Years Months Net Income \$ Per Week \$ Per Month \$ Net Income \$ Per Week \$ Per Month \$ Are you self-employed? Yes / No Are you self-employed? Yes / No Accountant Name: Accountant Name: phone: 4. Social Security Benefits OR Centrelink Payment 4. Social Security Benefits OR Centrelink Payment Туре CRN: Per Week \$ Per Month \$ Per Week \$ Per Month

5. Referees - Applicant 1 - (NOT co-applicant) 1.Reference name			Referees - Applicant 2 - (NOT co-applicant) Reference name		
Address:		400,000	Address:		
Home Phone Mobile No					
2.Reference name			2. Reference name		
Address:		Address:			
Home Phone Mobile No		Home Pho	Home Phone Mobile No		
6. Emergency Contact Details - Not sa		6. Em	ergency Contact De	tails - Not san	ne as co-applican
Name Phone N	0	Name		Phone No	
Address		Address			
Suburb Postcode Email Address		Suburb			Postcode
		Email Add			
7. Please ensure you provide Min.100 po		t ONE item fro	om each section is re	quired - Photo cop	by ALL & bring original
Section ONE	Section Two		Section Three		(10) Gas account
(40) Drivers License	(30) Latest 3		(30) Previous te (20) Previous tw		(10) Pet rego par
(40) Passport (complete the following)	Current Pay Slips		(20) Home owne	er MUST SUPPLY_	——(10) Birth Certific ——(10) Medicare Ca
Name at Birth:	at Birth: Current Bank Staten Centre Link income		a recent rate (10) Motor vehic		(10) (110010010 00
Place of Birth:	Centre Link incor	ne Statement	(10) Woldi verilo		TOTAL DOINT
Bssport Country:			(10) Electricity ac	count	TOTAL POINTS
8. FREE Utillities Connections User Co.	nsent Form				
ReduceMyBills <	Ph: 1300 680	603	• Electrical	 Telephone 	 Foxtel
.com.au			• Gas	· Insurance	
ReduceMyBills is the hassle-free connection	ons service that takes the	e time and w	orry out of moving.		
Declaration		I/we understand	that in the course of conn	ecting utilities, Redu	ceMyBills may need to
obtain			an NMI (National Meter Identifier) for electrical points or MIRN (Meter ation Registration Number) for Natural Gas connections. I/we authorise		
phone, email or sms for the purpose of arranging connections and disconnections			ilation Registration Number) for Natural Gas connections. I/we authorise IceMyBills to collect these identifiers and consent to those numbers being		
		supplied to utility	lied to utility providers.		
Cleaning, Removal, Insurance and Appliances.			ge that whilst ReduceMyB		
we authorise ReduceMyBills to contact us via these m	leans even if the		any and all amounts payat connections or ongoing su		
elephone numbers supplied are listed on the Do Not Co	all Register. I/we	payable for othe	r services including applia	nce, removalist, clea	
inderstand that ReduceMyBills may also send related e services provided by ReduceMyBills.			ge that ReduceMyBills, to to be liable for any loss or do		nsequential loss and loss
we acknowledge that all information supplied in the	e application is true and	of profits) to me/	us as a result of the provis	sion of any service. N	Nor shall ReduceMyBills
orrect to be best of my/our knowledge and that	at we have not falsely	liable for any act provide nominat	or omission by any utility	provider for any loss	caused by failure to
epresented our identity in any manner.			e that the nominated real	estate entity along w	vith ReduceMyBills may
we understand that ReduceMyBills treat any personal i ses or discloses in accordance with the Privacy Act 1988	information it collects,	eceive a benefit	from suppliers for the pro-	vision of connections	S.
We authorise ReduceMyBills to supply collected inform		I/we declare	that we have read a	and understand	the above
uppliers and/or potential suppliers for the connection an	ation to nominated				
	nd disconnection of	declaration	and wish to be conta	cted by Reduce	MyBills.
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