## **Residential Application Form**

For your application to be processed you must answer all questions

including the reverse side)						
A. AGEN	IT DETAILS					
Stockd	ale & Leg	go   In	verloch			
Address:	2A A'Becke	tt Street,	Inverloch VIC 3996			
Phone:	(03) 5674 3					
Fax: email:	(03) 5674 3		ockdaleleggo.com.au			
Ciriaii.	IIIVCIIOCIIIC	Titalo@ot	ockdalcieggo.com.ad			
Property N						
B. PROF	PERTY DETA	ILS				
1. What is the address of the property you would like to rent?						
	Postcode					
Property R	ental					
r toperty it						
	per week		per month bond			
2. Lease of	ommencemer	nt date?				
	Day		Month Year			
3. Lease to						
Loudo			¬			
	Years		Months			
4. How ma	any tenants wi	II occupy	the property?			
	Adults	Children	Ages of Children			
I have inspec	ted the property	and acce	pt its current condition.			
√ sic	ıned:					
	ONAL DETA	II S				
	ve us your det					
			Mro Othor			
Mr Ms Miss Mrs Other						
Surname			Given name/s			
Date of Birth			Driver's licence number			
	1					
Driver's licer	nce expiry date		Driver's licence state			
			2or o noonoo otato			
Passport no.			Passport country			
Pension no	(if applicable)		Pension type (if applicable)			
CH3IOH HO.	(ii applicable)					
6. Please pr	ovide your co	ntact deta	ails			
Home phone	e no		Mobile phone no.			
Work phone	no.		Fax no.			
Email addres	SS					
7 Whatie v	our current ac	ldress?				
	our ourient at					
Postcode						



## **UTILITY CONNECTIONS**



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

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

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purpose of usage charges at your new property on behalf of the Real Estate Agent. 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.							
Electricity	Gas	✓ Water					
Telephone	☐ Pay TV	Interne	t				
Car Insurance	Home & Content	s Health	Insurance				
Life Insurance	Home Loans						
DECLARATION AND AC	CEPTANCE:						
I/We consent to the disclose contained in this form) to allowing YourPorter and its services as offered by Your	YourPorter Pty Ltd (ABN service provider iSelect L	36 252 576 050) fo	or the purpose of				
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 iSe benefit in relation to the or YourPorter and iSelect con services listed above. I/We to contact me even if the r Register. YourPorter and i information in accordance www.yourporter.com.au/ge policy/ YourPorter is a free may apply for services contact the contact in	onnection of any of the set tacting me by phone or SI acknowledge that this co numbers listed on this app Select will otherwise coll with their respective priv neral/privacy-policy/ and e service, but I/We acknow	ervices listed above.  MS in relation to the insent permits Your- Silication are listed or ect, hold, use and over your policies, which in http://www.iselecyledge that standard	I/We consent to connection of the connection of the conter and iSelect the Do Not Call disclose personal are available at t.com.au/privacy-I connection fees				
I/We acknowledge that responsibility for any delay service or for any loss, dar By signing this application We are under no obligation	y in or failure to arrange nage, cost or expense in I/We understand YourPor	or provide for any connection with sucl	connection of a delay or failure.				
Signature of The Ap	oplicant	Date					
X		1	/				
E DECLADATION	) N						

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.

l authorise the Agent to obtain personal information about me from:
(a) The owner or the Agent of my current or previous residences;

- (b) My personal referees and employer/s
- (c) Any record listing or database of defaults by tenants such as NDT, TICA or TRA for the purpose of checking your tenancy history;
  I am aware that I may access my personal information by contacting;

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

If I default under the 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) complete a credit check with NTD (National Tenancies Database) (h) transfer water account into my name

I am aware that if the information is not provided or I do not consent to the uses to

tenancy of the premises.  I am aware that the agent will disclose my personal information to YourPorter for the purposes of transferring the water account into my name. This will enable YourPorter to connect all accepted tenants to relevant water boards for water usage.				
Signature of The Applicant	Date			
X	1 1			

F. APPLICANT HISTORY		H. CONTACTS / REFERENCES		
8. How long have you lived at your current address?		16. Please provide a contact in case of emergency		
		Surname	Given name/s	
Years Months				
9. Why are you leaving this address?		Dalatianahin ta waw	Dhanana	
		Relationship to you	Phone no.	
10. Landlord/Agent details of this property (if a	anlicable)			
10. Landlord/Agent details of this property (if a Name of landlord or agent	oplicable)	17. Please provide 2 personal	I references (not related to you)	
The second of Egent		1. Surname	Given name/s	
Landlord/agent's phone no. Weekly Ren	t	Relationship to you	Phone no.	
11. What was your previous residential address	?			
		2. Surname	Given name/s	
Postcod				
		Relationship to you	Phone no.	
12. How long did you live at this address?				
Years Months				
13. Landlord/Agent details of this property (if a	anlicable)	I. OTHER INFORMATION	N	
Name of landlord or agent	opiicable)	18. Car Registration		
		19. Please provide details of any pets		
Landlord/agent's phone no. Weekly Ren	t	Breed/type	Council registration / number	
\$		1.		
Was band refunded in full?	M2	2.		
Was bond refunded in full? If not why no	ot?			
		PLEASE NOTE		
C EMPLOYMENT LISTORY	_	* Security deposits are to be pa	aid seperately by cheque made out to the	
G. EMPLOYMENT HISTORY		RTBA within 48 after approval of application. No personal cheques accepted.		
14. Please provide your employment details What is your occupation?		* Initial rental payment must be made by bank cheque, money order or		
		internet transfer within 48 hours of approval of application.		
		* Keys will not be handed over until the lease agreement has been		
What is the nature of your employment?		* This application is accepted subject to the availability of the property on the due date and no action shall be taken by the applicant against the		
Full Time Part Time Casual	Unemployed			
Employer's name (inc. accountant if self employed or in	stitution if student)	landlord and the agent should any circumstances arise whereby the		
		property is not available for occ	'	
Employer's address		* The applicant has declared that the information provided is true & correct and agree that the agent is permitted to make enquires to provide		
		information to the landlord for t	the purpose of assessing your eligibility to	
Postcod		rent the property.	A DOLLT THE DRODEDTV2	
Posicou	е		ABOUT THIS PROPERTY?	
Contact name Phone no.		☐ The Age ☐ The Inte		
		Referral Other (s	' '	
Length of employment	Net Income			
Years Months	\$	PLEASE PROVIDE US WIT	TH 100 POINTS OF IDENTIFICATION	
45 Diseas provide very providence ample month	leteile	Driver's Licence	50	
15. Please provide your previous employment of Occupation?	ietalis	Passport	50	
		Proof of Age Card	<u> </u>	
		Student ID Card	 50	
Employer's name				
		Copy of Mobile Phone Account		
Length of employment	Net Income	Copy of Medicare Card	20	
Years Months	\$	Concession / Pension Card	10	
I Cars INIONUIS	<b>T</b>	Copy of gas/Water/Electricity ad	ccount 30 each	