Fax: (03) 9602 1882

enquiries@marvelli.com.au

221 Queen Street, Melbourne 3000 **Ph: (03) 9670 3288**

RESIDENTIAL TENANCY APPLICATION FORM

Tenant Name:	 Date:	//
Tenant Name:	 Date:	/
Property Address:	 	

Tenants please note YOU MUST SUBMIT A COPY OF THE FOLLOWING DOCUMENTS TOGETHER WITH YOUR APPLICATION (100 POINT CHECK LIST)

PASSPORT	40 points
DRIVERS LICENCE	40 points
MEDICARE CARD	30 points
BANK STATEMENT	20 points
I.D. CARD (student/work)	10 points
TELEPHONE INVOICE (eg Telstra)	10 points
MOBILE PHONE INVOICE	10 points
WATER RATES INVOICE	10 points
ELECTRICITY INVOICE	10 points
GAS INVOICE	10 points

Tenancy Application Form

221 Queen Street, Melbourne 3000

Ph: (03) 9670 3288

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Property:			Application Date: / /
Weekly Rent:	Monthly Rent:		Occupation Date: / /
OFFICE USE ONLY			Lease Term:
Applicant Information			
Full Name:			
Date of birth:	Mobile:		Phone:
Email:			
Current address:			
City:	State:		Post Code:
Own Rent (Please circle)	Monthly payment or rent:	\$	How long?
Agent/Landlord name & telephone:			
Reason for Leaving:			
Previous address:			
City:	State:		Post Code:
Owned Rented (Please circle)	Monthly payment or rent:	:	How long?
Agent/Landlord name & telephone:			
Reason for Leaving:			
Drivers Licence#:	State:		Vehicle Reg.:
Passport #:	Nationality:		Exp Date: / /
Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:		Fax:
Position:	Hourly Salary (Please	circle)	Annual income:
Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	State:	Post Code:	Phone:
Relationship:			<u> </u>

References						
Name:	Add	dress:			Phone:	
I authorize the verification of the information provid	led o	n this form. I have received a c	opy of thi	s application	1.	
Signature of applicant:			Date:			
Co-applicant Information						
Full Name:						
Date of birth:	Мо	bile:		Phone:		
Email:						
Current address:						
City:	Sta	ite:		Post Code:	:	
Own Rent (Please circle)		Monthly payment or rent: \$		How long?		
Agent/Landlord name & telephone:						
Reason for Leaving:						
Previous address:		,				
City:		State:		Post Code	:	
Owned Rented (Please circle)		Monthly payment or rent:			How long?	
Agent/Landlord name & telephone:						
Reason for Leaving:						
Drivers Licence#:	Sta	te:		Vehicle Re	g.:	
Passport #:	Nat	tionality:		Exp Date:	/ /	
Employment Information						
Current employer:						
Employer address:					How long?	
Phone: E-	mail:	:		Fax:		
Position:		Hourly Salary (Please ci	ircle)	Annual inc	ome:	
Emergency Contact						
Name of a person not residing with you:						
Address:						
City:		State:	Post Cod	de:	Phone:	
Relationship:						
References						
Name:	Add	dress:			Phone:	
I authorize the verification of the information provided on this form. I have received a copy of this application.						
Signature of Co-applicant:					Date:	

Other Persons to Occupy (not on Lease)					
Name:	Age (Children):				
Pets - how many and type:					
Declaration:					
I/We understand and accept this property is offered subject to the owner's approval and no action shal the landlord or the landlord's agent should any circumstances arise whereby the property is not availab date.					
Signature of Applicant:	Date:				
Signature of Co-applicant:	Date:				
Commencing Tenancy:					
 A property must be secured within 24 hours of it being offered by delivery months rent. After this period the property will not be held and will open t 	3 .				
 A SECURITY DEPOSIT (BOND), equal to 1 months rent must be paid in the form of a Bank Cheque or Money Order (via Australia Post), made payable to the RESIDENTIAL TENANCIES BOND AUTHORITY (RTBA). Please note that the RTBA do NOT ACCEPT personal cheques. 					
3. INITIAL RENTAL PAYMENT must be paid by either cash, Bank Cheque or Money Order made payable to Marvelli Town and Associates. (Personal Cheques are not accepted).					
 All approved tenants must sign a LEASE AGREEMENT, BOND LODGEMENT to prior to collecting keys. 	form and Keys receipt form				
Applications for Tenancy and Management of Property Privacy Act (Commonwealth) 1998 Collection Notice:					
The personal information the prospective tenant provides in this application or that which is collected from other sources is necessary for the Agent to verify the Applicant's identity and to process and evaluate the application and to manage the tenancy if the Agent has been engaged to manage the Property.					
The personal information collected about the Applicant may be disclosed, by use of the internet or otherwise, to other parties, including media organizations, the landlord, trades-people, referees, solicitors, financial institutions, parties engaged to evaluate the property, bodies corporate, other agents, clients of the Agent both existing and potential, third party operators of tenancy reference databases, government and statutory bodies and other third parties as required by law. Information already held on tenancy reference databases may also be disclosed to the Agent and/or landlord. Unless you advise the Agent to the contrary, the Agent may also disclose such information to the Real Estate Institute of Victoria Ltd (REIV) for the purpose of documenting all leasing data in the area for the benefit of its members as part of membership services and for other in the property or related industries, and so as to assist them in continuing to provide the best possible service to their clients. In providing this information, you agree to its use, unless you advise the Agent differently. The privacy policy of the REIV can be viewed on it's website www.reiv.com.au and the privacy policy of realestateview can be viewed on www.reiv.com.au and the privacy policy of realestateview can be viewed on					
The Agent will only discuss information in this way to other parties to achieve the purposes specified above or otherwise allowed under the Privacy Act.					
If the Applicant/s would like to discuss this information they can do so by contacting the Agent at the address and contact contained in this application or the REIV on 03 9205 6666. The Applicant can also correct information if it is inaccurate, incomplete or out of date.					
If the information is not provided, the Agent may not be able to process the application. Acknowledge that I/We have read and understood the contents of this Privacy Collection Notice.					
Signature of Applicant:	Date:				
Signature of Co-applicant:	Date:				