

56 Talbragar Street DUBBO NSW 2830 Telephone: 02 6882 6822 Email: admin@bobberry.com.au

APPLICATION FOR TENANCY

<u>Each</u> adult over the age of 18 years must complete an 'application for tenancy' form.

Applications will <u>not</u> be accepted by fax.

Prior to submitting this application, you must:						CURRENT RESIDENCE – Renting / Sale / Home Owner (please circle)		
Thoroughly complete ALL sections, including name, contact details, current landlord/agent, employer and emergency contact.						LANDLORD/AGENT:		
If the question is not applicable complete with N/A. Provide own copies of photo identification (Drivers licence, birth						ADDRESS:		
certificate, passport or proof of age card from RTA)						PHONE:	FAX:	
Provide own copies of proof of income (pay slips or Centrelink statement)						RENT per week: \$	LENGTH OF OCCUPANCY:	
		t rental ledge en references		support your application		REASON FOR VACATING:		
ADDRESS OF PREMISES APPLIED FOR						PREVIOUS RESIDENCE – Renting / Sale / Home Owner (please circle)		
						PROPERTY ADDRESS:		
☐ Have you y	iewed this i	property						
PERSONAL DETAILS						LANDLORD/AGENT:		
FULL NAME:						ADDRESS:		
CURRENT ADDRES	SS:					PHONE:	FAX:	
						RENT per week: \$	LENGTH OF OCCUPANCY:	
PHONE: (H)		мо	MOBILE:			DATE VACATED:		
PHONE: (W)		FAX	FAX:			PERSONAL REFEREES (Name, address & telephone)		
EMAIL:				1/ NAME:				
DATE OF BIRTH:			VEHICLE REGO #:			ADDRESS:		
DRIVERS LICENCE	#:	PAS	PASSPORT #:			PHONE:		
CURRENT EMPLOY	YMENT					2/ NAME:		
EMPLOYER:						ADDRESS:		
ADDRESS:						PHONE:		
EMPLOYER CONTACT:						EMERGENCY CONTACT (a person who will not be living with you)		
PHONE: FAX:				NAME:				
EMAIL:						ADDRESS:		
YOUR POSITION:								
YOUR LENGTH OF	EMPLOYME	NT:				PHONE: (H)	MOBILE:	
NET INCOME: \$ per week / fortnight / annum (please			ght / annum (please circle)		PHONE: (W)	FAX:		
CENTRELINK DETA	AILS (if receivi	ing Centrelink p	aym	nents)		EMAIL:		
PENSION TYPE:						I declare the above information to be true and correct. I understand this		
AMOUNT RECEIVE	E D : \$	р	er w	eek / fortnight (please circle)		application is subject to approval by the bankrupt or an undischarged bankrup		
OCCUPANT(S) DET	TAILS					SIGNATURE OF APPLICANT:		
NUMBER OF ADULTS:		No. OF CHILDREN:		AGES OF CHILDREN:				
PETS: Y / N	TYPE OF PETS:		S	SMOKERS: Y / N		DATE:	Please see over page	

PRIVACY STATEMENT

The personal information you provide in this application, or that is collected by us from other sources, is necessary for us to verify your identity, to process and evaluate your application and to manage the tenancy. Personal information collected about you in this application and during the course of your tenancy, if your application is successful, may be disclosed for the purpose for which it was collected to other parties including the landlord, referees, government departments, other agents and third party operators of tenancy reference databases. Information already held on these databases may also be disclosed to us and the landlord. If you enter into a Residential Tenancy Agreement, and you fail to comply with your obligations under that agreement that fact and other relevant personal information collected during the course of your tenancy may also be disclosed to the landlord, debt collection agencies, insurance companies, government departments and third party operators of tenancy reference databases and other agents. If you would like to access the personal information we hold about you, you may contact our property manager. You can also correct this information if it is inaccurate, incomplete or out of date. If the information required from you is not provided by you, we may not be able to process your application. I give consent to Bob Berry Real Estate to contact any of my referees provided in my tenancy application.

I agree and understand that once a tenancy application has been lodged with Bob Berry Real Estate and an inquiry made with a tenancy database, my information may be recorded as making an enquiry.

I, the said applicant, declare that I give my permission to Bob Berry Real Estate to collect my information and pass such information onto TICA Default Tenancy Control Pty Ltd, National Tenancy Database - Veda Advantage Ltd or any other third party operators of tenancy reference databases for assessment of my tenancy application. TICA Default Tenancy Control Pty Ltd is a database company that allows its member's access to information accumulated from other members about tenants who have breached their tenancy agreements.

I agree that in the event of a default occurring under a tenancy agreement, I give my permission to Bob Berry Real Estate to register any of my details of such breach with a tenancy database. I further agree and understand that the removal of such information from a database company is subject to the condition of the database company. TICA Default Tenancy Control Pty Ltd can be contacted on 190 222 034 and National Tenancy Database -Veda Advantage Ltd can be contacted on 1300 921 621.

I agree and understand that should I fail to provide Bob Berry Real Estate with the information and acknowledgements required, Bob Berry Real Estate may elect not to proceed with my tenancy application.

APPLICANTS NAME: (please print)					
APPLICANTS SIGNATURE:					
DATE:					
REAL ESTATE AGENT'S SIGNATURE:					
DATE:					
BOR BERRY REAL ESTATE					

EKKY KEAL ESTATE

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APPLICANTS PROPOSED TENANCY TERMS

I have inspected the property and wish to apply for the premises for a period of 6 / 12 months (please circle) at a rental of \$_ per week commencing ASAP / when available / other (please circle)

My preferred option for rent payments throughout the tenancy is; Direct debit / Internet transfer / Cash deposit at CBA branch / Centrepay / Payroll deduction. (please circle)

I, the applicant, understand that a holding deposit of one weeks rent is due immediately should my application be approved for

HOW DID YOU FIND OUT ABOUT THIS PROPERTY? (Please tick first source)

INTERNET: ☐ realestate.com.au	□ domain.com.au		
□ bobberry.com.au	☐ realestateworld.com.au		
OTHER: ☐ Office Window ☐ Local paper	☐ Rental List	☐ Sign Board	

OFFICE USE ONLY - HOLDING DEPOSIT

It is hereby acknowledged that:

- The applicant has paid a holding deposit of \$_ equivalent to 7 days rent to reserve the premises.
- The premises will be reserved for the applicant for a period of 7 days.
- During this period, the premises will not be reserved for any other applicants, nor will a holding deposit be received from any other applicant.
- The holding deposit will be paid towards the rent for the premises.
- Should the applicant decide not to proceed, the owner will retain the holding deposit.
- Should the owner decide not to proceed, a refund of the holding deposit will be given to the applicant.
- On receipt of the holding deposit the Residential Tenancy Agreement will be prepared.

OFFICE USE ONLY - STATEMENT OF COSTS

Rental Bond (equal to four weeks rent)	\$
Two weeks rent in advance from/ to/	\$
Sub Total	\$
Holding Deposit Received	\$
Balance due upon signing Residential Tenancy Agreement	\$
Received copy of New Tenant Checklist	Y/N

APPLICANTS CONFIRMATION

SIGNATURE:

DATF: