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An application form is required for each adult applicant. Ensure all sections are completed or your application may NOT be processed. If there is more than one applicant, all applications MUST be submitted together.

RENTAL PROPERTY DETAILS	UTILITY CONNECTION
Address	Market Carlo all Surfe M
Commencement Date Rent per week	Myconi A <u>FREE</u> utility connect
Length of lease (6 or 12 months)	Please tick here, and myce Electricity, Gas, Water, Te
How many tenants will occupy the property?	connection of uti
Adults Children	If this section is complete
Please specify ages of children	consent to the disclosure myconnect ABN 34121 8
PERSONAL DETAILS	connection of nominated disclosing personal infor
Full name	stated purpose and obta consent to myconnect di NMI, MIRN, utility provid acknowledge the Real E
Date of Birth	myconnect may receive relation to the connection whilst myconnect is a free
Home number Mobile Number	and/or deposit may be re acknowledge that, to the Estate Agent, its employ
Email Address (can you be contacted on this Y or N)	for any loss or damage (profits) to me/us or any c of the provision of servic provider or for any loss of
APPLICANT RENTAL HISTORY	delay in connection or provide the nominated u
Current Address (if lease is in another name please specify)	Signature:
How long have you lived at this address	PRIVACY ACT 1988 – C
Years Months	The personal inform
Landlord/Agent Details for this property Name of Landlord/Agency	provides in this appli from other sources i verify the Applicants
Contact number Rent per week	evaluate the applica collected about the the purpose for whic
Reason for leaving this address	parties, including the institutions, other ag
Previous Address (if lease is in another name please specify)	tenancy reference days as required by law. I
How long did you live at this address	tenancy reference da to the Agent and/or I
Years Months	disclose information
Landlord/Agent Details for this property Name of Landlord/Agency	achieve the purpose otherwise allowed u Applicant would like
Contact Number Rent per week	information held by t contacting the Agen numbers contained i
Reason for leaving this address	can also correct this incomplete or out of

LITILITY CONNECTIONS

ion service.

onnect will call you to help connect your lephone and Internet services.

e myconnect to assist with the lities at my new property.

e, I/we:

of information on this form to 92 331 for the purpose of arranging the utility services; consent to myconnect mation to utility service providers for the ining confirmation of connection; sclosing confirmation details (including er) to the Real Estate Agent; state Agent, its employees and a fee/incentive from a utility provider in n of utility services; acknowledge that e service, a standard connection fee quired by various utility providers: extent permitted by law, the Real ees and myconnect shall not be liable including consequential loss and loss o other person or any property as a result es or any act or omission by the utility caused by or in connection with any ovision of, or failure to connect or tilities.

Signature:	Date:/	_/
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OLLECTION NOTICE

ation the prospective tenant ication or that which is collected s necessary for the Agent to identity and to process and tion. The personal information Applicant may be disclosed for h it was collected, to other landlord, referees, financial ents, third party operators of atabases and other third parties nformation already held on atabases may also be disclosed landlord. The Agent may also in this way to other parties to s specified above or as nder the Privacy Act 1988. If the to access his/her personal the Agent, they can do so by at the address and contact in the Application. The Applicant information if it is inaccurate, date.

Applicant Signature				_
	Date	/	/	

EMPLOYMENT HISTOR	RY	STUDENT? – PLEASE	COMPETE THIS SECTION	
What is your occupation	on?	Institution Name		
Please circle as applies: FULL TIME PART TIME CASUAL Employer's Name		Institution Address		
		Course being undertaken		
Employer's Address		Campus contact Phone Number		
Contact Name	Contact Number			
		Source of Income (please circle)		
Length of employment Years	Months	Parents Scholarship Other		
Net weekly income		Income per week		
(please attached your la	ast 3 payslips)	Parent/Guardian Name/s		
If you have been employed for less than 12 months by your current employer, please complete previous employment details:		Parent/Guardian Phone Numbers		
What was your occupa	tion?	Parent/Guardian Address		
Please circle as applies	: FULL TIME PART TIME CASUAL	OTHER INFORMATION	N .	
Previous employer's na	evious employer's name		ill be at the property?	
Contact Name	Contact Number	If you have pets pleas	e provide breed/s-type/s	
Length of employment		<u></u>		
	Months	CONTACT/DEEDENG	250	
ADDITIONAL INCOME/C	ENTRELINK	CONTACT/REFERENC	020	
Source of income				
		Relationship to applic	ant	
Amount per week		Home Phone	Work Phone	
If you are on Centrelink Centrelink statement.	please provide your latest			
Centrellink statement.		- Name		
	LEASE COMPLETE THIS SECTION	Relationship to Applic	ant	
Business Name		Home Phone	Work Phone	
Business Address				
		IMPORTANT INFORMA	ATION	
ABN	Business Phone	This form is designed to help the landlord and Chilcott Real Estate choose who will rent the nominated		
Business Email			oes it form any part of, a tenancy	
How long have you had	this business?	agreement. The rights and obligations of tenants and landlo		
Years	Months	 are governed by the Residential Tenancies Act 1997. Each prospective tenant should complete a Tenancy 		
Accountant	Phone	Application Form. You should contact Chilcott Real Estate 3 business days after		
Solicitor Phone		 lodging you Application If the Application is suc produce photo identific 	n to see if you were successful. ccessful, you will be required to:	
		, ,	ccessful, this form and any copies will	