Residential Application Form

| or your application to be processed you r Including the reverse side) | nust answer all questions | | | smart PROPERT manager |
|--|------------------------------|--|--|--|
| A. AGENT DETAILS | | D. UTILITY CONN | IECTIONS | |
| Smart Property Manage | r | | t connects all your utilities and o | |
| Address: Level 1 296A, Carlisle Stre | et, | and other services: | arrange for the connection or pro | |
| Balaclava, VIC 3193 | • | Electricity | Pay TV | DIRECT |
| Phone: (03) 9973 2404 | | Gas Water | Cleaners Insurance | CONNECT |
| Email: admin@smartpropertyma | inager.com.au | Phone Internet | Removalist Truck or van hire | MAKES MOVING EASY |
| | | Please tick this box if y | ou would like Direct Connect to conta | |
| B. PROPERTY DETAILS | | utilities and other serv | _{rices.} antee that when you connect w | with one of our market leading |
| 1. What is the address of the property ye | ou would like to rent? | GUARANTEE electricit you mov further in | y and gas suppliers, your service e in. Please refer to Direct Con nformation. | es will be connected on the day nnect's Terms & Conditions for |
| | Postcode | your details. Direct Con | nect will make all reasonable eff | ect Connect will call you to confirn forts to contact you within 24 hour on to confirm your information an |
| 2. Property Rental | | | | ct is a one stop connection service at service providers may charge yo |
| \$ per week | \$ per month | a standard connection | fee as well as ongoing service characteristics. CUTION: By signing this applicati | arges. |
| 3. Lease commencement date? | | 1.Acknowledge and acc with this application) | cept Direct Connect's Terms and (| Conditions (which are included |
| Day | Month Year | even if the Customer | to contact you by any means (ind 's telephone number is on the Do | |
| 4. Lease term? | | the supply of relevan | t services as an agent for the serv | vice providers, and to market or |
| Years | Months | | ervices listed above. This consent to Customer enters into the Agree | · |
| | . 2 | 3. Consent to Direct Cor | | ided by you in this application to |
| 5. How many tenants will occupy the pro | operty? | | | re engaged by you, they may use |
| Adults Children Ages of children | | 4. Authorise Direct Con | onnect, supply and charge you for nect to obtain the National Mete • Number for the premises you a | ring Identifier and / or the Meter |
| C. PERSONAL DETAILS | | | | s and Conditions, Direct Connect |
| 6. Please give us your details | | has no responsibility supply) any of the ser | to you for the connection or supprices. | ply (or the failure to connect or |
| Mr Ms Miss | Mrs Other | 6.Acknowledge that Dir | rect Connect may receive a fee fr | |
| Surname | Given Name/s | which may be paid to entitled to any part o | • | ner person, and that you are not |
| | | | | uthorised to make this application |
| | | | | ements, authorisations and other pplicants listed on this application. |
| Date of Birth | Driver's licence number | Signature | | Date |
| | | | | |
| Driver's licence expiry date | Driver's licence state | PO Box 1519, Box Hill, Victo | oria 3128. P: 1300 664 715 F:1300 664 | 4 185. www.directconnect.com.au |
| | | E. DECLARATION | | |
| Passport no. | Passport country | | | der a lease to be prepared by the d I agree to enter Into a Residentia |
| r assport no. | assport country | Tenancy Agreement. | , , | approval of the owner/landlord. |
| Pension no. (if applicable) | Pension type (if applicable) | declare that all informat | tion contained in this application | (including the reverse side) is true I have Inspected the premises and |
| rension no. (ii applicable) | rension type (ii applicable) | am not bankrupt. | • | |
| 7.01 | | (a) The owner or the Ag | obtain personal Information fror ent of my current or previous res | |
| 7. Please provide your contact details | | (b) My personal referee: (c) Any record listing or | s and employer/s; database of defaults by tenants s | such as NTD, TICA or TRA for the |
| Home phone no. | Mobile phone no. | purpose of checking you | ır tenancy history; | |
| | | NTD: 1300 563 82 | ccess my personal information by 26 | / contacting - |
| Work phone no. | Fax no. | TICA: 1902 220 34 TRA: (02) 9363 92 | | |
| | | If I default under a renta | al agreement, I agree that the Ago | |
| Email address | | such default to a tenano apply for in the future. | y default database, and to agent | s/landlords of properties I may |
| | | I am aware that the Age | nt will use and disclose my perso | onal information in order to: |
| | | (b) prepare lease/tenan | • | |
| 8. What is your current address? | | | or equivalent organisations to con to/from a Bond Authority | ntact me |
| | | (e) refer to Tribunals/Co | urts & Statutory Authorities (who | ere applicable) |
| | Postcode | | ents/lawyers (where applicable) check with NTD (National Tenanc | y Database) |
| | | (h) transfer water accou | | |
| Property Manager Name | | information is put, the A | • | onsent to the uses to which persona e lease/tenancy of the premises. |
| Application Fax to | | Signature | | Date |
| Direct Connect (If Required) | | | | |

| F. APPLICANT HISTORY | | H. CONTACTS / REFERENCES | | |
|--|----------------------|--|------------------------------------|--|
| 9. How long have you lived at your current address? | | 17. Please provide a contact in case of emergency | | |
| Years Months | | Surname | Given name/s | |
| | | | | |
| 10. Why are you leaving this address? | | Relationship to you | Phone no. | |
| | | | | |
| 11. Landlord/Agent details of this property (if applical | ole) | | | |
| Name of landlord or agent | | 18. Please provide 2 personal references (not related to you) | | |
| | | 1. Surname | Given name/s | |
| Landle of Control of C | | | | |
| Landlord/agent's phone no. Weekly Rer | t | Relationship to you | Phone no. | |
| \$ | | | | |
| 12. What was your previous residential address? | | | | |
| | | 2. Surname | Given name/s | |
| | | | | |
| Postco | de | Relationship to you | Phone no. | |
| 13. How long did you live at this address? | | Thereations in pictory ou | | |
| Years Months | | | | |
| | | I. OTHER INFORMATION | | |
| 14. Landlord/Agent details of this property (if applical | ole) | 19. Car Registration | | |
| Name of landlord or agent | | | | |
| | | | | |
| Landland (spent) above as | | 20. Please provide details of any pets | | |
| Landlord/agent's phone no. Weekly Rer | it | Breed/type | Council registration / number | |
| \$ | | 1. | | |
| Was bond refunded in full? If not why r | ot? | 2. | | |
| | | DI FACE NOTE | | |
| | | PLEASE NOTE | | |
| G. EMPLOYMENT HISTORY | | Initial payments must be made by cash, bank cheque or money order within 24 hours after approval of application. No Personal Cheques | | |
| 15. Please provide your employment details | | accepted. | | |
| What is your occupation? | | Keys will not be handed over until the lease agreement has been | | |
| | | signed by all applicants. | until the lease agreement has been | |
| | | This application is accepted subject to the availability of the property on the | | |
| What is the nature of your employment? (FULL TIME/PART TIME/CASUAL) | | due date and no action shall be taken by the applicant against the landlord and | | |
| Employer's name (inc. accountant if self employed or instit | ution if student) | the agent should any circumstances arise whereby the property is not available for occupation on the due date. | | |
| | duction is studently | Tor occupation on the due da | ic. | |
| | | HOW DID YOU FIND OUT A | ABOUT THIS PROPERTY? | |
| Employer's address | | ○ The Age ○ The | Internet | |
| | | ○ Board ○ Cou | nter List Relocation Company | |
| Postco | 40 | ○ Referral ○ Oth | er (specify) | |
| rostco | Je | PLEASE PROVIDE US WITH 100 POINTS OF IDENTIFICATION | | |
| Contact name Phone no. | | Driver's Licence | 50 | |
| | | Passport | 50 | |
| Length of employment | Net Income | | | |
| Years Months | \$ | Proof of Age Card | 50 | |
| | Ψ | Student ID Card | 50 | |
| 16. Please provide your previous employment details | | Copy of Mobile Phone Accoun | nt 20 | |
| Occupation? | | Copy of Medicare Card | 20 | |
| | | Concession / Pension Card | 10 | |
| Employer's name | | · | | |
| | | Copy of gas/Water/Electricity account 30 each | | |
| | | OFFICE USE ONLY | | |
| Length of employment | Net Income | Property Rental | | |
| Years Months | \$ | \$ per v | veek \$ per month | |
| | | | | |