

Per Week

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Per Month

Per Week

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Per Month

<u>Linkers Real Estate - Ingleburn</u>

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Title First Name Initial Last Name Smoker Yes / No Name at Birth: Place of Birth: Date of Birth / / Age (Years / Months) Drivers Licence No. State NSW Card no. Passport Medicare No. Ref: Pension Type (if applicable) No Home Ph Mobile Ph Email Marital status: Single Married De Facto Sep/Div Friends Relatives 2. Rental History - Applicant 1 Current Address Suhurb Postcode How Long at Current Address? Years Months Reason for Leaving: Rent per week: \$ Landlord/ Agent Name: Postcode Length at previous Address? Years Months Reason for Leaving: Rent per week: \$ Landlord/ Agent Name: Phone: Landlord/ Agent Name: Ph	Residential Tenancy Application Form	All sections	of this form must	be completed &	signed for your ap	oplication to be processed
Legish of tenancy: Years Months Tenancy To Commence How many tenants will occupy the propenty? Adults Dependents Reg. No. Outdoor only. YES / No Circle) Pet type: Breeds: Reg. Outdoor only. YES / No Vehicle 1 Reg. No. Outdoor only. YES / No Vehicle 1 Reg. Mode/Year/Colour Vehicle 1 Reg. Mode/Year/Colour Vehicle 2 Reg.: Mode/Year/Nom/Nom/Year/Nom/Nom/Year/Nom/Nom/Year/Nom/Nom/Year/Nom/Nom/Year/Nom/Nom/Year/Nom/Nom/Year/Nom/Nom/Year/Nom/Nom/Year/Nom/Nom/Nom/Year/Nom/Nom/Year/Nom/Nom/Year/Nom/Nom/Year/Nom/Nom/Year/Nom/Nom/Year/Nom/Nom/Year/Nom/Nom/Year/Nom/Nom/Year/Nom/Nom/Year	Proposed Rental Property address:				Post	code
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First Name Initial	Pet type: Breed/s:		Re	g. No:		Outdoor only: YES / NO
Title First Name Initial Last Name Smoker Yes / No Name at Birth: Place of Birth: Date of Birth	Vehicle 1 Rego: Model/Year/Colour		Vehicle 2 Rego:		Model/Year /Colour	
Last Name	1. First Applicant		1. Second	Applicant ANI	D/OR Partner	
Name at Birth: Piace of Birth: Date of Birth	Title First Name Initial	_	Title Firs	t Name		Initial
Date of Birth / / Age (Years / Months) Drivers Licence No. State NSW Card no. Passport Medicare No. Ref: Pension Type (if applicable) No Home Ph Mobile Ph Marial status: Single Married De Facto SepriDiv Friends Relatives Warried Subruth Postcode Subruth Postcode Worth Agent Name: Phone: Email: fax: Previous Address? Years Months Reason for Leaving: Rent per week: \$ Landlord' Agent Name: Phone: Email: fax: Pension Type (if applicable) No Home Ph Mobile Ph Home Ph Mobile Ph Home Ph Mobile Ph Email Marital status: Single Married De Facto SepriDiv Friends Relatives Warried Norths Reason for Leaving: Rent per week: \$ Landlord' Agent Name: Phone: Email: fax: Previous Address? Years Months Reason for Leaving: Rent per week: \$ Landlord' Agent Name: Phone: Email: fax: Band Refunded Yes / No If not why? 3. Employment Datalis - Applicant 1 Cocupation Ferrore No Cocupation Employers Name Employment Address Suburb Postcode Employment Address Suburb Postcode Employment Patalis - Applicant 1 Cocupation Employers Name Employment Address Suburb Postcode Employment Address Suburb Po	Last Name Smok	er Yes / No	Last Name			Smoker Yes / No
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	Accountant Name:phone:		Accountant Na	ame:		phone:
		ment		Security Ben		elink Payment

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5. Referees - Applicant 1 - (NC	T co-applicant)	5. Ref	erees - Applicant 2 - (NOT co	-applicant)
1. Reference name		1. Refere	nce name	
Address:		Address:		
Home Phone M	lobile No	Home Ph	one Mobile !	No
2. Reference name		2. Referer	nce name	
Address:		Address:		
Home Phone Mo	obile No	Home Pho	one Mobile N	0
6. Emergency Contact Details Name Address	- Not same as co-applicant Phone No	6. Eme Name Address	ergency Contact Details - No Phone	
Suburb	uburb Postcode		Postcode	
Email Address		Email Add	dress	
7. Please ensure you provide Min	.100 points Identification - at lea	st ONE item fr	om each section is required - Pho	oto copy ALL & bring originals
Section ONE (40) Drivers License(40) Passport (complete the following Name at Birth: Place of Birth:	Current Bank S	tatement OR	Section Three (30) Previous tenancy refere (20) Previous two rent receip (20) Home owner MUST SUI a recent rates notice (10) Motor vehicle registratio (10) Telephone account	ts (10) Birth Certificate PPLY (10) Medicare Card
Passport Country: 8. FREE Utillities Connections U	Isor Consont Form		(10) Electricity account	
ReduceMyBills .com.au ReduceMyBills is the hassle-free	Ph: 1300 680 603	• Electrica • Gas takes the tim	 Insurance 	
Declaration		I/we understa	nd that in the course of connecting	utilities, ReduceMyBills may
By signing this application, I/we give cor contact by phone, email or sms for the p and disconnections of approved utility s ReduceMyBills to supply collected inforn	ourpose of arranging connections ervices. I/we authorise	(Meter Installa authorise Red	n an NMI (National Meter Identifier) htion Registration Number) for Natu uceMyBills to collect these identifie g supplied to utility providers.	ral Gas connections. I/we
providers for the services including Clea			ledge that whilst ReduceMyBills is a	

Appliances

I/we authorise ReduceMyBills to contact us via these means even if the telephone numbers supplied are listed on the Do Not Call Register. I/we understand that ReduceMyBills may also send related emails promoting other services provided by ReduceMyBills.

I/we acknowledge that all information supplied in the application is true and correct to be best of my/our knowledge and that we have not falsely represented our identity in any manner.

I/we understand that ReduceMyBills treat any personal information it collects, uses or discloses in accordance with the Privacy Act 1988.

I/We authorise ReduceMyBills to supply collected information to nominated suppliers and/or potential suppliers for the connection and disconnection of nominated utilities or to assist with my obtaining other services including appliances, removalists, cleaners and insurance.

connections/disconnections or ongoing supply of the connected services and amounts payable for other services including appliance, removalist, cleaners and insurance.

I/we acknowledge that ReduceMyBills, to the extent permitted by law, shall not be liable for any loss or damage (including consequential loss and loss of profits) to me/us as a result of the provision of any service. Nor shall ReduceMyBills be liable for any act or omission by any utility provider for any loss caused by failure to provide nominated services.

I/we acknowledge that the nominated real estate entity along with ReduceMyBills may receive a benefit from suppliers for the provision of connections.

I/we declare that we have read and understand the above declaration and wish to be contacted by ReduceMyBills.

Signature Date

9. Declaration of Authority

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.

I authorise the Agent to obtain personal Information from:

- (a) The owner or the Agent of my current or previous residence;
- (b) My personal referees and employer/s;
- (c) Any record listing or database of defaults by tenants such as NTD, 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 • TRA: (02) 9363 9244 • TICA: 1902 220 346 If I default under a 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)

I am aware that if information is not provided or I do not consent to the uses to which personal information is put, the Agent cannot provide me with the lease/tenancy of the premises.

Printed Name	
Applicant 1:	
Signature	Date
Applicant 1	Juio
Printed Name	
Applicant 2:	
Signature	Date
Applicant 2	Date
10. Payment Details	
10. I dyment betails	
Property Rental Per Week	
Rent in Advance (2 wks rent) \$	
·	

Rental Bond (4 wks rent) Total Due

EFT/Bank Cheque/Money Order/ Direct Deposit