

Residential Application Form

For your application to be processed you must answer all questions (including the reverse side)

A Photocopy of your current drivers license (front & back) is required



A. AGENT DETAILS	
Marshall White Level 1/1111 High St , Armadale Phone: 03 9822 8711 Fax: 03 9824 7788 Email: propertymanagement@marshallwhite.com.au Web: www.marshallwhite.com.au	
B. PROPERTY DETAILS	
1. What is the address of the property you would like to rent? <input type="text"/> <input type="text"/> Postcode	
2. Lease commencement date? <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	
3. Lease term? <input type="text"/> Years <input type="text"/> Months	
4. Lease names <input type="text"/>	
5. Property rental \$ <input type="text"/> per month	Bond \$ <input type="text"/>
6. How many people will normally occupy the property? <input type="text"/> Adults <input type="text"/> Children <input type="text"/> Ages of Children	
C. PERSONAL DETAILS	
7. Please give us your details Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Other <input type="checkbox"/> Surname <input type="text"/> Given name/s <input type="text"/> Date of Birth <input type="text"/> Driver's license number <input type="text"/> Driver's license expiry date <input type="text"/> Driver's license state <input type="text"/> Passport no. <input type="text"/> Passport country <input type="text"/>	
8. Please provide your contact details Home phone no. <input type="text"/> Mobile phone no. <input type="text"/> Work phone no. <input type="text"/> Fax no. <input type="text"/> Email address <input type="text"/>	
9. What is your current address? <input type="text"/> <input type="text"/> Postcode	

Both sides of this application must be completed

D. UTILITY CONNECTIONS	
If you would like assistance, (at no additional charge) with the connection of telephone, electricity, gas and water to your new home then tick the box below. On The Move will then contact you and explain the details of the services available.	
10. Please contact me regarding CONNECTION of my utilities	<input type="checkbox"/>
11.	
Utility connection services are provided by on the move	Phone: 1300 850 360 Fax: 1300 661 160 Email: sales@onthemove.com.au Web: www.onthemove.com.au
If the box/es in this section are ticked, On The Move will use the information on this page to explain the services offered and to undertake any connection and disconnection services authorized (including the provision of information to utility companies). All details on this page must be completed for the service to be provided. Personal information collected by On The Move may be accessed by contacting On The Move using the contact details above. Normal service provider fees or bonds may apply.	
E. DECLARATION	
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 Tenancies Agreement pursuant to the Residential Tenancies Act 1997.	
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; If I default under a rental agreement, 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 organisations/ trades people to contact me (d) lodge/claim/transfer to/from the Residential Tenancies 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) (h) transfer water account details into my name	
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. I am aware that I may access personal information on the contact details above.	
If Section D is completed, I consent to the disclosure of this page of the application form to On The Move ABN 84 101 648 257 for the purpose of enabling On The Move to offer the connection and disconnection services to me. Where On The Move is requested to arrange for the provision of the services, I consent to On The Move disclosing personal information it has collected about me to utility service providers for that purpose and to obtain confirmation of the connection or disconnection. I acknowledge that neither On The Move nor the Agent accept any responsibility for: any delay in, or failure to arrange or provide for, any connection or disconnection of a utility, or for any loss in connection with such delay or failure. I acknowledge that the Agent, its employees and On The Move may receive a benefit in relation to the connection of a utility service.	
Signature <input type="text"/>	Date <input type="text"/>

Property manager name	<input type="text"/>
Application faxed to On the Move (if required)	<input type="checkbox"/>

Applicant Name: _____

F. APPLICANT HISTORY

12. How long have you lived at your current address?

	Years		Months
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13. Why are you leaving this address?

14. Please tell us about this rented property

Name of landlord or agent

Landlord/agent's phone no.

Weekly rent paid

15. What was your previous residential address?

Postcode

16. How long did you live at this address?

	Years		Months
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17. Please give us further information about this rented property

Name of landlord or agent

Landlord/agent's phone no.

Weekly rent paid

Was bond refunded in full?

If not, why?

G. EMPLOYMENT HISTORY

18. Please provide your employment details

What is your occupation?

What is the nature of your employment?
(FULL TIME / PART TIME / CASUAL)

Employer's name (inc. accountant if self employed or institution if a student)

Employer's address

Postcode

Contact name

Phone no.

Length of employment

Gross income (PA)

Years

Months

Source of other income

Gross income (PA)

19. Please provide your previous employment details

Occupation

Employer's name

Length of employment

Years

Months

Contact name

Phone no.

CONTACTS / REFERENCES

20. Please provide a contact in case of emergency/ Next of kin

Surname

Given name/s

Relationship to you

Phone no.

21. Please provide two personal references (not related to you)

1. Surname

Given name/s

Relationship to you

Phone no.

2. Surname

Given name/s

Relationship to you

Phone no.

H. OTHER INFORMATION

22. Car Registration

Make/ Model

23. Do you have any pets: Yes No

If yes, please specify:

Breed / type

Council registration / number

1.

2.

24. How did you find this property?

Melb Weekly Internet Office rental list Board

Other (please explain)

PLEASE NOTE

Initial payments must be made by bank cheque or money order within 24 hours after approval of application. NO PERSONAL CHEQUES PLEASE. All monthly rent is to be paid by direct debit to Marshall White & Co.

Keys will not be handed over until the lease agreement has been signed by all applicants and cleared funds of bond and first months rent has been received.

This application is accepted subject to the availability of the property on the due date and no action shall be taken by the applicant against the landlord and the agent should any circumstances arise whereby the property is not available for occupation on the due date.

DISCLAIMER I confirm the following:

- During my inspection of this property I found it to be in reasonably clean condition, OR
- I believe the following items should be attended to prior to my tenancy commencing. I acknowledge that these items are subject to the owners' approval.

Signature

Date

PLEASE PROVIDE US WITH 100 POINTS OF IDENTIFICATION

Driver's License	50
Passport	50
Proof of Age Card	50
Student ID Card	50
Copy of mobile phone account	20
Copy of Medicare Card	20
Concession / Pension Card	10
Copy of gas / water / electricity account	30