

Residential Application Form

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

A. AGENT DETAILS

Investors Choice Property Management
Level 1, 1/85 Triholm Avenue, Laverton VIC 3028
Phone: 03 9369 8177
Fax: 03 9421 5523
Email: leasing@icpm.com.au

Property Manager:

B. PROPERTY DETAILS

1. What is the address of the property you would like to rent?

Postcode

2. Property Rental?
\$ per week \$ per month \$ Bond

3. Lease commencement date?
 Day Month Year

4. Lease Term?
 Years Months

5. How many people will normally occupy the property?
 Adults Children, Ages: _____

C. PERSONAL DETAILS

6. Please give us your details.
Mr Ms Miss Mrs Other

Given Name/s Surname

Date of Birth Driver's licence number

Driver's licence expiry date Driver's licence state

Passport number Passport country

Pension number (if applicable) Pension Type (if applicable)

7. Please provide your contact details.
Home phone number Mobile phone number


Work phone number Fax number

Email address

8. What is your current address?

Postcode

D. UTILITY CONNECTIONS



on the move

A Free Service to connect your utilities. We will reduce your stress and save you time by arranging your utility connections. We will contact you within 2 hours.

ELECTRICITY / GAS / TELEPHONE / INTERNET / FOXTEL

TENANT'S INSURANCE
Ph: 1300 850 360 Fax: 1300 661 160

YES!! I would like *On The Move* to contact me.

WATER (standard connection with all applications)

Terms & Conditions - By ticking the box above, you are consenting to On The Move contacting you to arrange your services. On The Move may need to disclose personal information to utility companies to arrange your services. Please see On The Move's Privacy Policy at www.onthemove.com.au. On The Move and your Agent may receive a benefit for arranging your services. On The Move & your agent do not accept responsibility for any delay or failure to connect your services. Standard connection fees & 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 such as NTD, TICA or TRA for the purpose of checking your tenancy history.

I am aware that I may access personal information by contacting:

NTD: 1300 563 826
TICA: 1902 220 346
TRA: 02 9363 9244

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/tradespeople 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 - Phone 1300 563 826 - Email info@ntd.net.au)
- (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 consent to the disclosure of this page of the application form to On The Move for the purpose of enabling On The Move to offer the connection and disconnection services to me. 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.

Signature

Print Name **Date**

F. APPLICANT HISTORY**9. How long have you lived at your current address?**

| | | | |
|----------------------|-------|----------------------|--------|
| <input type="text"/> | Years | <input type="text"/> | Months |
|----------------------|-------|----------------------|--------|

10. Why are you leaving this address?

11. Landlord/Agent details of this property (if applicable).

Name of landlord or agent

Landlord/agent's phone number

Weekly rent paid

| | | |
|----------------------|----|----------------------|
| <input type="text"/> | \$ | <input type="text"/> |
|----------------------|----|----------------------|

12. What was your previous residential address?

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | Postcode |

13. How long did you live at this address?

| | | | |
|----------------------|-------|----------------------|--------|
| <input type="text"/> | Years | <input type="text"/> | Months |
|----------------------|-------|----------------------|--------|

14. Landlord/Agent details of this property (if applicable).

Name of landlord or agent

Landlord/agent's phone number

Weekly rent paid

| | | |
|----------------------|----|----------------------|
| <input type="text"/> | \$ | <input type="text"/> |
|----------------------|----|----------------------|

Was bond refunded in full?

If NO, why not?

| | | |
|------------------------------|-----------------------------|----------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="text"/> |
|------------------------------|-----------------------------|----------------------|

G. EMPLOYMENT HISTORY**15. 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

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | Postcode |

Contact name

Phone number

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Length of employment

Net Income (PA)

| | | | | | |
|----------------------|-------|----------------------|--------|----|----------------------|
| <input type="text"/> | Years | <input type="text"/> | Months | \$ | <input type="text"/> |
|----------------------|-------|----------------------|--------|----|----------------------|

16. Please provide your previous employment details.

Occupation

Employer's name

Length of employment

Net Income (PA)

| | | | | | |
|----------------------|-------|----------------------|--------|----|----------------------|
| <input type="text"/> | Years | <input type="text"/> | Months | \$ | <input type="text"/> |
|----------------------|-------|----------------------|--------|----|----------------------|

H. CONTACTS / REFERENCES**17. Please provide a contact in case of emergency.**

Surname

Given name/s

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Relationship to you

Phone number

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

18. Please provide two personal references (NOT RELATED TO YOU).

1. Surname

Given name/s

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Relationship to you

Phone number

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

2. Surname

Given name/s

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Relationship to you

Phone number

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

I. OTHER INFORMATION**19. Please provide details of any vehicles.**

Registration number

Make/model

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

20. Please provide details of any pets.

Breed/Type

Council registration / number

| |
|-------------------------|
| 1. <input type="text"/> |
|-------------------------|

| |
|-------------------------|
| 2. <input type="text"/> |
|-------------------------|

**** PLEASE NOTE ****

Initial payments must be made by cash, bank cheque or money order within 24 hours after approval of application. No Personal Cheques accepted.

Keys will not be handed over until the lease agreement has been signed by all applicants.

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.

HOW DID YOU FIND OUT ABOUT THIS PROPERTY?

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> The Age | <input type="checkbox"/> The Internet | <input type="checkbox"/> Local Paper |
| <input type="checkbox"/> Board | <input type="checkbox"/> Counter List | <input type="checkbox"/> Relocation Company |
| <input type="checkbox"/> Referral | <input type="checkbox"/> Other, please specify: <input type="text"/> | |

AGENT NOTES

PLEASE PROVIDE US WITH 100 POINTS OF IDENTIFICATION

| | |
|---|---------|
| Driver's licence | 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 each |