



Reddy Real Estate Agents
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Residential Tenancy Application Form All sections of this form must be completed & signed for your application to be processed.

Proposed Rental Property Address: _____ Postcode: _____
Rent Per Week: \$ _____ Bond Amount: \$ _____ Have you inspected the property?: YES / NO (Please circle) _____
Length of Tenancy: _____ Years: _____ Months: _____ Tenancy to Commence: _____
How many tenants will occupy the property? Adults: _____ Dependents: _____ Ages: _____ Pets: Yes / No (Circle) _____
If yes attach a PHOTO OF EACH pet.
Pet Type: _____ Breed/s: _____ Reg. No: _____ Outdoor only: YES / NO _____
Pet Type: _____ Breed/s: _____ Reg. No: _____ Outdoor only: YES / NO _____
Vehicle 1 Rego: _____ Model/Year/Colour: _____ Vehicle 2 Rego: _____ Model/Year/Colour: _____

1. First Applicant

Title: _____ First Name: _____ Middle Initial: _____
Last Name: _____ Smoker: Yes / No _____
Name at Birth: _____ Country of Birth: _____
Date of Birth: ____/____/____ Age (Years / Months): _____
Drivers Licence No: _____ State: _____
Card No. (NSW only): _____
Passport No: _____ Medicare No: _____ Ref: _____
Pension Type (If applicable): _____ No: _____
Home Phone: _____ Mobile Phone: _____
Email: _____
Marital status: Single Married De Facto Sep/Div Friends Relatives _____
Maiden Name (If applicable): _____

2. Rental History - Applicant 1

Current Address: _____
Suburb: _____ Postcode: _____
How long at current address? Years: _____ Months: _____
Reason for Leaving: _____ Rent per week: \$ _____
Landlord/Agent Name: _____ Phone: _____
Email: _____ Fax: _____
Previous Address: _____
Suburb: _____ Postcode: _____
Length at previous address? Years: _____ Months: _____
Reason for Leaving: _____ Rent per week: \$ _____
Landlord/Agent Name: _____ Phone: _____
Email: _____ Fax: _____
Bond refunded: Yes / No _____ If not, why?: _____

3. Employment Details - Applicant 1

Occupation: _____ Employers Name: _____
Employment Address: _____
Suburb: _____ Postcode: _____
Employer Phone No: _____ Contact Name: _____
Length at current employment Years: _____ Months: _____
Net Income \$ _____ Per Week \$ _____ Per Month \$ _____
Are you self-employed? Yes / No _____ ABN: _____
Accountant Name: _____ Phone: _____

1. Second Applicant AND/OR Partner

Title: _____ First Name: _____ Middle Initial: _____
Last Name: _____ Smoker: Yes / No _____
Name at Birth: _____ Country of Birth: _____
Date of Birth: ____/____/____ Age (Years / Months): _____
Drivers Licence No: _____ State: _____
Card No. (NSW only): _____
Passport No: _____ Medicare No: _____ Ref: _____
Pension Type (If applicable): _____ No: _____
Home Phone: _____ Mobile Phone: _____
Email: _____
Marital status: Single Married De Facto Sep/Div Friends Relatives _____
Maiden Name (If applicable): _____

2. Rental History - Applicant 2

Current Address: _____
Suburb: _____ Postcode: _____
How long at current address? Years: _____ Months: _____
Reason for Leaving: _____ Rent per week: \$ _____
Landlord/Agent Name: _____ Phone: _____
Email: _____ Fax: _____
Previous Address: _____
Suburb: _____ Postcode: _____
Length at previous address? Years: _____ Months: _____
Reason for Leaving: _____ Rent per week: \$ _____
Landlord/Agent Name: _____ Phone: _____
Email: _____ Fax: _____
Bond refunded: Yes / No _____ If not, why?: _____

3. Employment Details - Applicant 2

Occupation: _____ Employers Name: _____
Employment Address: _____
Suburb: _____ Postcode: _____
Employer Phone No: _____ Contact Name: _____
Length at current employment Years: _____ Months: _____
Net Income \$ _____ Per Week \$ _____ Per Month \$ _____
Are you self-employed? Yes / No _____ ABN: _____
Accountant Name: _____ Phone: _____

Type: _____ CRN: _____
 \$ _____ Per Week \$ _____ Per Month

5. Referees - Applicant 1 - (NOT co-applicant)

1. Reference Name: _____
 Address: _____
 Home Phone: _____ Phone: _____
 Mobile No: _____

2. Reference Name: _____
 Address: _____
 Home Phone: _____ Mobile No: _____

6. Emergency Contact Details - (Not same as co-applicant)

Name: _____ Phone: _____ No: _____

Type: _____ CRN: _____
 \$ _____ Per Week \$ _____ Per Month

5. Referees - Applicant 2 - (NOT co-applicant)

1. Reference Name: _____
 Address: _____
 Home Phone: _____ Phone: _____
 Mobile No: _____

2. Reference Name: _____
 Address: _____
 Home Phone: _____ Mobile No: _____


6. Emergency Contact Details - (Not same as co-applicant)

Name: _____ Phone: _____ No: _____

7. Please ensure you provide Min.100 points Identification - at least ONE item from EACH section is required - Photo copy ALL & bring originals

Section 1:	Section 2:	Section 3:
_____ (40) Drivers License _____ (40) Passport (Complete the following) Name at Birth: _____ Place of Birth: _____ Passport Country: _____	_____ (30) Latest 3 Current Pay Slips OR Current Bank Statement OR Centre Link income Statement	_____ (30) Previous tenancy reference _____ (20) Previous two rent receipts _____ (20) Home owner MUST SUPPLY a recent rates notice _____ (10) Motor vehicle registration _____ (10) Telephone account _____ (10) Electricity account
		_____ (10) Gas account _____ (10) Pet rego papers _____ (10) Birth certificate _____ (10) Medicare card _____ TOTAL POINTS

8. FREE Utilities Connections User Consent Form ReduceMyBills is the hassle-free connections service that takes the time and worry out of moving



Ph: 1300 680 603

Declaration

By signing this application, I/we give consent to ReduceMyBills to make contact by phone, email or SMS for the purpose of arranging connections and disconnections of approved utility services. I/we authorise ReduceMyBills to supply collected information to other household service providers for the services including Cleaning, Removal, Insurance and 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 and other selected third parties.

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.

• Internet • Foxtel • Telephone • Electricity • Gas

I/we understand that in the course of connecting utilities, ReduceMyBills may need to obtain an NMI (National Meter Identifier) for electrical points or MIRN (Meter Installation Registration Number) for Natural Gas connections. I/we authorise ReduceMyBills to collect these identifiers and consent to those numbers being supplied to utility providers.

I/We acknowledge that whilst ReduceMyBills is a free service, I/we are solely responsible for any and all amounts payable in relation to deposits, connections/disconnections or ongoing supply of the connected services and amounts payable for other services including appliance, removalists, 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 my 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) conduct an ID/background check with NTD for residential tenancies and/or a credit check for commercial tenancies with the National Tenancy Database (NTD)

I the applicant hereby offer to rent the property from the owner under a lease to be prepared by the Agent. I acknowledge that on approval of application a holding deposit of one weeks rent applies, until this is paid the property will remain on our office rental list - if you withdraw from the lease the deposit will be forfeited. This application is subject to approval of the landlord and a rental bond will also be payable if approved.

Printed Name Applicant 1:	
Signature Applicant 1:	Date:
Printed Name Applicant 2:	
Signature Applicant 2:	Date:

10. Payment Details

Property Rental Per Week	\$ _____
Rent in Advance (_____ weeks)	\$ _____
Rental Bond (_____ weeks rent)	\$ _____
Total Due	\$ _____

Cheque / Bank Cheque / EZIRENT

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.