

## 114 Hume Street, Wodonga VIC 3690

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## **Rental Application**



Please note: Any mention of 'RRP' on this form refers to the term 'Residential Rental Provider'.								
PROPERTY DETAILS								
Property address (1)			Rent \$ per week					
Property address (2)			Rent \$ per week					
Property address (3)			Rent \$ per week					
Proposed Rental Term (please tick)	6 mths 12 mths Rental Con	mmencement Date						
EXTRA INFORMATION								
Do you have Pets? Number of Pets	Pet Types/Breeds		Pets reside					
YES NO			Inside Outside					
Occupants Applying – Number of Ad	ults: Number of Children:	Ages of Children:						
	you inspect the property yourself?							
	YES NO - If no, do you agree to take	the property based on the information received	d by the 3rd parties? YES NO					
APPLICANT ONE		APPLICANT TWO						
PERSONAL DETAILS		PERSONAL DETAILS						
Surname		Surname						
Given Name/s		Given Name/s						
Given Name/s		Given ivanie/s						
Driver's Licence Number	Driver's Licence State	Driver's Licence Number	Driver's Licence State					
Driver's Licence Expiry Date		Driver's Licence Expiry Date						
18+ Card Number	Vehicle Registration Number	18+ Card Number	Vehicle Registration Number					
	veniere registration (vanise)	10° Gara Tamper	vemere registration (vamper					
Car Make & Model	Passport Number	Car Make & Model	Passport Number					
Passport Country	Pension Number (if applicable)	Passport Country	Pension Number (if applicable)					
Pension Type (if applicable)	Home Phone	Pension Type (if applicable)	Home Phone					
Tolloter Type (if approals)		Tonoin Type (it applicable)						
Mobile	Work Phone	Mobile	Work Phone					
Email		Email						
DECLARATION								
I acknowledge that this application is subject to the approval of the owner / RRP. I declare that all information contained in this application is true, correct and given of my own free will. I declare that I have inspected the premises and it was in a reasonably clean & tidy condition at the time of inspection. I authorise the agent to obtain personal information from:  The owner or the agent of my current or previous residences.  Any record listing or databases of default for renters.  If I default under a rental agreement, I agree that the agent may disclose details of any such default to a rental default database and to agents / owners of properties that I may apply for in the future.  I am aware that the agent will use and disclose my personal information in order to:  *Refer to collection agents / lawyers (where applicable).  *Complete a check with TICA Default Tenancy Control.  *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 rental of the premises. I acknowledge that my application will only be retained for 30 days and that my application will be refused if the agent has the way applied with me, my references do not provide enough information to allow the agent to determine my ability to pay rent or look after my property, my references are not as good as other applicants that have applied with me or the premises cannot be altered to suit my needs or cannot be returned to its original condition when I leave.								
Communicate with the owner and select a renter.  Prepare leases & rental documents.  Allow tradespeople or equivalent to contact me.  Lodge / claim / transfer to / from a bond authority.  Refer to Tribunal / Courts & Statutory Authorities (wh	ere applicable).	I acknowledge that it is my responsibility to make sure I with the rental to confirm the situation with the telephot Should my application be successful, I acknowledge that or the owner reserves the right to withdraw their acceptance.	ne line. the lease must be signed within 48 hours of acceptance					
SIGNATURE APPLICANT ONE SIGNATURE A		APPLICANT TWO	DATE					

LIVING HISTORY		LIVING HISTORY		
Current Address		Current Address		
At this address I am an: Owner	Renter Boarder Other	At this address I am an: Owner	Renter Boarder Other	
Current RRP / Agency Name	Contact Number	Current RRP / Agency Name	Contact Number	
Rent paid per week	Dates of time rented	Rent paid per week	Dates of time rented	
Why are you leaving?		Why are you leaving?		
		Previous Address		
Previous Address		Previous Address		
At this address I was an: Owner	Renter Boarder Other	At this address I was an: Owner	Renter Boarder Other	
Previous RRP/Agency Name	Contact Number	Previous RRP/Agency Name	Contact Number	
Rent paid per week	Period of time rented	Rent paid per week	Period of time rented	
Reason for Leaving		Reason for Leaving		
EMPLOYMENT DETAILS		EMPLOYMENT DETAILS		
Current Occupation	Nature of Employment	Current Occupation	Nature of Employment	
	Full Time / Part Time / Casual		Full Time / Part Time / Casual	
Employer's Name		Employer's Name		
Employer's Address		Employer's Address		
Employer s radices		Employer s riddress		
Contact Name	Phone Number	Contact Name	Phone Number	
Weekly Income	Source of Income (if student)	Weekly Income	Source of Income (if student)	
\$		\$		
(Two current payslips essential)		(Two current payslips essential)		
Previous Occupation		Previous Occupation		
Trevious occupation		Trevious occupation		
Employer's Name	Phone Number	Employer's Name	Phone Number	
Net Income	Length of Employment	Net Income	Length of Employment	
\$	Yrs Mths	\$	Yrs Mths	
IF YOU RECEIVE A CENTRE	LINK PAYMENT	IF YOU RECEIVE A CENTRE	LINK PAYMENT	
Type of Payment	Customer Reference Number (CRN)	Type of Payment	Customer Reference Number (CRN)	
Payment Amount (net)		Payment Amount (net)		
\$	per week / fortnight / month	\$	per week / fortnight / month	
\$	per week / forthight / month			
(Centrelink Income Statement essential)		(Centrelink Income Statement essent	ial)	
IF YOU ARE SELF EMPLOYE	D	IF YOU ARE SELF EMPLOYE	ED .	
Name of Business	ABN	Name of Business	ABN	
Address				
Industry Accountant Name Accountant Phone Industry Accountant Name Accountant Phone				
Personal Net Income/week	Period business has been operating	Personal Net Income/week	Period of operation	
1 0.13011at IVCt Intollie/ week	1 criou business has been operating	1 CISOILLI IVEL IIICOIIIC/ WEEK	1 criod of operation	

IF YOU ARE A STUDENT		IF YOU ARE A STUDENT				
Institution		Institution				
Course Length	of study	Course		Length of study		
Course Coordinator Phone		Course Coordinator		Phone		
REFERENCES		REFERENCES				
(Referees must not include family members, or anyone already listed on this form)		(Referees must not inclu	de family membe	rs, or anyone already listed on this form)		
1. Reference Name Period o	of time known	1. Reference Name		Period of time known		
Relationship to you Phone		Relationship to you		Phone		
2. Reference Name Period o	of time known	2. Reference Name		Period of time known		
Relationship to you Phone		Relationship to you		Phone		
EMERGENCY CONTACT (not living	g with you)	EMERGENCY CO	ONTACT (no	t living with you)		
Emergency Contact Name		Emergency Contact Name				
Address		Address				
Polotionship to you Phone		Polotionahin to you		Phone		
Relationship to you Phone		Relationship to you		Phone		
PLEASE ATTACH THE FOLLOWING	G DOCUMENTS					
Applications will only be processed or	n a fully completed & signe	d application form th	nat has the fo	llowing attached:		
2 Recent Rent Receipts or Rent Lec	lger (If currently renting)					
Evidence of Current Residence - e.	g. current rates notice or u	tility bill				
☐ Photo Identification - e.g. driver's l	license, passport, proof of a	age card				
Evidence of Income – e.g. 2 curren	t payslip &/or Centrelink s	tatement				
	T-J- T-V					
FREE UTILITY CONNECTION SERV	VICE					
mychnnoct	We can connect			d out of this section, I/we: sure of information to MyConnect (ABN 65 627 003		
myconnect	1		services; Confirm t	ose of arranging the connection of nominated that you are authorised to complete a MyConnect et Connected Form, Tenancy Application Form,		
MyConnect offer a free	-A-	(%)	Online Signup) in that you wish to be	respect of the relevant supply address; Confirm contacted by MyConnect (including by telephone,		
service to connect utilities.	Electricity Gas II	nternet Phone	and be offered a	order to: be provided with the requested service(s) dditional services specific to your address; be on relating to the supply of the requested services		
MyConnect will contact you to arrange			about the services	ices from utility providers; receive information s and other products of other third parties with commercial relationship; consent to MyConnect		
the connection of your required utilities at your new property.		ing support Insurance	disclosing persona relevant utility pro	l information to the Real Estate Agent and/or the vider(s) for the purpose of connection your supply		
Select your required utilities:	_	ing support Insurance	connection; and ac law, MyConnect sh	elevant service and obtaining confirmation of knowledge that, to the fullest extent permitted by all not be liable for any loss or damage (including		
	Our retailers		person or any prop	and loss of profits) suffered by you or any other verty as a result of the provision of services via the corromission of the relevant utility provider or for		
Electricity Gas Internet	ongin agl @ EnergyAustralia 10 momentum energy	GIÈ OPTUS dodo iPrimus	any loss caused by provision of or fail	y or in connection with any delay in connection or ure to connect or provide the nominated utilities. on can be found in our Collection Statement:		
Phone Pay TV	Aussie Superloop FOXTEL	Europear whizz 99 muval		/collection-statement		
☐ OR Tick here to opt out						