# RENTAL APPLICATION FORM

272 Clayton Road, Clayton VIC 3168

T 03 9543 7088

clayton@fncjxre.com.au



The Difference.



Thank you for choosing to apply for a property through First National Clayton.

Please note that the following requirements will need to be met in order for us to process your application:

- 1. You have **inspected** the property prior to applying
- 2. You have completed all sections in the application form (where applicable) and attached three (3) main supporting documents:

| Photo Identification | e.g. drivers licence, passport, proof of age card (keypass)  |
|----------------------|--|
| Proof of Income      | e.g. 2 to 3 recent payslips, letter of employment, student ID, scholarship document, Centrelink statement, self-employed documents |
| Bank Statement       | Latest statement issued by the bank (3 month transaction)  |

3. Each applicant (aged 18 years or older) residing at the property must complete a separate application

## <u>IMPORTANT</u>

YOUR APPLICATION CAN ONLY BE PROCESSED ONCE WE HAVE RECEIVED THE COMPLETED APPLICATION FORM AND ALL THE REQUIRED SUPPORTING DOCUMENTS FROM ALL APPLICANTS. ALL PROPERTIES ARE TO BE LEASED AS INSPECTED UNLESS SPECIFIED IN WRITING.

A lease is not considered to be secured until rent and bond payments have been received and all tenants have signed and understood all terms as outlined in the lease agreement. We confirm that the owner reserves the right to withdraw this offer within 48 hours should you be unable to present payments and sign documentation in the requested timeframe.

We highly recommend you return your completed application to us (in hard copy or via email) as soon as possible to eliminate any disappointment of the property being leased prior. Alternatively, you can also apply online through 1Form.

First National Clayton will endeavour to process your application and have a response to you from the landlord between 3 to 5 business days.

First National Clayton business hours:

Monday to Friday 9:00am to 5:30pm & Saturday 9:00am to 4:00pm

| OFFICE USE ONLY              |                        |
|------------------------------|------------------------|
| Date & time application rece | ived:                  |
| Copy given to applicant: Ye  | es / No                |
| Handed in at Reception       | Left in over night box |
| Emailed                      | Faxed                  |
| Initialled:                  |                        |



We guarantee that your electricity and gas will be connected on your agreed move-in date\*.

\* Terms and conditions apply. Full details at onthemove.com.au

# Residential Tenancy Application For your application to be processed you must answer all questions

| A. AGENT DETAILS   |                             |  |                                   |      |
|--|-----------------------------|--|-----------------------------------|------|
| First National C<br>272 Clayton Road, C<br>Phone: 03 9543 7<br>Email: clayton@f  | Clayton VIC                 |  |                                   |      |
| Property Manager   |                             |  |                                   |      |
| B. PROPERTY DETA   | AILS                        |  |                                   |      |
| I. What is the address   | of the prope                | rty you would lil                                | ke to rent?                       |      |
|  |                             |  |                                   |      |
| 2. Lease commencement  |                             | Postcode  3. Lease term?                         |                                   |      |
| Lease commencem  | ent date?                   | Yea  | rs Moi                            | nths |
| 1. Property Rental?  |                             |  |                                   |      |
| \$   | per week                    | \$   | per calendar m                    | onth |
| 5. Date you inspected  | this propert                | y?   |                                   |      |
| /  | •                           |  |                                   |      |
| 6. How many people   | will normally               | occupy this pro                                  | operty?                           |      |
|  | Adults                      |  | Chile                             | dren |
|  |                             |  |                                   |      |
| 7. Please provide deta   | ails of any pe              |  | egistration nur                   | nbe  |
| Ages:  7. Please provide deta Breed/Type   | ails of any pe              |  | egistration nur                   | nbe  |
| 7. Please provide deta Breed/Type  C. PERSONAL DETA  | AILS                        |  | egistration nur                   | mbe  |
| 7. Please provide deta Breed/Type  C. PERSONAL DETA  8. Please give us you  Mr  Ms   | AILS                        | Council re                                       | egistration nur                   | mbe  |
| 7. Please provide deta Breed/Type  C. PERSONAL DETA 8. Please give us you  | AILS<br>r details.          | Council re                                       |                                   | mbe  |
| 7. Please provide deta Breed/Type  C. PERSONAL DETA  8. Please give us you  Mr  Ms   | AILS<br>r details.          | Council re                                       | Other                             | mbe  |
| 7. Please provide deta Breed/Type  C. PERSONAL DETA 8. Please give us you  Mr  Ms  Given name/s  | AILS<br>r details.          | Council re                                       | Other                             | mbe  |
| 7. Please provide deta Breed/Type  C. PERSONAL DETA 8. Please give us you  Mr  Ms  Given name/s  | AILS r details.             | Council re                                       | Other □                           | mbe  |
| 7. Please provide deta Breed/Type  C. PERSONAL DETA 8. Please give us you Mr  Ms Given name/s  Date of Birth   | AILS r details.             | Council re                                       | Other □                           | mbe  |
| 7. Please provide deta Breed/Type  C. PERSONAL DETA 8. Please give us you Mr  Ms Given name/s  Date of Birth   | AILS r details.             | Council re                                       | Other □ ce number ce state        | mbe  |
| 7. Please provide deta Breed/Type  C. PERSONAL DETA 8. Please give us you Mr  Ms Given name/s  Date of Birth  Driver's licence expin   | AILS r details.             | Council re  Mrs □ Surname  Driver's licence      | Other □ ce number ce state        | mbe  |
| 7. Please provide deta Breed/Type  C. PERSONAL DETA 8. Please give us you Mr  Ms Given name/s  Date of Birth  Driver's licence expire  Passport number  9. Please provide you                                  | AILS r details.      Miss [ | Mrs Surname Driver's licence Passport countails. | Other   ce number  ce state  ntry | mbe  |
| 7. Please provide deta Breed/Type  C. PERSONAL DETA 8. Please give us you Mr  Ms Given name/s  Date of Birth  Driver's licence expir   | AILS r details.      Miss [ | Ouncil re  | Other   ce number  ce state  ntry | mbe  |
| 7. Please provide deta Breed/Type  C. PERSONAL DETA 8. Please give us you Mr  Ms Given name/s  Date of Birth  Driver's licence expire  Passport number  9. Please provide you                                  | AILS r details.      Miss [ | Mrs Surname Driver's licence Passport countails. | Other   ce number  ce state  ntry | mbe  |
| 7. Please provide deta Breed/Type  C. PERSONAL DETA 8. Please give us you Mr  Ms Given name/s  Date of Birth  Driver's licence expir  Passport number  9. Please provide you Daytime phone numl                | AILS r details.      Miss [ | Mrs Surname Driver's licence Passport countails. | Other   ce number  ce state  ntry | mbe  |
| 7. Please provide deta Breed/Type  C. PERSONAL DETA 8. Please give us you Mr  Ms Given name/s  Date of Birth  Driver's licence expir  Passport number  9. Please provide you Daytime phone numl                | AILS r details.      Miss I | Mrs Surname Driver's licence Passport countails. | Other   ce number  ce state  ntry | mbe  |
| 7. Please provide deta Breed/Type  C. PERSONAL DETA 8. Please give us you Mr  Ms Given name/s  Date of Birth  Driver's licence expir  Passport number  9. Please provide you Daytime phone numl  Email Address | AILS r details.      Miss I | Mrs Surname Driver's licence Passport countails. | Other   ce number  ce state  ntry | mbe  |



#### **D. UTILITY CONNECTIONS**



Let On The Move reduce your stress and save you time by arranging your utility connections at the property... at no extra cost! We will contact you within 2 hours to confirm.

### ELECTRICITY, GAS, TELEPHONE, INTERNET, PAY TV, **TENANCY INSURANCE**

Ph: 1300 850 360 Fax: 1300 661 160 Email: sales@onthemove.com.au

Terms & Conditions - 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 .au. On The Move and your Agent may receive a benefit for arranging your services. On The Move and your Agent do not accept responsibility for any delay or failure to connect your services. Standard connection fees and bonds may apply.

No, I will connect the required utilities on my own accord but acknowledge that if the property has a separate water meter, my contact details must be given to the relevant water provider, who will read the meter and commence billing

### **E. DECLARATION OF APPLICANT**

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;
- 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;

- NTS: 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
- allow organisations/tradespeople to contact me
- lodge/claim/transfer to/from the Residential Tenancies Bond Authority (e) refer to Tribunals/Courts & Statutory Authorities (where applicable)
- refer to collection agents/lawyers (where applicable)
- 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

If Section D is completed, 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.

The initial payment of a calendar month's rent and bond is to be paid by MONEY ORDER OR BANK CHEQUE ONLY. If your application is successful, you will make rental and other payments to the agency by either the Agent's preferred payment method Payment Gateway or by the alternative method offered by the agency as detailed below. I acknowledge the Agent's preferred payment method is Payment Gateway (IP Payments Pty Ltd) and accept that the following fees apply for rent payments made using this method:

- Bank Account: \$1.65 inc GST
- Credit Card: 2.2% inc GST

We hope this information is of value to you. If there is anything we can do to make the 'moving in' process easier for you, please let us know. It is our aim to provide you with every assistance possible to ensure that your association with this office is an enjoyable one.

|  | Signature | Date |
|--|-----------|------|
|  |           |      |

| F. OFFICE USE                                      |
|--|
| Application submitted to On The Move (if required) |

| G. APPLICANT RENTAL HISTOR                                  | Y - CURRENT ADDRESS                      | J. PREVIOUS EMPLOYMENT D                          | DETAILS                           |
|---|--|---|-----------------------------------|
| 11. What is your current address?                           |  | 22. Please provide your previous                  | employment details.               |
|   |  | Occupation  |                                   |
|   | Postcode                                 | Employer's name                                   |                                   |
| 12. How long have you lived at your cu                      | ırrent address? Years Months             |   |                                   |
| 13. Why are you leaving this address                        | ss?                                      | Length of employment  Years Months                | ]                                 |
|   |  | Contact name                                      | Phone number                      |
| 14. Is the property at this address:                        | ☐ Rented ☐ Owned                         |   |                                   |
| ☐ Other   |  | K. STUDENT DETAILS (IF APP                        | LICABLE)                          |
| 15. Please tell us about this proper                        | rty.                                     | 23. University Details                            |                                   |
| Name of landlord or agent                                   |  | University  |                                   |
| Landlord/agent's address                                    |  | Course name                                       |                                   |
| Landiord/agent's address                                    |  |   |                                   |
| Landlord/agent's phone number                               | Weekly rent paid                         | Income source                                     | Income received                   |
|   | \$                                       |   | \$ per week                       |
| Has your bond been refunded?                                | □ YES □ NO                               | L. SELF EMPLOYMENT DETAIL                         | LS (IF APPLICABLE)                |
| If NO, why?   |  | 24. Self-employment details Business name         |                                   |
| H. APPLICANT RENTAL HISTOR                                  | Y - PREVIOUS ADDRESS                     | Dusiness name                                     |                                   |
| 16. What was your previous resider                          | ntial address?                           | ABN/CAN   |                                   |
|   |  |   |                                   |
| 17. How long did you live at this add                       | lress? Years Months                      | Accountant/Solicitor                              | Phone                             |
| 18. Why did you leave this address                          | ?  | Notes   |                                   |
|   |  |   |                                   |
| 19. Was this property::                                     | ☐ Rented ☐ Owned                         |   |                                   |
| ☐ Other   |  | M. CENTRELINK (IF APPLICA                         | BLE)                              |
| 20. Please give us further information                      | on about this rented property.           | 25. Type  |                                   |
| Name of landlord or agent                                   | on about the ronton proporty.            |   |                                   |
|   |  | CRN   | Amount received  \$ per fortnight |
| Landlord/agent's phone number                               | Weekly rent paid                         |   | - por tortaingite                 |
|   | \$                                       | N. EMERGENCY CONTACTS &                           |                                   |
| Was bond refunded in full?   YI                             | ES 🗆 NO                                  | 26. Please provide a contact in c<br>Given name/s | •                                 |
| If NO, why?   |  | Given hame/s                                      | Surname                           |
| I. CURRENT EMPLOYMENT DET                                   | AILS                                     | Relationship to you                               | Phone number                      |
| 21. Please provide your employmen                           | nt details.                              | 27 Places provide two personal                    |                                   |
| What is your occupation?                                    |  | 27. Please provide two personal  1. Given name/s  | Surname                           |
| What is the nature of your employe                          | mont?                                    |   |                                   |
| What is the nature of your employs  ☐ Full Time ☐ Part Time |  | Relationship to you                               | Phone number                      |
| Employer's name (inc. accountant if se                      | *Complete section L                      | 2. Given name/s                                   | Surname                           |
| Employer's frame (inc. accountant if se                     | ii employed or institution ii a student) |   |                                   |
| Employer's address  |  | Relationship to you                               | Phone number                      |
|   |  |   |                                   |
|   | Postcode                                 | O. ADDITIONAL NOTES                               |                                   |
| Contact name  | Phone number                             |   |                                   |
|   |  |   |                                   |
| Length of employment  |  |   |                                   |
| Years Months  | Othersia                                 |   |                                   |
| Weekly income   | Other income \$                          |   |                                   |