



Darwin Office: 74 Cavenagh Street, Darwin NT 0800 **Postal Address:** GPO Box 2202, Darwin NT 0801 **Ph:** 08 89 432 432 **Fax:** 08 89 818 538
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TENANCY APPLICATION FORM

ONE APPLICATION PER ADULT (ALL ADULTS MUST SUBMIT APPLICATION)

MUST PROVIDE 2 X FORMS OF ID (DRIVERS LICENSE/PASSPORT/ETC) AND 2 X MOST RECENT PAYSLIPS

PROPERTY ADDRESS:

RENT PER WEEK: \$ SECURITY DEPOSIT/BOND: \$ (4 weeks rent)

TENANCY TO COMMENCE: / / LENGTH OF LEASE: 6 months 12 months OTHER:

HAVE YOU INSPECTED THE PROPERTY: YES NO DO YOU HAVE OTHER APPLICATIONS PENDING: YES NO

SPECIAL CLAUSES/CONDITIONS:

APPLICANT DETAILS (ONE PER PERSON)

TITLE: MR MRS MS MISS DR RELATIONSHIP STATUS: SINGLE DE FACTO MARRIED

FULL NAME:

DATE OF BIRTH: PLACE OF BIRTH:

PHONE: (B/H) PHONE: (A/H)

MOBILE: EMAIL:

CAR: (MAKE / MODEL) CAR REGISTRATION:

TYPE OF ID SUPPLIED: ID NO.: STATE / COUNTRY OF ISSUE:

RENTAL DETAILS

CURRENT ADDRESS: RENT / MORTGAGE PER WEEK: \$

LANDLORD / AGENT NAME: LANDLORD / AGENT PHONE:

LENGTH AT PROPERTY: REASON FOR LEAVING:

PREVIOUS ADDRESS: RENT / MORTGAGE PER WEEK: \$

LANDLORD / AGENT NAME: LANDLORD / AGENT PHONE:

LENGTH AT PROPERTY: REASON FOR LEAVING:

EMPLOYMENT DETAILS

CURRENT EMPLOYER: WEEKLY INCOME: \$ EMPLOYMENT PERIOD:

CONTACT NAME: EMPLOYER PHONE:

YOUR POSITION: EMPLOYMENT TERMS: FULL TIME PART TIME CASUAL

PREVIOUS EMPLOYER: WEEKLY INCOME: \$ EMPLOYMENT PERIOD:

CONTACT NAME: EMPLOYER PHONE:

EMERGENCY CONTACT

NAME (NEXT OF KIN, NOT SPOUSE) RELATIONSHIP CONTACT NUMBER/S

PERSONAL REFEREES

NAME (NOT CONTACTS ALREADY LISTED ABOVE) RELATIONSHIP (NOT FAMILY) CONTACT NUMBER/S

1.

2.

3.

