

APPLICATION FOR TENANCY

Full address of proposed rental: _____ Rent per WEEK: \$ _____

Length of Tenancy : 6 months / 12 months Other: _____ Proposed Tenancy to Begin: _____

Type of Premises: _____ Furnished / Unfurnished Carspace/Garage: _____

INITIAL PAYMENTS SHOULD APPLICATION BE SUCCESSFUL – (AGENT TO COMLPETE)

Note: Initial payments must be made in cash or bank/building society cheque or money order. Personal cheques will not be accepted.

Rental Bond: \$ _____

First 2 week's rent: \$ _____ TOTAL: \$ _____

PERSONAL DETAILS

Full Name: _____ Maiden Name (if applicable): _____

Title: Mr / Mrs / Ms / Other _____ Date of Birth: _____

Current Address: _____ Postcode: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Fax: _____ E-mail: _____

Driving Licence Number: _____ Medicare Number: _____ Occupation: _____

Vehicle Registration Number: _____ State of Registration: _____ Make & Model of Car / Motorbike: _____

IDENTIFICATION

Before we can process the application, a 100 point check must be completed. Please see below list, along with points value.

By signing this application, the Applicant hereby authorises the Agent to make and retain copies of the following documents:

<i>Documents:</i>	<i>Available & Copied:</i>	<i>Points</i>
Last FOUR Rent Receipts or Rates Notice if you own you own property	yes / no	30
Driving Licence or Birth Certificate or Passport	yes / no	30
Medicare Card	yes / no	20
2 recent payslips or evidence of regular payments from Centrelink	yes / no	30
2 recent Phone or 2 recent Gas or 2 recent Electricity Bills	yes / no	20
Copy of most recent bank statement	yes / no	20
Additional if available: 2 references from previous landlords/agents	yes / no	

GENERAL DETAILS

Number of occupants: Adults: _____ Children: _____ Pets: _____

Full names and ages of children: _____

Type/breed and age of pets: _____

Pet Registration Details: _____

Do you own a lawnmower: yes / no Do you smoke: yes / no Would you be prepared to pay rent by direct debit: yes / no

NEXT OF KIN/ IN CASE OF EMERGENCY CONTACT (OTHER THAN CO-APPLICANTS)

Name: _____ Relationship to you: _____

Work Phone: _____ Mobile: _____ Email: _____

Address: _____

EMPLOYMENT DETAILS

Company Name: _____ Contact Person (Manager): _____

Work Phone: _____ Mobile: _____ Email: _____

Employer's Address: _____ Post Code: _____

Employment Commenced: _____ Nett Weekly Income (excluding Overtime): \$ _____

If employed at the above for less than 12 months, please provide PREVIOUS employment details:

Employer's Name: _____ Work Phone: _____ Mobile: _____

Employer's Address: _____ Post Code: _____

Period of Employment: ___ / ___ / ___ to ___ / ___ / ___ Nett Weekly Income (excluding Overtime): \$ _____

SELF-EMPLOYED / OWN BUSINESS (only complete if this applies to you)

Name of Business: _____ ABN: _____

Business Address: _____ Personal Nett Income/Week: \$ _____

What your Business does: _____ How long in this business: _____

Name of Accountant: _____ Accountant Phone Number: _____

If self-employed/own business for less than 12 months, please complete Previous Employment Details in the section above.

CENTRELINK PAYMENT (only complete if this applies to you)

Type of payment: _____ Customer Reference Number: _____

Nett Fortnightly Income: \$ _____

PROFESSIONAL REFERENCES

Note: Relatives will not be accepted. Both must have known you for 1 or more years and must be Permanent Residents of Australia.

1. Name: _____ Address: _____

Relationship to you: _____ Known you for how long?: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

2. Name: _____ Address: _____

Relationship to you: _____ Known you for how long?: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

If self employed/own business, please complete established trade/business reference as well as the 2 references above:

3. Name: _____ Address: _____

Relationship to you: _____ Known you for how long?: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

TENANCY DETAILS

Current Landlord/Agent: _____ Phone: _____

Address of Rental: _____ Date Lease commenced: _____

Rent per week: \$ _____ Reason for Leaving: _____

Any reason why Bond may not be refunded? _____

Previous Landlord/Agent: _____ Phone: _____

Address of Rental: _____ Date Lease commenced: _____

Rent per week: \$ _____ Reason for Leaving: _____

Bond refunded? Yes / no If no, reason why: _____

Have you ever been evicted by any Landlord/Agent? yes / no

If YES, give details: _____

Have you ever been refused another property by any Landlord/Agent? yes / no

If YES, give details: _____

Are you in debt to another Landlord/Agent? yes / no

If YES, give details: _____

Please state any reason known to you that would affect your Rental payments: _____

PRIVACY POLICY

The Agent: PAULL & SCOLLARD NUTRIEN AG SOLUTIONS
593 Macauley Street, Albury NSW 2640
(02) 6058 1234

Full Name of The Applicant: _____

The personal information the prospective tenant provides in this application or collected from other sources is necessary for the Agent to verify the Applicant's identity, to process and evaluate the application and to manage the tenancy.

Personal information collected about the Applicant in the application and during the course of the tenancy (if application is successful) may be disclosed for the purpose for which it was collected to other parties including the landlord, referees, other agents and third party operators of tenancy reference databases.

If the Applicant enters into a Residential Tenancy Agreements and if the Applicant fails to comply with their obligations under that Agreement, that fact and other relevant personal information collected about the Applicant during the course of the tenancy may also be disclosed to other parties, including those referred to above.

Information already held on tenancy reference databases may also be disclosed to the Agent and/or landlord.

If the Applicant would like to access the personal information the Agent holds, they can do so by contacting the Agent at the address and contact numbers contained in this application. The Applicant can also correct this information if it is inaccurate, incomplete or out-of-date.

If the information is not provided, the Agent may not be able to process the application and manage the tenancy.

Should this application not be accepted, the Agent is not required or obligated to disclose why or supply any reason for the rejection of this application unless the application is declined as a result of the Applicant's name being listed with a tenancy database.

I, the said applicant, do solemnly and sincerely declare that all the information contained in this application is true and correct and that all of the information was give of my own free will. I further confirm and declare that I have read and understood the 4 pages of this Application.

Applicant's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____

Note: Agent to photocopy this Application in order to provide Applicant with a copy.