Residential Application Form

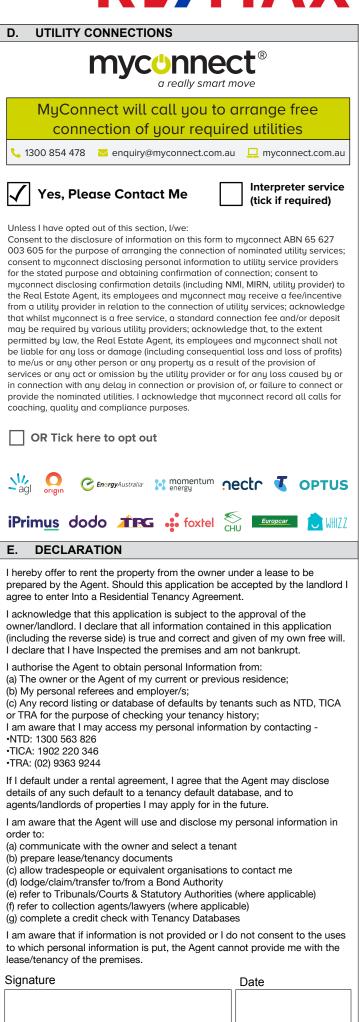
For your application to be processed you must answer all questions (Including the reverse side)

| A. AGENT DETAILS | | | | | | |
|--|------------------------------|--|--|--|--|--|
| REMAX WAGGA | | | | | | |
| Office: 6/46–54 Baylis Street, Wagga Wagga NSW 2650 | | | | | | |
| Tel: 02 5938 2823 | | | | | | |
| Web: www.remaxelitewagga.com.au | | | | | | |
| B. PROPERTY DETAILS | | | | | | |
| 1. What is the address of the prope | erty you would like to rent? | | | | | |
| | | | | | | |
| | Postcode | | | | | |
| 2. Lease commencement date? | | | | | | |
| | Month | | | | | |
| Day | Month Year | | | | | |
| 3. Lease term? | | | | | | |
| Years | Months | | | | | |
| 4. How many tenants will occupy the | ne property? | | | | | |
| Adults Children | Ages of | | | | | |
| | Children | | | | | |
| C. PERSONAL DETAILS | | | | | | |
| 5. Please give us your details | | | | | | |
| Mr Ms Miss | Mrs Other | | | | | |
| Surname | Given Name/s | | | | | |
| | | | | | | |
| Date of Birth | Driver's licence number | | | | | |
| | | | | | | |
| Driver's licence expiry date Driver's licence state | | | | | | |
| | | | | | | |
| Passport no. | Passport country | | | | | |
| | | | | | | |
| Pension no. (if applicable) | Pension type (if applicable) | | | | | |
| (ii applicable) | in applicable) | | | | | |
| | | | | | | |
| 6. Please provide your contact deta | | | | | | |
| Home phone no. | Mobile phone no. | | | | | |
| | | | | | | |
| Work phone no. | Fax no. | | | | | |
| | | | | | | |
| Email address | | | | | | |
| | | | | | | |
| 7. What is your current address? | | | | | | |
| | | | | | | |
| | Postcode | | | | | |
| 1 ostobe | | | | | | |
| 8. How did you find out about this | property? | | | | | |
| Newspaper The Internet | Cocal Paper | | | | | |
| Office Office Window | Sign Board at property | | | | | |
| Referral Other (specify) | | | | | | |

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(Including the reverse side)





| F. APPLICANT HISTORY | | H. CONTACTS | / REFERENC | ES | | |
|---|------------------------|--|-----------------|-------------------|------|----------------|
| 9. How long have you lived at your current add | ress? | 17. Please provide a contact in case of emergency | | | | |
| Years Months | | Surname | | Given name/s | 3 | |
| 10. Why are you leaving this address? | | | | | | |
| | | Relationship to you | | Phone no. | | |
| 11. Landlord/Agent details of this property (if a | oplicable) | | | | | |
| Name of landlord or agent | | 18 Please provide | 2 norsonal rofe | roncos (not rol | atod | to you) |
| | | 18. Please provide 2 personal references (not related to you) 1. Surname Given name/s | | | | |
| Landlord/agent's phone no. Weekly Ren | t Paid | | | | | |
| | | Deletional in to your | | | | |
| 12. What was your previous residential address | ;? | Relationship to you Phone no. | | | | |
| | | | | | | |
| Postcod | | 2. Surname | | Given name/s | 3 | |
| | | | | | | |
| 13. How long did you live at this address? | | Relationship to you | | Phone no. | | |
| Years Months | | | | | | |
| 14. Landlord/Agent details of this property (if a | oplicable) | | | | | |
| Name of landlord or agent | | I. OTHER INFO | | | | |
| | | 19. Car Registration | n | | | |
| Landlord/agent's phone no. Weekly Ren | t Paid | | | | | |
| | | 20. Please provide | details of any | pets | | |
| Was bond refunded in full? If not why no | ot? | Name | Breed | | Age | Inside/Outside |
| | | | | | | In Out |
| | | | | | | In Out |
| Please answer the following questions: | Yes No | | | | | In Out |
| Have you ever been evicted by any landlord or age | ent? | | | | | In Out |
| Have you ever been refused another property? | | | | | | |
| Are you in debit to another landlord or agent? | | | | | | In Out |
| Is there any reason that would affect your rent pays | ment? | J. PAYMENT D | ETAILS | | | |
| Have you applied for any other rental properties? | | Property Rental | 7 | | | 7 |
| G. EMPLOYMENT HISTORY | | \$ | per week Or | \$ | | per month |
| 15. Please provide your employment details What is your occupation? | | | | | | |
| What is your occupation: | | First 2 weeks rent: | | | \$ | |
| | | Rental bond (4 weeks rent): | | | | |
| Employer's name (inc. accountant if self employed or in | stitution if student) | | | | | |
| | | Total payable prior | to lease comme | encement: | \$ | |
| Contact name Phone no. | | Are you already rea | istored with De | ntal Banda Onli | no? | Voo 🗆 No 🗆 |
| | | Are you already reg | istered with Re | Illai Bolius Olli | | Yes No |
| Length of employment | Net Income | K. PLEASE INC | CLUDE THE F | OLLOWING | | |
| Years Months | \$ | PLEASE ENSUR | | | | |
| | | COMPLETED AS AN APPLICATION | | | 3 MA | Y RESULT IN |
| 16. Please provide your previous employment of What is your occupation? | ietalis | All applications mu | | | ncon | ne statement |
| | | PLUS a bank state | | | | |
| Employer's name (inc. accountant if self employed or in | estitution if student) | transactions | | | | |
| Employer's frame (inc. accountant it sell employed of in | Sitution it student) | 100 points of identification must ALSO be provided and can be | | | | |
| | | made up of: | 40 nointo | | | |
| Contact name Phone no. | | Driver's LicensePassport - 40 po | • | | | |
| | | Medicare/Health | |) points | | |
| Length of employment | Net Income | Bank Card - 30 p | | | | |
| Years Months | \$ | Utility Bill/Vehicle Other photo ID - | | - 20 points | | |