Residential Application Form

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

Other (specify)

Referral

Application sent to YourPorter(if Required)



Hunter Valley **AGENT DETAILS UTILITY CONNECTIONS** Telephone: 1300 400 600 **PRD Nationwide Hunter Valley Your Pörter**)a[: 1300 326 468 107 Newcastle Road East Maitland NSW 2323 www.vourporter.com.au Phone Number: 02 4934 2000 YourPorter is a FREE service connecting utilities and other services. Fax Number: 02 4934 5200 If the Agent approves this application, YourPorter will be contacting you by **Email Address:** rentals@prdhuntervallev.com.au phone, SMS, or email for the purposes of assisting you to connect your utilities Web: www.prdhuntervalley.com.au within 24 hours of receiving this application for next business day connection. **Property Manager** ☐ (leFtriFit\ Telephone Pay TV Health Insurance PROPERTY DETAILS Car Insurance 1. What is the address of the property you would like to rent? Life Insurance Home & Contents Insurance **DECLARATION AND ACCEPTANCE:** Postcode I/We consent to the disclosure of this application form (including any personal information contained in this form) to YourPorter Pty Ltd (ABN 36 252 576 050) for the purpose of allowing YourPorter and its service providers to contact me for the connection of services 2. Lease commencement date? as offered by YourPorter. Month Year Day I/We acknowledge that if I/We do not provide my/our personal information, YourPorter will not be able to provide these services to me/us. YourPorter will ensure that my/our 3. Lease term? personal information is collected, used, held and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth). Years Months I/We acknowledge that YourPorter may receive a benefit in relation to the connection of any of the services listed above. I/We consent to YourPorter contacting me by phone or 4. How many tenants will occupy the property? SMS in relation to the connection of the services listed above. I/We acknowledge that this consent permits YourPorter to contact me even if the numbers listed on this application are listed on the Do Not Call Register. YourPorter will otherwise collect, hold, use and Ages of Adults Children Children disclose personal information in accordance with their privacy policies, which are available at www.yourporter.com.au/general/privacy-policy/.YourPorter is a free service, but I/We **PERSONAL DETAILS** acknowledge that standard connection fees may apply for services connected (in addition to the ongoing service fees). 5. Please give us your details I/We acknowledge that neither YourPorter nor the Agent accept any responsibility for any Ms Miss Mrs Other Mr delay in or failure to arrange or provide for any connection of a service or for any loss, damage, cost or expense in connection with such delay or failure. By signing this Surname Given Name/s application, I/We understand YourPorter is a value add product and that I/We are under no obligation to use YourPorter. Signature Date Date of Birth Driver's licence number Driver's licence expiry date Driver's licence state **DECLARATION** I hereby offer to rent the property from the owner under a lease to be prepared by the Passport country Agent. Should this application be accepted by the landlord I agree to enter in to a Residential Tenancy Agreement. Passport no. 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 Pension no. (if applicable) Pension type (if applicable) and correct and given of my own free will. I declare that I have inspected the premises and am not bankrupt. I, the tenant, accept the property in the condition it was in when 6. Please provide your contact details I authorise the Agent to obtain personal information about me from: (a) The owner or the Agent of my current or previous residences; (b) My personal referees and employer/s; Home phone no. Mobile phone no. (c) Any record listing or database of defaults by tenants; Any record listing or database of defaults by tenants such as TICA, NTD or TRA for the purpose of checking your tenancy history. I am aware that I may access my personal information by contacting: Work phone no. Fax no. TICA 1902 220 346 NTD 1300 563 826 TRA (02) 9363 9244 **Email address** I am aware that the Agent will use and disclose my personal information within this application in order to: (a) communicate with the owner and select a tenant (b) prepare lease/tenancy documents 7. What is your current address? (c) allow trades-people or equivalent organisations to contact me (d) lodge/claim/transfer to/from a Bond Authority (e) refer to Tribunals/Courts & Statutory Authorities (where applicable) (f) refer to collection agents/lawyers (where applicable) Postcode (g) complete a check with TICA 8. How did you find out about this property? Newspaper The Internet O Local Paper Office Office Window Sign Board at property

(g) complete a check with TICA

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. I am aware that I may access personal information on the contact details above. When approved for the property a non-refundable holding deposit of one weeks rent will need to be paid to secure the property as yours.

Signature

Date

E ARRIJOANT HIGTORY				
F. APPLICANT HISTORY		H. CONTACTS / REFERENCES		
9. How long have you lived at your current address?		17. Please provide a contact in case of emergency		
Years	Months	Surname	Given name/s	
10. Why are you leaving this addres	267	Relationship to you	Phone no.	
10. Willy are you leaving this address	15:	Relationship to you	Filone no.	
44 1 - 11 - 1/4 - 1 - 1 - 1 - 1 - 1				
11. Landlord/Agent details of this property (if applicable) Name of landlord or agent		18. Please provide 2 personal references (not related to you) 1. Surname Given name/s		
Landlord/agent's phone no.	Weekly Rent Paid	Relationship to you	Phone no.	
3	\$			
			Civer persons	
12. What was your previous resider	ıtial address?	2. Surname	Given name/s	
	Postcode	Relationship to you	Phone no.	
13. How long did you live at this add	dress?			
		I. OTHER INFORMATION		
Years Months		19. Car Registration		
14. Landlord/Agent details of this property (if applicable)				
Name of landlord or agent				
		20. Please provide details of a		
Landlord/agent's phone no.	Weekly Rent Paid	Breed/type	Council registration / number	
Landiord/agent's priorie no.		1.		
	\$	2.		
Was bond refunded in full?	If not why not?			
			ANTS PLEASE NOTE.	
G. EMPLOYMENT HISTORY			ER OF - TICA DEFAULT TENANCY	
15. Please provide your employment details		CONTROL SYSTEM (A division of Tenancy Information Centre Australasia Holdings Pty Ltd.)		
What is your occupation?		All applications for tenancy in this ofice are processed through		
		TICA.	9	
What is the nature of your employment?		Each adults application form	m MUST have the following support	
(FULL TIME/PART TIME/CASUAL)		documents attached:		
Employer's name (inc. accountant if self employed or institution if student)		1 Proof of identification (Photo ID cord or Driver's License Or		
		Proof of identification (Photo ID card orDriver's License Or Passport)		
Employer's address		Proof of income (2x Payslips or Centerlink statement)		
		3. Proof of last residential address – i.e. Telstra account.		
Postcode		Electricty or Gas supply account, bank or credit card		
Contact name Phone no. 4. Proof of Affordability (1x Bank Statemer				
			Additional supporting documents can include: -Photocopy of medicare card & credit card	
Length of employment	Net Income			
		-References from previous -Copy of previous lease agi		
Years	Months \$	-previous rent receipts	reement of femal leager	
		On approval of application all monies due MUST be paid in		
16. Please provide your previous employment details		full EFTPOS, BANK CHEQUE or MONEY ORDER.		
Occupation?			ocessed on a fully completed	
		AND signed tenancy applic	AND signed tenancy application form.	
		Our ofice reserves the right to allow for any changes or additions to the above.		
Employer's name				
Contact name Phone no.			provide the above details, the	
		application may not be p	rocessed.	
Length of omployment	Not Income	Notocall accommended as also	monto nocel to be benefit to 100	
Length of employment	Net Income		ments need to be handed in with	
Years	Months \$	this form and photo copic	eu at your own expense.	