

Tenancy Application Form

Applicant's Name:

Property Address:



Kiama

2/110-112 Terralong Street
Kiama NSW 2533

Ph: 02 4232 2888 | Fax: 02 4232 1888
propertymanagement@ccfn.com.au

Gerringong

119 Fern Street
Gerringong NSW 2534

Ph: 02 4234 1911 | Fax: 02 4234 2660
rentals@ccfn.com.au



firstnational
REAL ESTATE

Coast & Country

Please note: The properties managed by this office may be protected by the Barclay MIS Protect & Protect Plan and TICA.

PROPOSED PROPERTY:

Address: _____

 Rent p/w: \$ _____ Preferred Length of Tenancy: 6mth / 12mth
 Other: _____ Preferred Start Date: _____

APPLICANTS DETAILS:

(all persons 18+ are required to complete a separate application)

Full Name: _____
 Previous family/last name (if applicable): _____
 Date of Birth: _____ Marital Status: _____
 Drivers Licence No: _____ State: _____
 Passport No: _____ Country: _____
 Visa No: _____
 18+ Card No: _____ Medicare No: _____
 Your Current Address: _____

 Home Ph: _____ Mobile: _____
 Work Ph: _____ Email: _____
 How many people will be residing at the property? _____
 Adults Names: _____
 Childrens Names & Ages: _____

 Do you have any pets? **No / Yes** - Breed & Age: _____

Vehicle Rego No: _____ State: _____
 No. of cars/bikes to be parked on the premises: Cars _____ Bikes _____
 Make, Model & Colour: _____
 Are you or any of the dependents residing with you, smokers? **No / Yes**

EMPLOYMENT DETAILS

Occupation: _____
Full Time / Part Time / Casual / Contract / Self Employed / Unemployed
Current Employer
 Company Name: _____
 Contact Person: _____ Their Position: _____
 Address: _____
 Phone No: _____ Email: _____
 Length of Employment: _____ Position held: _____
 Net Weekly Income (excl. over time): \$ _____

Previous Employer (complete if current employment is less than 6 months)

Company Name: _____
 Contact Person: _____ Their Position: _____
 Address: _____
 Phone No: _____ Email: _____
 Length of Employment: _____ Position held: _____

If you are Self Employed

Registered name of business: _____
 ABN: _____ Type of business: _____
 Address: _____
 Phone No: _____ Email: _____
 Length of time in business: _____
 List one major creditor: _____

If you are a Student

Are you: **Full Time / Part Time**
 Are you an overseas student? **No / Yes** - Visa expiry date: _____
 Name of learning institution: _____
 Department: _____ Student union no: _____
 Student ID no: _____ Income source: _____
 Contact: _____ Net weekly income: \$ _____

If you receive a Centrelink Payment

Total amount received weekly (total payments): \$ _____
 Type of payment: _____ CRN No: _____
 Copy of Card attached: **Yes / No**

YOUR RENTAL HISTORY:

Current Agent/Landlord: _____
 Phone: _____ Email: _____
 Address of rented property: _____
 Date vacated or vacating: _____ Rent per week: \$ _____
 Period of tenancy: _____ Reason for leaving: _____
 _____ Was bond refunded in full? **Y / N**
 If no, why? _____

Previous Agent/Landlord: _____
 Phone: _____ Email: _____
 Address of rented property: _____
 Date vacated or vacating: _____ Rent per week: \$ _____
 Period of tenancy: _____ Reason for leaving: _____
 _____ Was bond refunded in full? **Y / N**
 If no, why? _____

Emergency Contact (not residing with you)

Name: _____
 Relationship: _____ Phone: _____
 Address: _____

COST OF STARTING A TENANCY

If your application is approved you will be required to pay the amounts below:

Holding deposit: (1 weeks rent) - due within 24 hours (non refundable)
1 weeks rent in advance: - due in our account by 9am the day of lease starting

Bond: (equivalent to 4 wks rent) - due TO NSW OFT RENTAL BOND BOARD
you will receive an email from NSW OFT Bonds Online outlining payment requirements

100 POINTS OF IDENTIFICATION

Before any application will be considered, you must achieve a minimum of 100 points.

*MUST SUPPLY

*DRIVERS LICENCE

*WAGES / PAY SLIPS

*BANK or CREDIT CARD STATEMENTS

PASSPORT
 PROOF OF AGE CARD
 AUSTRALIAN DEFENCE ID
 TENANCY HISTORY LEDGER
 PREVIOUS TENANCY AGREEMENT
 PREVIOUS FOUR RENT RECEIPTS
 RENTAL BOND RECEIPT
 MOTOR VEHICLE REGISTRATION
 TELEPHONE ACCOUNT
 ELECTRICITY ACCOUNT
 GAS ACCOUNT
 PENSION CARD
 COUNCIL or WATER RATES
 HEALTH CARE CARD
 MEDICARE CARD
 BIRTH CERTIFICATE

***30 Points**

***15 Points**

***15 Points**

30 Points

30 Points

20 Points

20 Points

20 Points

20 Points

20 Points

15 Points

15 Points

15 Points

15 Points

15 Points

15 Points

10 Points

10 Points

TOTAL POINTS PROVIDED

PROOF OF INCOME

If employed - last 2 x payslips

If self-employed - banks statement; accountants details; tax return for previous year.

If unemployed or on benefits - copy of current centrelink statement and health care card.

FREE UTILITY CONNECTION SERVICE:

myconnect

myconnect is a FREE and easy to use utility connection service

☒ **Yes, Please Contact Me**

☐ **Interpreter required***

*Language: _____

Phone: 1300 854 478

Fax: 1300 854 479

Email: enquiry@myconnect.com.au

Web: www.myconnect.com.au

Unless I have opted out of this section, I/we:

Consent to the disclosure of information on this form to myconnect ABN 34121 892 331 for the purpose of arranging the connection of nominated utility services; consent to myconnect disclosing personal information to utility service providers for the stated purpose and obtaining confirmation of connection; consent to myconnect disclosing confirmation details (including NMI, MIRN, utility provider) to the Real Estate Agent, its employees and myconnect may receive a fee/incentive from a utility provider in relation to the connection of utility services; acknowledge that whilst myconnect is a free service, a standard connection fee and/or deposit may be required by various utility providers; acknowledge that, to the extent permitted by law, the Real Estate Agent, its employees and myconnect shall not be liable for any loss or damage (including consequential loss and loss of profits) to me/us or any other person or any property as a result of the provision of services or any act or omission by the utility provider or for any loss caused by or in connection with any delay in connection or provision of, or failure to connect or provide the nominated utilities. I acknowledge that myconnect record all calls for coaching, quality and compliance purposes.

☐ **Tick here to opt out**



PRIVACY DISCLOSURE FORM & DISCLAIMER/AUTHORITY:

This form provides information about how we use your personal information, as required by the Australian Privacy Principles in the Privacy Act 1988, and seeks your consent to disclosures to the TICA Group of companies (TICA) in specified circumstances. If you do not consent to the disclosure of your personal information to TICA we can not process your application. As a professional asset manager we collect personal information about you. The information we collect can be accessed by you by contacting our office.

Primary Purpose:

Before a tenancy is accepted we collect your information to assess the risk to our clients in providing you with a property you have requested to rent and if considered acceptable provide you with a tenancy for the property. In order to assess your application we disclose your personal information to:

The Lessor / Owners for approval or rejection of your application, TICA Default Tenancy Control Pty Ltd and TICA Assist Pty Ltd to assess the risk to our clients and verify the details provided in your tenancy application, Any other persons to validate information supplied in your application and Other Real Estate Agents to assess the risk to our clients.

Secondary Purpose:

During and after the tenancy we may disclose your personal information to: Trades people to contact you for repairs and maintenance of the property, Tribunals or Courts having jurisdiction seeking orders or remedies, Debt Collection Agencies and affiliated industries, TICA Default Tenancy Control Pty Ltd to record details of your tenancy history, Lessors / Owners insurer in the event of an insurance claim and Future rental references to other asset managers / owners.

TICA Statement:

As the TICA Group may collect personal information about you, the following information about the TICA Group is provided in accordance with the Australian Privacy Principles in the Privacy Act 1988. TICA Default Tenancy Control Pty Ltd (ABN 84 087 400 379) is a tenancy database that records tenants personal information from its members including tenancy application inquiries and tenancy history. TICA Assist Pty Ltd (ABN 28137 488 503) is a database company that records information from mercantile agents and associated industries. In accordance with the Australian Privacy Principles you are entitled to have access to any personal information that we may hold on any of our databases. To obtain your information from the TICA Group proof of identity will be required and can be made by mail to: TICA Public Inquiries PO BOX 120, CONCORD NSW 2137 a fee of \$19.80.

TICA Primary Purpose:

The TICA Group collects information from its members and provides such information to other members as a risk management system for the purpose of assessing a tenancy application. The TICA Group does not provide any information that it collects to any other individual or organization other than its own group of companies for any other purpose other than assessing a tenancy application or risk management system or locating system other than government departments and or agencies allowed by law to obtain information from the TICA Group. The personal information that the TICA Group may hold is as follows:

Name, date of birth, drivers license number, proof of age card number and or passport number (except Australian) and address at time of making a tenancy application, comments made by a TICA member in relation to your tenancy, which members you rented through and which members you applied to and which members are seeking you.

I, _____, the said applicant, do solemnly and sincerely declare that the information contained in this application is true and correct and that all of the information was given of my own free will. I further consent to the lessor/agent contacting and /or conducting any enquiries and/or searches with regard to the information and references supplies in this application.

I, the said applicant, do solemnly and sincerely declare that I am over 18 years of age and have read and understand the contents of this agreement and have the competence and capacity to enter into this agreement.

1. I have, of my own accord, decided that I wish to rent the property at _____ commencing _____ for a period of _____ months.

2. I have been informed, understand and agree that the rental for the said property is to be \$ _____ per week and is within my means.

3. (i) I have been informed, understand and agree that the rental for the said property is to be paid every week and is to be paid by the due date at all times.

(ii) I have been informed, understand and agree that the lessor/agent will carry out an inspection on the property on a quarterly basis and I further warrant that I will cooperate fully to allow this inspection to be carried out.

4. I have been informed, understand and agree that the acceptance of my application is subject to a satisfactory report being obtained from information supplied on the fully completed Tenancy Application submitted by me. I further consent to the agent carrying out any enquiries necessary to process my application for tenancy.

5. I have been informed, understand and agree that should the landlord be put to any expense or expend any moneys during the currency of the Tenancy Agreement or at the expiration of the Tenancy Agreement as a consequence of a breach by me in the performance and observance of my obligations under the Tenancy Agreement (including but not limited to : evictions, payment of rent, maintenance of the premises, making good any damage to the premises), that all and any such moneys expended by the landlord shall be recoverable from me and payable by me, including, but not limited to, legal fees, mercantile agents fees, accountants fees, etc..

6. I further consent to the agent disclosing all personal information that they may hold for the purpose of:

- listing my name with a database as a result of a tribunal order
- enforcing a tribunal order
- commencing recovery action in relation to any debt owed as a result of outstanding rent, repairs and/or damage that occurred or occurs during my period of tenancy.

7. I have been informed and understand that this property may be covered by the Barclay MIS Protect & Collect Plan and in this case, I further consent to the agent supplying my personal information to Barclay MIS Protect & Collect Pty Ltd.

8. I have been informed, understand and agree that should this application not be accepted, the agent is not required or obliged to disclose why or supply any reason for the rejection of this application unless the application is declined as a result of my name being listed with a tenancy data base.

9. I have been informed, understand and consent to the agent supplying all necessary information, as may be required, to any Tenancy Data Base/s that they use, subject to the Tenancy Data Base/s complying with the provisions of the Privacy Act. Further more I have read, understand and accept the agents Privacy Statement.

10. I have been informed, understand and acknowledge that the agent has the contact details for the Tenancy Data Base/s they use and that the agent will supply these contacts should I request them.

Applicant's Full Name:

Signature:

Date:

In accordance with the privacy act, I the undersigned authorise the recipient of this form to give information to First National Coast & Country regarding my rental history.

I further understand this information will be used to assess my application for tenancy.

Please complete the information below:

Applicants Name: _____

Property applied for: _____

Current Address: _____

Period of Tenancy: _____ Rent per week: \$ _____ No. of Occupants: _____

Current Agent/Landlord: _____

Agent/Landlord Phone: _____ Fax: _____

Email Address: _____

In order for us to process your application we will fax this to your current managing agent/landlord for a reference check.

Please DO NOT complete the section below, this will be completed by your current managing Agent/Landlord.

Dear agent/landlord,

Please complete the form below and return to our office together with a copy of the **rent ledger & routine inspection report** to:

Kiama office - propertymanagement@ccfn.com.au or fax 02 4232 1888.

Gerringong office - rentals@ccfn.com.au or fax 02 4234 2660.

Thank you in advance for your assistance.

Name & Position of person completing this form: _____

Length Of Tenancy: _____ Rent per week: \$ _____ Bond Held: \$ _____

Was rent paid on time: **Yes / No** - If no do you know why? _____

Were inspections carried out: **Yes / No** details: _____

Were there any problems gaining access: **Yes / No** details: _____

Results of inspections: _____

Were lawns and gardens maintained: _____

Did the tenant have pets? **No / Yes** - If yes type/number: _____

Any damage caused by pets: _____

Were the tenants considerate of neighbours: _____

Were any breach notices issued: **Yes / No** Type: _____

Reason for leaving (if known): _____

Was the bond or will it be refunded in full: **Yes / No** Reason: _____

Would you rent to this tenant again: **Yes / No** Reason: _____

Signature:

Date: