

Residential Tenancy Application

For your application to be processed you must answer all questions (including the attached pages)

Raine & Horne – Strathalbyn

6 Albyn Terrace STRATHALBYN SA 5255
Ph: (08) 8536 3830 Fax: (08) 8536 3226
email: pm@strathalbyn.rh.com.au



What is the address of the property you would like to rent?

Lease commencement date?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Lease Term?

Years	Months
<input type="text"/>	<input type="text"/>

How many people will normally occupy the property?

Adults	Children
<input type="text"/>	<input type="text"/>

APPLICANT 1

1. Please give us your details

Mr Mrs Miss Ms Dr Other

Given name/s Surname

Date of Birth Car registration no. & State

Drivers licence/Passport no. Licence state/ Passport country Expiry Date

Pension/Medicare no. (if applicable) Pension type (if applicable)

Home phone no. Mobile phone no.

Work phone no. Email address

What is your current address?

APPLICANT 2

1. Please give us your details

Mr Mrs Miss Ms Dr Other

Given name/s Surname

Date of Birth Car registration no. & State

Drivers licence/Passport no. Licence state/ Passport country Expiry Date

Pension/Medicare no. (if applicable) Pension type (if applicable)

Home phone no. Mobile phone no.

Work phone no. Email address

What is your current address?

UTILITY CONNECTION- This is a FREE NO OBLIGATION service that connects all your utilities

APPLICANT 1

2. How long have you lived at your current address?

Years Months

Please tell us about this rented property
Name of landlord or agent

Landlord/agent's phone no. Weekly rent paid

\$

Why are you leaving this address?

3. What was your previous residential address?

Please give us further information about this rented property
Name of landlord or agent

Landlord/agent's phone no. Weekly rent paid

\$

How long did you live at this address?

Years Months

Why did you leave this address?

4. Please provide your employment details

What is your occupation?

Employer's name (*inc. accountant if self employed or institution if a student*)

Employer's address

Contact name Phone no.

Length of employment Weekly income

Years Months \$

5. Next of kin details (not residing with you)

Surname Given name/s

Home no. Work/mobile

Relationship to you

**6. Please provide two personal references (not related to you)
Please ensure each has agreed for you to nominate them as a referee and names must be given that can be contacted during business hours**

1. Surname Given name/s

Home no. Work/mobile

2. Surname Given name/s

Home no. Work/mobile

APPLICANT 2

2. How long have you lived at your current address?

Years Months

Please tell us about this rented property
Name of landlord or agent

Landlord/agent's phone no. Weekly rent paid

\$

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