## **Residential Application Form**

**First National Balwyn North** 

A. AGENT DETAILS

For your application to be processed you must answer all questions



PERSONAL DETAILS (CONTINUED)

6. Please provide your contact details

Please note: any mention of 'RRP' on this form refers to 'Residential Rental Provider'.

I II St I tat	nonai ban	,	•••	<u> </u>	ome phone no.	Mobile	e phone no.
Address:	Suite 1, 29	91 Doncast	ter Road				
	Balwyn No	orth, VIC 3	104				
Phone:	03 8595 2	481		W	ork phone no.	Fax no	).
Email:	rentals@k	oalwynnor	thfn.com.au				
Web:		rthfn.com			!  -		
		1 (111111111111111111111111111111111111		Er	nail address		
Property I	Manager:						
D DDOD51	DTV DETAILS			7.	What is your current add	lress?	
B. PROPE	RTY DETAILS						
1. What is the	e address of the	property you	would like to rent?				
						Pos	tcode
			Postcode				
			Tostcode	D	DISCLAIMER/AUTH	ORITY	
2. Lease comr	mencement dat	te?			ereby offer to rent the p		
	Day	N	Ionth Year	be	prepared by the Agent RRP I agree to enter i	t. Should this applica	tion be accepted by
	Day	10	ionth real		cknowledge that this a		
3. Lease term	  ?						ained in this application
							and given of my own free
	Years	I IV	lonths				es and am not bankrupt. I, it was in when inspected.
3a. Weekly re	nt amount				uthorise the Agent to o		
				(a	The owner or the Age	nt of my current or pr	
\$	per week			,	My personal referees		
					Any record listing or data		enters; enters such as TICA, NTD
	people will occ		=		TRA for the purpose of		
Adi	ults	Children Cr	hildren Ages	la	m aware that I may acc		ormation by contacting:
					CA 1902 220 346 FD 1300 563 826		
C. PERSON	IAL DETAILS				RA (02) 9363 9244		
	us your details	•			,	t will use and disclos	se my personal information
Full Name	us your details	•			thin this application in o		c my personal imormation
ruii ivairie				,	) communicate with the		renter
					) prepare lease/rental d allow trades-people or		tions to contact me
Driver's licence	ce number		Driver's licence state		) lodge/claim/transfer to		
							orities (where applicable)
					refer to collection agen		oplicable)
Driver's licence	ce expiry date			ν.	) complete a check with ) transfer water account		e
						-	or I do not consent to the
Passport no.			Passport country			'	Agent cannot provide me
			, , , , , , , , , , , , , , , , , , , ,	w	th the lease/rental of the	e premises. I am awa	are that I may access
				pe	rsonal information on the	he contact details ab	ove.
Pension no. (it	f applicable)		Pension type (if applicable)		gnature		Date
					·		
							,
E. FREE U	TILITY CON	NECTION S	SERVICE				
100) (0		a te	Unless I have opted out of th	is section, I/we:			
myc	<b>9</b> 1111 <b>0</b> .	<b>2Cl</b>			=		or the purpose of arranging the
	a really sm	art move		-	-		to utility service providers for the nfirmation details (including NMI
MuConne	ct will contac	ct you to	= :	_		-	e/incentive from a utility provide
	jour utilities 1			-	_	-	rvice, a standard connection fee ermitted by law, the Real Estate
	4 0		Agent, its employees and my	connect shall n	ot be liable for any loss or c	damage (including conse	equential loss and loss of profits
	(h) (h)					-	or omission by the utility provide ailure to connect or provide the
Soloet usus	- النالد، مرابع		nominated utilities. I acknowl				· · · · · · · · · · · · · · · · · · ·
	equired utilities	<u>s.</u>	N/ 0 =		_		«
Water (Compulsory)	Electricity	Gas	agl origin C EnergyAustralia	momentum energy	OPTUS dodo	iPrim <u>us</u>	foxtel Europear CHU
Internet	Phone	Pay TV	OR Tick here to opt out	t	<b>\</b> 1300 854 478	enquiry@myconnect.co	om.au 📮 myconnect.com.a

F. APPLICANT HISTORY	Employer's name			
9. How long have you lived at your current address?				
Years Months	Length of employment Net Income			
10. Why are you leaving this address?	Years Months \$			
To thiny are you rearing the address.	reals Wiontins \$			
44 DDD/A yout dataile of this green att. (if applicable)	H. CONTACTS / REFERENCES			
11. RRP/Agent details of this property (if applicable) Name of RRP or agent	17. Please provide a contact in case of emergency			
The state of the s	Surname Given name/s	_		
RRP/agent's phone no. Weekly Rent Paid	Relationship to you Phone no.	_		
\$	Relationship to you Phone no.	٦		
12. What was your previous residential address?		┙		
	18. Please provide 2 personal references (not related to you)			
Postcode	1. Surname Given name/s			
13. How long did you live at this address?	Relationship to you Phone no.	_		
Years Months		٦		
14. RRP/Agent details of this property (if applicable)		╝		
Name of RRP or agent	2. Surname Given name/s	_		
BDD(seed) and a seed of the se	Relationship to you Phone no.	_		
RRP/agent's phone no. Weekly Rent Paid	There is no section of the section o	٦		
\$				
	I. OTHER INFORMATION			
G. EMPLOYMENT HISTORY	19. Car Registration			
15. Please provide your employment details				
What is your occupation?	20. Please provide details of any pets			
	Breed/type Council registration / number	_		
Employer's name (inc. accountant if self-employed or institution if student)	1.			
	2.	$\neg$		
Employer's address	J. PAYMENT DETAILS			
	Property Rental			
Postcode	\$ per week Or \$ per month	h		
Contact name	por mona	•		
Contact name Phone no.	First payment of rent in advance	٦		
	First payment of rent in advance			
Length of employment Net Income	Rental Bond (4 weeks rent):			
Years Months \$	Total Serie (* 110616 1011)	_		
	Sub Total \$			
16. Please provide your previous employment details	J. 100 POINTS OF IDENTIFICATION			
Occupation?	Drivers License/Passport     30 points			
	• Rental Ledger 30 points			
	Proof of Current Bank Balance     15 points			
DI EASE NOTE: BOTH SIDES OF THE	Current 2 payslips/Centrelink income			
PLEASE NOTE: BOTH SIDES OF THE APPPLICATION MUST BE COMPLETED	statement/if business, 2 year tax return 15 points			
AFFFLICATION WIDST DE CONFLETED	Medicare/Healthcard     15 points			
	• Utility Bill 15 points			