323 Bronzewing Ave, Howard Springs NT 0835 PO Box 1167, Howard Springs NT 0835 Ph: (08) 8983 1800 admin@empm.com.au www.empm.com.au ABN 62 023 797 552 - RET Investment Trust T/A Elaine Mills Property Management Licensed Real Estate Agent & member of REINT

Residential Tenancy Application Form

	Rent p/w: \$	
Length Of Tenancy: 6 Months (26wks) 12 months (52wks) Other:	Commencing:	
First Name: Middle Name:		
Family/last Name: Previous family/last name (if applicable	e):	
Date of Birth: Marital Status: 18+ C	ard No.:	
Drivers License No.: State: Vehicle Rego.	No.:	State:
No. of cars/bikes to be park on premise: Car/s Bike's		
Make, Model and Colour:		
Current Address:		
Home Phone No.: Work No.:		
Mobile No.:Email Address:		
Occupation: Medicare No.:		
Are you or any of the dependents residing with you, smokers?		
The properties managed by this office may be protected by the	Barclay MIS Protect &	Collect Plan.
Required if application successful: 48 hours after notification, Rent (2 wks in advar	ice) & Bond (equivalent	to no less than 4 wks rent)
	H TERRITORY HOUSING:	Yes / No
WILL YOU BE PROPOSING TO RUN A BUSINESS FROM THE PROPERTY? Yes / No		
-		
If 'Yes', please provide the following details on a separate piece of paper:		
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Employment Details - NB: Weekl	y rent represents% of your	total income.
If you are <u>employed</u> are you Full T	ïme 📄 Part Time 🗌 Casual 🗌	Contract
Company Name:	Contac	t Person:
Email	Ph	Number:
How long have you worked there:	Nett Weekly Income (exc	l. over time): \$
If employed less than 6 months please	e provide previous employer:	
Address:	Ema	il:
Length of employment:	Position held:	
If you are <u>self-employed</u>		
Registered name of business:		ABN:
Address:	Type of bu	usiness:
Phone Number:	Personal Nett Income	e p/week: \$
Name of Accountant:	Phor	ne number:
Length of time in business:	List one major creditor:	
If you are a <u>student</u> are you Ful	Il Time Part Time	
Are you an overseas student	es No If yes visa expiry date is :	//
Name of learning institution:	De	epartment:
Student union number:	Student ID numb	per:
Income Source:	Contact:	Nett Wkly income:
If you receive a <u>Centrelink</u> payment to	otal amount received weekly (total payme	nts): \$
Type Of Payment:	CRN Number:	Copy Of Card Attached
Your Rental History		
Current Agent/Landlord:	Email:	
Address of rented property:		Date vacated://
Rent per week: \$ Period c	of tenancy: Reason for leaving	:
Was the bond refunded in full 🗌 Yes	No If no why:	
Previous Agent/Landlord:		Ph/Email:
Address of rented property:		Date vacated://
Rent per week: \$ Period c	of tenancy: Agents Email:	
Was the bond refunded in full 🗌 Yes	No If no why:	
Emergency Contact (not residin		
		p:
Address:		Phone:

References

Please complete all 5 references requested below, please do not use the same contact twice and do not use the same person as your emergency contact. Your 5 references should include, parent or guardian, family members not living with you, personal friends (must be Australian residents) and if self-employed at least one established trade or business reference.

1.	Name:	ne: Relationship:			
	Address:		Known for:	years/months	
	Hm Phone:	Mobile:	Relationship):	
2.	Name:		_ Relationship:		
	Address:		Known for:	years/months	
	Hm Phone:	Mobile:	Relationship	0:	
3.	Name:		_ Relationship:		
	Address:		Known for:	years/months	
	Hm Phone:	Mobile:	Relationship	:	
4.	Name:		_ Relationship:		
	Address:		Known for:	years/months	
	Hm Phone:	Mobile:	Relationship	0:	
	Will dependents reside at the prope ages			please list their names ar	d
	Will there be any other persons living				
	If yes who: Have they completed at Tenancy A				-
	If no why?				
	,				-
	Do you have any pets? 🗌 Yes 🗌	No - If yes how m	any and what type:		
	Do you intend to have pets residing	at the property ple	ease complete a separate 'Pet App	lication' form and attach herewith.	
	Do you own a lawnmower? 🗌 Yes	No If no ho	w do you intend to care for the lawr	ns?	_
	Do you require approval for a sto	orage container (sl	hipping container), caravan etc to	be stored at the property YES/NO (nee	ed:
	details)				

Disclaimer / Authority

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 supplied in this application. I am also aware that copies of the 100 points ID will be kept on file with 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. I further declare that I have inspected the property located at ______.

- 1. I have, of my own accord, decided that I wish to rent the aforementioned property commencing ____/___ for a period of _____ months.
- 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 **Weekly** or **Fortnightly** and is to be paid before the due date <u>at all times</u>.
 - (ii) I have been informed, understand and agree that the lessor/agent will carry out an inspection on the property
 - on a **3 monthly 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.

Tenancy Database

The agent/manager may utilise any of the following residential tenancy database companies to check the tenancy history of applicants. If you wish to contact these organisations, their details are below:

Equifax's National Tenancy Database	1300 563 826	www.tenancydatabase.com.au
TICA	1902 220 346	www.tica.com.au
RP DATA	1300 734 318	www.rpdata.com
BARCLAY MIS	1300 883 916	www.barclaymis.com.au
TRA	02 9363 9244	www.tradingreference.com

- 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. Furthermore 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.

Applicants Full Name:_____

Applicants Signature:_____

Date:_____

COMPANY OR BUSINESS LEASE: (Letterhead document to be provide)

NAME (Company or Business):	
PHYSICAL ADDRESS: physical	
ACN OR ABN:	DATE FORMED:
REPRESENTATIVE RESPONSIBLE FOR SIGNING THE LEASE:	
POSITION HELD:	
PHONE:	FAX:
EMAIL 1:	EMAIL 2:
ACCOUNTANT:	CONTACT:
ACCOUNTANT'S ADDRESS:	
PHONE:	FAX:
EMAIL:	

Any other comments: