

Residential Tenancy Application Form

1. Agent Details

YOUSALES REAL ESTATE

Address: 16 St Mangos Lane Docklands 3008

Tel:(03)96703762

Relationship

Address Suburb

Email:info@yousales.com.au

2. Property Details			
Address			
Suburb	Postcode		
Property Rental \$	Per Week		
Lease Term	Year Months		
Date Property is to be Occupied / /			
Number of other Applicants to Occupy the Property			
Adults	Children		
3. Personal Details			
Title	First Name		
Last Name			
Date of birth	Age		
Drivers License Number state of Issue			
Alternate ID (eg passport) NO.			
Pension Type (if applicable) NO.			
Please provide contact details			
Home Ph	Mobile Ph		
Email			
Occupation	Work Ph		
Current Address			
Suburb	Postcode		
4. Emergency Contact			
Please provide an emergency contact not residing with you			
First Name	Surname		

Phone No.

Postcode

5. Applicant History			
How long have you lived at your current address?			
Year Months			
Name of Landlord/Agent			
Phone No			
Rent Paid per month \$			
Reason for leaving			
Was Bond repaid in full? YES No			
If No, please specify why;			
What was your previous residential address?			
Suburb Postcode			
How long did you live at your precious address?			
Years Months			
Name of Landlord/Agent			
Phone No			
Rent Paid per month \$			
Reason for leaving			
Was Bond repaid in full? Yes NO			
If No, please specify why;			
6. Employment Details			
Occupation			
Employments Name			
Employment Address			
Suburb Postcode			
Employer Phone No			
Contact Name			
Length at current employment			
Year Months			

Per Week \$

Per Month

Net Income \$

7. Previous Employme	ent Details	
Previous Employment Details		
Occupation		
Employments Name		
Employment Address		
Suburb	Suburb Postcode	
Employer Phone No		
Contact Name		
Length at current employ	ment	
Year	Months	
Net Income \$ Per	Week \$ Per Month	
8. Social Security Benef	its	
Туре		
\$ Per Week	\$ Per Month	
9. If Student, please cor	mplete the following	
Place of Study		
Course being undertaken		
Course Length		
Enrolment Number		
Parents Name	Ph	
Campus Contact	Ph	
Course Co-ordinator	Ph	
Income		
Parents Address Overseas		
10. Other information		
Car Registration		
You have pets? Yes No If Yes, please specify;		

11. Personal Referees	
Reference name	
Occupation	
Relationship	Phone No
Notes	
Reference name	
Occupation	
Relationship	Phone No
Notes	
12. Office Use Only	
Lease Start Date	
Car Space/Garage	
Landlord's Name	

Date



Lease to be signed on

Signed: