



### **EXPLANATION FOR APPLICANTS**

### Only complete this APPLICATION if You are sure that You want to enter into a Residential Tenancy Agreement with the Lessor of the Premises

The Lessor of the Premises is attempting to locate the most suitable tenant; that is a tenant who pays the rent on time and takes good care of the Premises.

To enable the Lessor of the Premises to determine in their opinion, who is the most suitable person, the Lessor's Property Manager requires some background information about You.

### The form "APPLICATION TO ENTER INTO RESIDENTIAL TENANCY AGREEMENT" is not the Residential Tenancy Agreement.

The purpose of this form is:

**First**, to inform the Lessor of Your details, and Your requirements for the Residential Tenancy Agreement; for example, if You wish to have pets at the Premises.

Second, to inform You of the Lessor's or Property Manager's usual use of one or more residential tenancy databases.

**Third**, to inform You of the money that is required to be paid prior to taking possession of the Premises; for example, the value of the Security Bond (which may be up to 4 weeks rent), the Pet Bond (which can be up to \$260) and the initial Rent payment (which can be 2 weeks rent in advance).

**Fourth**, to make You aware of the terms of the Residential Tenancy Agreement (including special conditions) associated with the Lease if Your Application is accepted.

| Summary                       | of what will happen if Yo                        | u ap     | ply to enter into a                                                                                                                 | Resid                                                            | ential Tenancy A                                                                                                                              | greement with the Lessor                                                                                                                                                                                                     |
|-------------------------------|--------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                               | if You wish to apply for the                     | 1.       | Complete this Applica                                                                                                               | ation.                                                           |                                                                                                                                               |                                                                                                                                                                                                                              |
| Residential '                 | Tenancy Agreement:                               | 2.       | Submit this Application that may be requested                                                                                       | on to thed by th                                                 | ne Property Manager 1<br>e Property Manager.                                                                                                  | together with any Option Fee                                                                                                                                                                                                 |
| Lessor's acti<br>Your Applica | on if You do not succeed with ation:             | 3.       | If You are not the suc<br>Fee will be refunded t                                                                                    | cessful<br>to You v                                              | applicant and have p<br>within 7 days of the de                                                                                               | aid an Option Fee, the Option<br>ecision.                                                                                                                                                                                    |
| Lessor's acti<br>Application: | on if You succeed with Your                      | 4.       | If You are the success<br>Residential Tenancy A<br>option of entering int                                                           | Agreem                                                           | ent for the Premises                                                                                                                          | provide You with a proposed<br>which will grant You the<br>eement.                                                                                                                                                           |
|                               | ill then need to do if You are<br>ful Applicant: | 5.<br>6. | requirements for the in Part C of the docun document, a binding land the Lessor. In the no need for the Lesso Residential Tenancy A | creatio<br>nent, a<br>Resider<br>e case o<br>or (or Pr<br>Agreem | n of the Residential T<br>nd the Lessor (or the I<br>ntial Teanancy Agreer<br>f where an Option Fer<br>operty Manager to sig<br>ent to exist. | omply with all the stipulated enancy Agreement set out Property Manager) sign the nent will exist between You a has been paid there will be gn the document for a binding Summary above do not occur se 18 of Part B of this |
| FOR:                          | Premises Address:                                | I        |                                                                                                                                     |                                                                  |                                                                                                                                               |                                                                                                                                                                                                                              |
| Address 1                     |                                                  |          |                                                                                                                                     |                                                                  |                                                                                                                                               |                                                                                                                                                                                                                              |
| Address 2                     |                                                  |          |                                                                                                                                     |                                                                  |                                                                                                                                               |                                                                                                                                                                                                                              |
| Suburb                        |                                                  |          |                                                                                                                                     |                                                                  | State                                                                                                                                         | Postcode                                                                                                                                                                                                                     |
| FROM:                         | Proposed Tenants' Names:                         |          |                                                                                                                                     |                                                                  |                                                                                                                                               |                                                                                                                                                                                                                              |
|                               | Given Name(s)                                    |          |                                                                                                                                     |                                                                  | Family Name                                                                                                                                   |                                                                                                                                                                                                                              |
| Tenant 1                      |                                                  |          |                                                                                                                                     |                                                                  |                                                                                                                                               |                                                                                                                                                                                                                              |
| Tenant 2                      |                                                  |          |                                                                                                                                     |                                                                  |                                                                                                                                               |                                                                                                                                                                                                                              |
| Tenant 3                      |                                                  | _        |                                                                                                                                     |                                                                  |                                                                                                                                               |                                                                                                                                                                                                                              |
| Tenant 4                      |                                                  |          |                                                                                                                                     |                                                                  |                                                                                                                                               |                                                                                                                                                                                                                              |
| TO:                           | The Property Manager:                            |          |                                                                                                                                     |                                                                  |                                                                                                                                               |                                                                                                                                                                                                                              |
| Agency Name                   | Blackwood Valley Real Estate                     | Э        |                                                                                                                                     |                                                                  |                                                                                                                                               |                                                                                                                                                                                                                              |
| Address                       | 107 Hampton Street, Bridgeto                     | own, \   | WA, 6255                                                                                                                            |                                                                  |                                                                                                                                               |                                                                                                                                                                                                                              |
| Telephone                     | 97612722                                         |          | Fac                                                                                                                                 | simile                                                           |                                                                                                                                               |                                                                                                                                                                                                                              |
| E-mail                        | zara@blackwoodrealty.com.a                       | ıu       | "                                                                                                                                   |                                                                  |                                                                                                                                               |                                                                                                                                                                                                                              |







### PART A (TO BE COMPLETED BY PROPERTY MANAGER)

| 1. | Prem           | nises                      |                                      |                                                                                                                         |          |
|----|----------------|----------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------|
|    | Addr           | ess 1                      |                                      |                                                                                                                         |          |
|    | Addr           | ess 2                      |                                      |                                                                                                                         |          |
|    | Subu           | ırb                        |                                      | State Postcode                                                                                                          |          |
|    |                |                            |                                      |                                                                                                                         |          |
| 2. | Rent           |                            | \$                                   |                                                                                                                         | per week |
|    |                |                            |                                      |                                                                                                                         | <b>F</b> |
| 3. | Optic          | on Fee (if a               | pplicable) \$                        |                                                                                                                         |          |
| 4. | If You<br>mone | u are the s<br>ey to the F | uccessful applica<br>roperty Manager | nt, and wish to enter into a Residential Tenancy Agreement with the Lessor, You will be required to pay the following : |          |
|    | REQ            | UIRED M                    | ONEY                                 |                                                                                                                         |          |
|    | (a)            | Security                   | bond of                              | \$                                                                                                                      |          |
|    | (b)            | Pet bond                   | (if applicable)                      | \$                                                                                                                      |          |
|    | (c)            | First two                  | weeks rent                           | \$                                                                                                                      |          |
|    | (d)            | Less Opt                   | ion Fee (if paid)                    | \$                                                                                                                      |          |
|    | (e)            | Total                      |                                      | \$                                                                                                                      |          |
|    |                |                            |                                      |                                                                                                                         |          |
|    |                |                            |                                      |                                                                                                                         |          |
|    |                |                            |                                      |                                                                                                                         |          |
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|    |                |                            |                                      |                                                                                                                         |          |
|    |                |                            |                                      |                                                                                                                         |          |





### PART B (TO BE COMPLETED BY YOU)

NOTE: This document is not a Residential Tenancy Agreement and does not grant any right to occupy the Premises

| TENANCY DETAILS                                                                                                                                                                  |                                                                                                                           |                                                                                                                                                           |                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| You require the tenancy for a period of                                                                                                                                          | months from                                                                                                               | to                                                                                                                                                        |                                                                                                       |
| At a rent of \$                                                                                                                                                                  |                                                                                                                           |                                                                                                                                                           | per week                                                                                              |
| Total number of persons to occupy the Premises                                                                                                                                   | Adults Children                                                                                                           | Ages                                                                                                                                                      |                                                                                                       |
| Pets - Type of Pet                                                                                                                                                               | Breed                                                                                                                     | Reg. No.                                                                                                                                                  | Age                                                                                                   |
| Type of Pet                                                                                                                                                                      | Breed                                                                                                                     | Reg. No.                                                                                                                                                  | Age                                                                                                   |
| Do you intend on applying for a residential tenance                                                                                                                              | v hond from a State Government Denart                                                                                     |                                                                                                                                                           |                                                                                                       |
|                                                                                                                                                                                  |                                                                                                                           |                                                                                                                                                           |                                                                                                       |
| If Yes, \$                                                                                                                                                                       | Branch:                                                                                                                   |                                                                                                                                                           |                                                                                                       |
| Bank account details for refund of Option Fee (if a                                                                                                                              |                                                                                                                           |                                                                                                                                                           |                                                                                                       |
| Bank:                                                                                                                                                                            | BSB:                                                                                                                      |                                                                                                                                                           |                                                                                                       |
| Account No.:                                                                                                                                                                     | Account                                                                                                                   | Name:                                                                                                                                                     |                                                                                                       |
| Any Special Conditions requested by You:                                                                                                                                         |                                                                                                                           |                                                                                                                                                           |                                                                                                       |
| The address at which You wish to receive the Resi                                                                                                                                | dential Tenancy Agreement if You are s                                                                                    | uccessful and/or notices relating to                                                                                                                      | tenancy                                                                                               |
| Email (optional):                                                                                                                                                                |                                                                                                                           |                                                                                                                                                           |                                                                                                       |
| Fax (optional):                                                                                                                                                                  |                                                                                                                           |                                                                                                                                                           |                                                                                                       |
|                                                                                                                                                                                  |                                                                                                                           |                                                                                                                                                           |                                                                                                       |
| Postal address (required):                                                                                                                                                       |                                                                                                                           |                                                                                                                                                           | Ta T                                                                                                  |
| PO Box Town/City                                                                                                                                                                 |                                                                                                                           |                                                                                                                                                           | Postcode                                                                                              |
|                                                                                                                                                                                  |                                                                                                                           |                                                                                                                                                           | Postcode                                                                                              |
| PO Box Town/City Address 1                                                                                                                                                       | of the information supplied in this App                                                                                   | olication is true and correct and is no                                                                                                                   |                                                                                                       |
| PO Box Town/City Address 1 Address 2                                                                                                                                             |                                                                                                                           |                                                                                                                                                           | t misleading in anyway.                                                                               |
| PO Box Address 1 Address 2  You declare that You are not bankrupt and that all                                                                                                   | ises, You will accept possession of the F                                                                                 | Premises in the condition it was in a                                                                                                                     | t misleading in anyway.                                                                               |
| PO Box Address 1 Address 2  You declare that You are not bankrupt and that all You acknowledge that, having inspected the Prem By Signing this application You are making an app | lises, You will accept possession of the Folication to lease the Premises. The Less send You a proposed Residential Tenan | Premises in the condition it was in a<br>or may or may not send You a propo<br>ncy Agreement for the Premises whi<br>esidential Tenancy Agreement will be | t misleading in anyway.  To at the date of inspection.  The will contain information are comprised of |



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- 18. If You are the successful application the Lessor will provide You with a proposed Residential Tenancy Agreement for the Premises which will grant You the option of entering into a Residential Tenancy Agreement:
  - (a) if You sign the Residential Tenancy Agreement, comply with all the stipulated requirements for the creation of a binding Residential Tenancy Agreement as set out in Part C of the document (eg returning the document to the Property Manager by the stipulated time, paying full stipulated rental and bond); and;
    - (i) if an Option Fee has been paid THEN a binding Residential Tenancy Agreement will exist between You and the Lessor and any Option Fee will be refunded to You or applied towards the rent; or
    - (ii) if no Option Fee has been paid and if neither the Lessor nor the Property Manager sign the document THEN no binding Residential Tenancy Agreement will exist between You and the Lessor; or
    - (iii) if no Option Fee has been paid and if the Lessor (or the Property Manager) signs the document, THEN a binding Residential Tenancy Agreement will exist between You and the Lessor.
  - (b) if You do not sign the Residential Tenancy Agreement or if You do not comply with the pre-requisites for the existence of the Residential Tenancy Agreement You will not have entered into a binding Residential Tenancy Agreement, the option for You to enter such an agreement will lapse, and any Option Fee paid by You will be forfeited to the Lessor.

Note: Under the Residential Tenancy Act 1987 agreements to lease do not have to be in writing and may be entered verbally or by conduct. This clause 18 does not purport to remove any right of parties to reach non-written agreements. However, if the parties wish to enter an agreement on the terms set out in this form, the pre-requisites set out above must be met in order for the lease to exist.

19. YOU MUST UNDERSTAND THAT IF YOU ARE THE SUCCESSFUL APPLICANT AND THE LESSOR PROVIDES YOU WITH A PROPOSED RESIDENTIAL TENANCY AGREEMENT BUT YOU DO NOT COMPLY WITH PRE-REQUISITES FOR THE EXISTENCE OF A BINDING RESIDENTIAL TENANCY AGREEMENT, SET OUT IN PART C OF THE RESIDENTIAL TENANCY AGREEMENT (INCLUDING SIGNING THE RESIDENTIAL TENANCY AGREEMENT, RETURNING IT TO THE PROPERTY MANAGER BY THE STIPULATED TIME, PAY ANY STIPULATED RENTAL IN ADVANCE, SECURITY BOND AND / OR PET BOND) NO RESIDENTIAL TENANCY AGREEMENT WILL COME INTO EXISTENCE AND THE LESSOR MAY ENTER INTO A RESIDENTIAL TENANCY AGREEMENT WITH ANOTHER PERSON.

#### 20. DEFINITIONS

- (a) "Act" means the Residential Tenancies Act 1987 including any amendments.
  - "Application" means this Application to enter into a Residential Tenancy Agreement.
  - "Business Day" means any day except a Sunday or public holiday in Western Australia.
  - "Lessor" means the person/entity with the authority to lease the Premises.

"**Option Fee**" means a payment as referred to in section 27(2)(a) of the Act. The amount of the Option Fee is specified in Part A of this application. The amount of the Option Fee is capped as follows:

- (i) where the weekly rental under the Residential Tenancy Agreement is \$500 or less, an Option Fee of up to \$50 is payable;
- (ii) where the weekly rental under the Residential Tenancy Agreement exceeds \$500, an Option Fee of up to \$100 is payable;
- (iii) where the Residential Tenancy Agreement is for residential premises south of the 26th parallel of south latitude and the weekly rent is \$1,200 or more, an Option Fee of up to \$1,200 is payable.

"**Premises**" means the address specified on the first page of this document. Any items included or excluded will appear in Part A of the proposed Residential Tenancy Agreement.

"Property Manager" means the real estate agent appointed by the Lessor to lease and manage the Premises.

"Residential Tenancy Agreement" means an agreement in writing in the form prescribed by the Act, comprising of Parts A, B and C. Part C will include additional special conditions as agreed between the parties.

"You" or "Your" means the person or persons making the Application to Lease the Premises.

- (b) All acts and things that the Lessor is required or empowered to do may be done by the Lessor or their Property Manager.
- 21. You agree that for the purpose of this Application, the Lessor or Property Manager may make enquiries of the persons given as referees, next of kin or emergency contacts provided by You, and also make enquiries of such other persons or agencies as the Lessor may see fit.

The personal information You give in this Application or collected from other sources is necessary for the Lessor or Property Manager to verify Your identity, to process and evaluate the Application, to manage the tenancy and to conduct the Property Manager's business. Personal information collected about You in this Application and during the course of the tenancy may be disclosed for the purpose for which it was collected to other parties including to the Lessor, referees, other Property Managers, prospective lessors, third party operators of residential tenancy databases, and prospective buyers of the Premises. Information already held on residential tenancy databases may also be disclosed to the Property Manager or Lessor.

If You enter into the Residential Tenancy Agreement or You fail to comply with Your obligations under any Residential Tenancy Agreement that fact and other relevant personal information collected about You during the course of this Application (including information provided separately to this application) or the Residential Tenancy Agreement may also be disclosed to the Lessor, third party operators of tenancy reference databases (to the extent permitted by law) and debt collectors, other Property Managers, prospective lessors and prospective buyers of the Premises.

If You would like to access the personal information the Lessor or Property Manager holds, You can do so by contacting the Property Manager. See also the attached notice regarding use of residential tenancy databases.

You can also correct this information if it is inaccurate, incomplete or out-of-date. If the information in this Application, is not provided, the Property Manager may not be able to process the Application, or the Residential Tenancy Agreement properly or manage the tenancy properly.

#### Name:

|            | Given Name(s) |  | Family Name |  |
|------------|---------------|--|-------------|--|
| Tenant 1   |               |  |             |  |
| Tenant 2   |               |  |             |  |
| Tenant 3   |               |  |             |  |
| Tenant 4   |               |  |             |  |
| Signature: |               |  |             |  |
|            |               |  |             |  |





### NOTICE OF USE OF ONE OR MORE RESIDENTIAL TENANCY DATABASES Section 82C - Residential Tenancies Act 1987

- It is the Property Manager's usual practice to use one or more residential databases for the purpose of checking an applicant's tenancy history.
- 2.

| The nagree | ame of e | each residentia<br>Iould be entere | l tenancy database the Property Manager or Lessor usually uses, or may use, for deciding whether a residential tenancy<br>d into with a person are set out below: |
|------------|----------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The c      | ontact d | etails for the d                   | atabase operator(s) who operates the database(s) used by the PM as referred to above are as follows:                                                              |
| (a)        | TICA     | (strike out if in                  | napplicable)                                                                                                                                                      |
|            | (i)      | Address: PO                        | Box 120, Concord NSW 2137                                                                                                                                         |
|            | (ii)     | Telephone:                         | 190 222 0346. Calls are charged \$5.45 per minute including GST (higher for mobile or pay phones)                                                                 |
|            | (iii)    | Facsimile: (0                      | 02) 9743 4844                                                                                                                                                     |
|            | (iv)     | Website: wv                        | vw.tica.com.au                                                                                                                                                    |
| (b)        | Natio    | onal Tenancy I                     | Database (strike out if inapplicable)                                                                                                                             |
|            | (i)      | <b>Address:</b> GP                 | O Box 13294, George Street 120, Brisbane QLD 4003                                                                                                                 |
|            | (ii)     | •                                  | 1300 563 826                                                                                                                                                      |
|            | (iii)    | •                                  | 07) 3009 0619                                                                                                                                                     |
|            | (iv)     | Email: info@                       |                                                                                                                                                                   |
|            | (v)      | Website: wv                        | <u>vw.ntd.net.au</u>                                                                                                                                              |
| (c)        | Othe     | er Databases (if                   | applicable)                                                                                                                                                       |
|            | (i)      | Name:                              |                                                                                                                                                                   |
|            | (ii)     | Address:                           |                                                                                                                                                                   |
|            | (iii)    | Telephone:                         |                                                                                                                                                                   |
|            | (iv)     | Facsimile:                         |                                                                                                                                                                   |
|            | (v)      | Email:                             |                                                                                                                                                                   |
|            | (vi)     | Website:                           |                                                                                                                                                                   |
| The        |          | man abtain int                     |                                                                                                                                                                   |
|            |          | ,                                  | formation from the database operator in the following manner:                                                                                                     |
| (a)        |          | TICA:                              |                                                                                                                                                                   |
|            | (i)      | application f                      | ax application forms can be downloaded from <u>www.tica.com.au</u> . Information regarding application fees can be found on the orm;                              |
| (b)        | as to    | the National T                     | enancy Database;                                                                                                                                                  |
|            | (i)      | A request fo                       | r rental history file can be downloaded from <u>www.ntd.net.au</u> . A link to the form can be found under the tab "For Tenants".                                 |
|            | (ii)     | A request fo                       | r rental history may be submitted by post, fax or email.                                                                                                          |
| (-)        | +-       |                                    |                                                                                                                                                                   |

NOTE: This notice is required to be given regardless of whether the Property Manager intends to conduct a search on the particular applicant.





| YOUR       | (First Person's)      | PARTICULARS                      |                               |                       |                          |                           |
|------------|-----------------------|----------------------------------|-------------------------------|-----------------------|--------------------------|---------------------------|
| Given Nar  | ne(s)                 |                                  |                               | Family Name           |                          |                           |
| Address 1  |                       |                                  |                               |                       |                          |                           |
| Address 2  | !                     |                                  |                               |                       |                          |                           |
| Suburb     |                       |                                  |                               |                       | State                    | Postcode                  |
| Phone No   | Work                  |                                  | Mobile                        |                       | Home                     |                           |
| Email      | VVOIN                 |                                  | 1-10bile                      |                       | Gender                   |                           |
| Date of B  | rth                   | Place of Birth                   | Family Na                     | me at Birth           |                          | ustralian Citizen Yes No  |
| Date of b  | 101                   | Place Of Biltif                  | Fairilly Na                   | ine at birtii         | A                        | ustralian Citizen resino  |
| DOCUM      | ENTS TO CONFI         | RM YOUR IDENTITY                 |                               |                       |                          |                           |
| Drivers Li | cence No              | State of Issue                   | Passport No                   |                       | Country of Iss           | sue                       |
| Medicare   | Card No               |                                  | Ref No                        | Colour                | Expiry Date              |                           |
| Other ID   |                       |                                  |                               |                       | , , ,                    |                           |
| Vehicle Tv | pe & Registration No  |                                  |                               |                       |                          |                           |
|            | else to support Your  |                                  |                               |                       |                          |                           |
|            |                       |                                  |                               |                       |                          |                           |
| Smoker     | Yes No                |                                  |                               |                       |                          |                           |
| Personal I | References a) NAM     | 1E                               |                               |                       | TELEPHONE                |                           |
|            | b) NAM                | 1E                               |                               |                       | TELEPHONE                |                           |
| (i)        | Name of current less  | sor or managing agent to who     | om rent is paid               |                       |                          |                           |
|            |                       | <del></del>                      | •                             |                       | Phone No                 |                           |
|            | Address               |                                  |                               |                       |                          |                           |
|            | Rental Paid           | \$                               | Period Rented From            |                       | То                       |                           |
|            | Reason for leaving    |                                  |                               |                       |                          |                           |
|            |                       |                                  |                               |                       |                          |                           |
| (ii)       | Previous address of   | Applicant                        |                               |                       |                          |                           |
|            | Name of previous les  | ssor or managing agent to w      | hom rent was paid             |                       |                          |                           |
|            |                       |                                  |                               |                       | Phone No                 |                           |
|            | Address               |                                  |                               |                       |                          |                           |
|            | Rental Paid           | \$                               | Period Rented From            |                       | То                       |                           |
|            | Reason for leaving    |                                  |                               |                       |                          |                           |
|            |                       | L                                |                               |                       |                          |                           |
| (iii)      | Occupation            |                                  |                               | (Note: You            | r Employer may be contac | ted to verify employment) |
| ,          | Employer              |                                  |                               |                       | Phone No                 | у р ту                    |
|            | Period of Employme    | nt                               |                               |                       | Wage \$                  |                           |
|            |                       | ns, name and address of prev     | vious amplayor                |                       | wage 7                   |                           |
|            | II less than iz mont  | is, riairie ariu address or prev | lous employer                 |                       |                          |                           |
|            | Explanation if no em  | ployment:                        |                               |                       |                          |                           |
| (iv)       | Next of Kin (Note: Th | nese people may be contacte      | d to verify particulars)      |                       |                          |                           |
|            | First Next of Kin     | NAME                             |                               |                       | TELEPHONE                |                           |
|            |                       | ADDRESS                          |                               |                       |                          |                           |
|            | Second Next of Kin    | NAME                             |                               |                       | TELEPHONE                |                           |
|            | Second Mext of Kill   |                                  |                               |                       | TELEPHONE                |                           |
|            |                       | ADDRESS                          |                               |                       |                          |                           |
|            | Emergency Contact     | name and address and telep       | hone) [Note: These people may | be contacted to verif | y particulars.]          |                           |
|            | First Contact         | NAME                             |                               |                       | TELEPHONE                |                           |
|            |                       | ADDRESS                          |                               |                       |                          |                           |
|            | Second Contact        | NAME                             |                               |                       | TELEPHONE                |                           |
|            |                       | ADDRESS                          |                               |                       |                          |                           |
|            |                       |                                  |                               |                       |                          |                           |





| YOUR        | (Second Person                          | 's) PAR       | TICULARS            |                |                  |             |             |                     |         |          |                                |     |
|-------------|-----------------------------------------|---------------|---------------------|----------------|------------------|-------------|-------------|---------------------|---------|----------|--------------------------------|-----|
| Given Nar   | me(s)                                   |               |                     |                |                  |             | Family      | Name                |         |          |                                |     |
| Address 1   |                                         |               |                     |                |                  |             |             | ,                   |         |          |                                |     |
| Address 2   |                                         |               |                     |                |                  |             |             |                     |         |          |                                |     |
| Suburb      |                                         |               |                     |                |                  |             |             |                     | State   |          | Postcode                       |     |
| Phone No    | Work                                    |               |                     | Mo             | bile             |             |             |                     | Home    |          |                                |     |
| Email       | VVOIK                                   |               |                     | 1110           | blic             |             |             |                     | Gende   | 1        |                                |     |
| Date of Bi  | irth                                    | Dlaco         | of Birth            |                | Far              | nily Nan    | ne at Birt  | h                   | denue   | -1       | Australian Citizen Yes         | No  |
| Date of Bi  | ii tii                                  | Place         | JI BII LII          |                | FdI              | IIIIy IVaII | ile at bilt | II                  |         |          | Australian Citizen Yes         | INU |
| חחרווא      | ENTS TO CONFIF                          | M VOLIE       | RIDENTITY           |                |                  |             |             |                     |         |          |                                |     |
| Drivers Lic |                                         |               | State of Issue      |                | Passport N       | In          |             |                     | ۲۵      | untry    | of Issue                       |     |
| Medicare    |                                         |               | State of 133de      |                | Ref No           | 10          | Colour      |                     |         | piry D   |                                |     |
| Other ID    | Card NO                                 |               |                     |                | Rei No           |             | Coloui      |                     | LX      | hii à Di | ate                            |     |
|             | /pe & Registration No                   |               |                     |                |                  |             |             |                     |         |          |                                |     |
|             | else to support Your A                  |               |                     |                |                  |             |             |                     |         |          |                                |     |
|             |                                         |               |                     |                |                  |             |             |                     |         |          |                                |     |
| Smoker      | Yes No                                  |               |                     |                |                  |             |             |                     |         |          |                                |     |
| Personal I  | References a) NAM                       | IE            |                     |                |                  |             |             |                     | TELEPH  | HONE     |                                |     |
|             | b) NAM                                  | IE .          |                     |                |                  |             |             |                     | TELEPH  | HONE     |                                |     |
| (i)         | Name of current less                    | or or mana    | oging agent to who  | m ront ic n    | aid              |             |             |                     |         |          |                                | J   |
| (1)         | Name of current less                    | OI OI IIIaiia | ignig agent to who  | ili lelit is b | lalu             |             |             |                     | Phon    | - N∩     |                                |     |
|             | Address                                 |               |                     |                |                  |             |             |                     | 1 11011 | - 110    |                                |     |
|             | Rental Paid                             | \$            |                     | D              | eriod Rented F   | rom         |             |                     | То      |          |                                |     |
|             |                                         | ٦             |                     | Ft             | ellou Reliteu F  | 10111       |             |                     |         | J        |                                |     |
|             | Reason for leaving                      |               |                     |                |                  |             |             |                     |         |          |                                |     |
| (ii)        | Previous address of A                   | Applicant     |                     |                |                  |             |             |                     |         |          |                                |     |
|             | Name of previous les                    |               | naging agent to wh  | om rent wa     | as paid          |             |             |                     |         |          |                                | J   |
|             |                                         |               |                     |                |                  |             |             |                     | Phon    | - N∩     |                                |     |
|             | Address                                 |               |                     |                |                  |             |             |                     |         |          |                                |     |
|             | Rental Paid                             | \$            |                     | Pe             | eriod Rented F   | rom         |             |                     | То      | 1        |                                | ]   |
|             | Reason for leaving                      | 7             |                     |                | enou renecu i    |             |             |                     |         |          |                                |     |
|             | reason for leaving                      |               |                     |                |                  |             |             |                     |         |          |                                |     |
| /uu\        | 0                                       |               |                     |                |                  |             |             | /N                  |         |          |                                |     |
| (iii)       | Occupation                              |               |                     |                |                  |             |             | (Note: Your Empl    | ٦       |          | ontacted to verify employment) |     |
|             | Employer                                |               |                     |                |                  |             |             |                     | Phon    |          |                                | ]   |
|             | Period of Employmen                     |               |                     |                |                  |             |             |                     | Wage    | : \$     |                                |     |
|             | If less than 12 month                   | is, name ar   | nd address of previ | ous employ     | yer              |             |             |                     |         |          |                                | 1   |
|             | - · · · · · · · · · · · · · · · · · · · |               |                     |                |                  |             |             |                     |         |          |                                |     |
|             | Explanation if no em                    | pioyment:     |                     |                |                  |             |             |                     |         |          |                                |     |
| (iv)        | Next of Kin (Note: Th                   | iese people   | e may be contacted  | I to verify p  | articulars)      |             |             |                     |         |          |                                |     |
|             | First Next of Kin                       | NAME          |                     |                |                  |             |             |                     | TELEPH  | HONE     |                                |     |
|             |                                         | ADDRESS       |                     |                |                  |             |             |                     |         |          |                                |     |
|             | Second Next of Kin                      | NAME          |                     |                |                  |             |             |                     | TELEPH  | HONE     |                                |     |
|             |                                         | ADDRESS       |                     |                |                  |             |             |                     |         |          | <u> </u>                       |     |
|             | Emanacioni C. 1. 1.                     |               | address             | nama\ Fai      | 4a Th            |             | ha ·        | 454 45E             |         |          |                                | j   |
|             | Emergency Contact (                     |               | auuress and teleph  | iotie) [No     | ite: Triese peop | ne may t    | ue contac   | teu to verity parti | 7       |          |                                | ]   |
|             | First Contact                           | NAME          |                     |                |                  |             |             |                     | TELEPH  | HONE     |                                |     |
|             |                                         | ADDRESS       |                     |                |                  |             |             |                     |         |          |                                |     |
|             | Second Contact                          | NAME          |                     |                |                  |             |             |                     | TELEPH  | HONE     |                                |     |
|             |                                         | ADDRESS       |                     |                |                  |             |             |                     |         |          |                                |     |





| Personal References a) NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | YOUR       | (Third Person's                         | ) PARTICULARS               |                            |                       |                         |                                 |
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| Address 2 Single   State   Postrode   Postro      | Given Na   | me(s)                                   |                             |                            | Family Nam            | е                       |                                 |
| State   Petitode   P        | Address 1  | 1                                       |                             |                            | -                     |                         |                                 |
| State   Petitode   P        | Address :  | 2                                       |                             |                            |                       |                         |                                 |
| Place No. Wook                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                         |                             |                            |                       | State                   | Postcode                        |
| Email   Gender                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | n Work                                  |                             | Mohile                     |                       |                         |                                 |
| DocuMENTS TO CONFIRM YOUR IDENTITY  Drivers Licence No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | , voik                                  |                             | riodic                     |                       |                         |                                 |
| DOCUMENTS TO CONFIRM YOUR IDENTITY  Cheer B License No State or Issue Persport No Colors Display Date  Medicane Land No Description State or Issue Persport No Colors Display Date  Medicane Land No Description No Colors Display Date  Make of current lessor or managing agent to whom rent is paid  Medicane Sandress of Applicant Description Date Description Date Date Description Date Date Date Date Date Date Date Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | lirth                                   | Place of Birth              | Fam                        | illy Name at Birth    | dender                  | Australian Citizen Ves No       |
| Drivers Licence No State of Issue Passport No Color Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Dute of E  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Tidee of Bireit             | T GITT                     | my ivalile de Bireli  |                         | Australian citizen i res i ivi  |
| Medicare Card No  Other 10  Other 10  Anything else to support Your Application  Simoker   Yes   No  Personal References a) NAME   TELEPLONE    Name of current lessor or managing agent to whom rent is paid   TELEPLONE    Name of previous lessor or managing agent to whom rent was paid    Provious address of Applicant    Name of previous lessor or managing agent to whom rent was paid    Provious address of Applicant    Name of previous lessor or managing agent to whom rent was paid    Provious address of Applicant    Name of previous lessor or managing agent to whom rent was paid    Phone No    Address    Reason for leaving    Note: Your Employer may be contacted to verify employment)    Period of Employment    Wage   S    If less than 12 months, name and address of previous employer    Explanation If no employment    Wage   S    First Next of Kin   MANC    ADDRESS    Emergency Contact   name and address and telephone   (Note: These people may be contacted to verify particulars.)    First Contact   MANS    ACCURATION    RESPONDED    First Contact   MANS    RESPONDED    First Contact   MANS    FIRST CONTACT    RESPONDED    First Contact   MANS    FIRST CONTACT    FIRST CO      | DOCUM      | MENTS TO CONFI                          | RM YOUR IDENTITY            |                            |                       |                         |                                 |
| Medicare Card No  Other 10  Other 10  Anything else to support Your Application  Simoker   Yes   No  Personal References a) NAME   TELEPLONE    Name of current lessor or managing agent to whom rent is paid   TELEPLONE    Name of previous lessor or managing agent to whom rent was paid    Provious address of Applicant    Name of previous lessor or managing agent to whom rent was paid    Provious address of Applicant    Name of previous lessor or managing agent to whom rent was paid    Provious address of Applicant    Name of previous lessor or managing agent to whom rent was paid    Phone No    Address    Reason for leaving    Note: Your Employer may be contacted to verify employment)    Period of Employment    Wage   S    If less than 12 months, name and address of previous employer    Explanation If no employment    Wage   S    First Next of Kin   MANC    ADDRESS    Emergency Contact   name and address and telephone   (Note: These people may be contacted to verify particulars.)    First Contact   MANS    ACCURATION    RESPONDED    First Contact   MANS    RESPONDED    First Contact   MANS    FIRST CONTACT    RESPONDED    First Contact   MANS    FIRST CONTACT    FIRST CO      | Drivers Li | icence No                               | State of Issue              | Passport No                | )                     | Count                   | ry of Issue                     |
| Other ID   Ves   Registration No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Medicare   | Card No                                 |                             |                            |                       |                         |                                 |
| Vehicle Type 6 Registration No Annothing else to support Your Application  Simolear Yes No Personal References a) NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                         |                             |                            |                       | , ,                     |                                 |
| Smaker   Yes   No  Personal References a) MANTE   Discontinue   Discontinue   Discontinue   Discontinue   Discontinue   Discontinue   Discontinue   Discon      |            | vne & Registration No                   |                             |                            |                       |                         |                                 |
| Smoker Yes No  Personal References a) NAME   TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                         |                             |                            |                       |                         |                                 |
| Personal Reference: a) NAME TELEPHONE    Name of current lessor or managing agent to whom rent is paid   Phone No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | , <b>,</b> | , cise to support rour.                 | , критеа стотт              |                            |                       |                         |                                 |
| Personal Reference: a) NAME TELEPHONE    Name of current lessor or managing agent to whom rent is paid   Phone No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                                         |                             |                            |                       |                         |                                 |
| Personal Reference: a) NAME TELEPHONE    Name of current lessor or managing agent to whom rent is paid   Phone No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                                         |                             |                            |                       |                         |                                 |
| Name of current lessor or managing agent to whom rent is paid  Address Rental Paid \$ Period Rented From To Reason for leaving  Phone No Address Reason for leaving  Phone No Address Period Rented From To Reason for leaving  Phone No Address Period Rented From To Reason for leaving  Phone No Reason for leaving  Note: Your Employer may be contacted to verify employment)  Employer Period of Employment Wage \$ Period Rented From Phone No Reason for leaving    | Smoker     | Yes No                                  |                             |                            |                       |                         |                                 |
| Name of current lessor or managing agent to whom rent is paid  Address Rental Paid \$ Period Rented From To  Reason for leaving  Phone No  Address Rental Paid \$ Period Rented From To  Name of previous lessor or managing agent to whom rent was paid  Phone No  Address Rental Paid \$ Period Rented From To  Reason for leaving  Phone No  Address Rental Paid \$ Period Rented From To  Reason for leaving  Occupation Note: Your Employer may be contacted to verify employment)  Employer Period of Employment Wage \$ Phone No  Period Rented From To  Reason for leaving  Phone No  Phone N | Personal   | References a) NAM                       | ΛE                          |                            |                       | TELEPHONE               | :                               |
| Address Rental Paid S Reason for leaving  Previous address of Applicant Name of previous lessor or managing agent to whom rent was paid  Phone No Address Rental Paid S Reason for leaving  Phone No Address Rental Paid S Reason for leaving  Occupation Employer Period Rented From No Note: Your Employer may be contacted to verify employment) Employer Period of Employment If less than 12 months, name and address of previous employer  Explanation if no employment:  Explanation if no employment:  Siy)  Next of Kin (Note: These people may be contacted to verify particulars) First Next of Kin NAME ADDRESS  Second Next of Kin NAME ADDRESS  Emergency Contact (name and address and telephone) (Note: These people may be contacted to verify particulars.) First Contact NAME ADDRESS  Second Contact NAME TELEPHONE TELEPHONE TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | b) NAM                                  | ИЕ                          |                            |                       | TELEPHONE               | :                               |
| Address Rental Paid S Reason for leaving  Previous address of Applicant Name of previous lessor or managing agent to whom rent was paid  Phone No Address Rental Paid S Reason for leaving  Phone No Address Rental Paid S Reason for leaving  Occupation Employer Period Rented From No Note: Your Employer may be contacted to verify employment) Employer Period of Employment If less than 12 months, name and address of previous employer  Explanation if no employment:  Explanation if no employment:  Siy)  Next of Kin (Note: These people may be contacted to verify particulars) First Next of Kin NAME ADDRESS  Second Next of Kin NAME ADDRESS  Emergency Contact (name and address and telephone) (Note: These people may be contacted to verify particulars.) First Contact NAME ADDRESS  Second Contact NAME TELEPHONE TELEPHONE TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | /i)        | Name of current loss                    | cor or managing agent to w  | hom ront is naid           |                       |                         |                                 |
| Address Rental Paid \$ Period Rented From To  Reason for leaving  Previous address of Applicant Name of previous lessor or managing agent to whom rent was paid  Phone No Address Rental Paid \$ Period Rented From To  Reason for leaving  Occupation Employer Period of Employment If less than 12 months, name and address of previous employer  Explanation if no employment:  [IV) Next of Kin (Note: These people may be contacted to verify particulars) First Next of Kin NAME ADDRESS  Emergency Contact (name and address and telephone) [Note: These people may be contacted to verify particulars] First Contact NAME ADDRESS  Second Contact NAME TELEPHONE TELEPHONE TELEPHONE TELEPHONE TELEPHONE TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (1)        | Name of current less                    | soi oi managing agent to w  | noni tent is paid          |                       | Phone No                |                                 |
| Rental Paid S Reason for leaving    Previous address of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Addross                                 |                             |                            |                       | 1 Hone IV               |                                 |
| Reason for leaving    Previous address of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                         | ć                           | Davied Depted Fro          |                       | To                      |                                 |
| Previous address of Applicant   Name of previous lessor or managing agent to whom rent was paid   Phone No   Address   Rental Paid   S   Period Rented From   To   Reason for leaving   Phone No   P        |            |                                         | \$                          | Periou Renteu Fro          | orri [                | 10                      |                                 |
| Name of previous lessor or managing agent to whom rent was paid  Address Rental Paid \$ Period Rented From To Reason for leaving  (iii) Occupation Note: Your Employer may be contacted to verify employment)  Employer Period of Employment Wage \$ If less than 12 months, name and address of previous employer  Explanation if no employment:  (iv) Next of Kin (Note: These people may be contacted to verify particulars)  First Next of Kin Name Telephone  ADDRESS  Second Next of Kin name and address and telephone) [Note: These people may be contacted to verify particulars.]  First Contact Name Telephone Telephone  ADDRESS  Second Contact NAME TELEPHONE TELEPHONE  ADDRESS  Second Contact NAME TELEPHONE TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Reason for leaving                      |                             |                            |                       |                         |                                 |
| Name of previous lessor or managing agent to whom rent was paid  Address Rental Paid \$ Period Rented From To Reason for leaving  (iii) Occupation (Note: Your Employer may be contacted to verify employment)  Employer Phone No Period of Employment Wage \$ If less than 12 months, name and address of previous employer  Explanation if no employment:  (iv) Next of Kin (Note: These people may be contacted to verify particulars)  First Next of Kin NAME TELEPHONE  ADDRESS  Emergency Contact (name and address and telephone) [Note: These people may be contacted to verify particulars.]  First Contact NAME TELEPHONE TELEPHONE  ADDRESS  Second Contact NAME TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (ii)       | Previous address of                     | Annlicant                   |                            |                       |                         |                                 |
| Address Rental Paid \$ Reason for leaving  (iii) Occupation [Note: Your Employer may be contacted to verify employment) Employer Phone No Period of Employment Wage \$ [If less than 12 months, name and address of previous employer Explanation if no employment:  (iv) Next of Kin (Note: These people may be contacted to verify particulars)  First Next of Kin NAME TELEPHONE    Second Next of Kin NAME ADDRESS    Emergency Contact (name and address and telephone) [Note: These people may be contacted to verify particulars.]  First Contact NAME TELEPHONE    ADDRESS    Second Contact NAME TELEPHONE    ADDRESS     | (,         |                                         |                             | whom rent was naid         |                       |                         |                                 |
| Address Rental Paid \$ Period Rented From To Reason for leaving    Occupation   (Note: Your Employer may be contacted to verify employment)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | rume of previous ie.                    | osor or managing agent to t | whom tene was para         |                       | Phono No                |                                 |
| Rental Paid \$ Period Rented From To Reason for leaving    Cocupation   (Note: Your Employer may be contacted to verify employment)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Addross                                 |                             |                            |                       | 1 Hone No               |                                 |
| Reason for leaving  Occupation (Note: Your Employer may be contacted to verify employment)  Employer Period of Employment Wage \$  If less than 12 months, name and address of previous employer  Explanation if no employment:  (iv) Next of Kin (Note: These people may be contacted to verify particulars)  First Next of Kin NAME TELEPHONE ADDRESS  Second Next of Kin NAME TELEPHONE TELEPHONE TELEPHONE TELEPHONE TELEPHONE TELEPHONE TELEPHONE TELEPHONE ADDRESS  Emergency Contact (name and address and telephone) [Note: These people may be contacted to verify particulars.]  First Contact NAME TELEPHONE TELEPHO     |            |                                         | ć                           | Davied Depted Fro          |                       | To                      |                                 |
| (iii) Occupation (Note: Your Employer may be contacted to verify employment)  Employer Period of Employment Wage \$   If less than 12 months, name and address of previous employer  Explanation if no employment:  (iv) Next of Kin (Note: These people may be contacted to verify particulars)  First Next of Kin NAME TELEPHONE  ADDRESS  Second Next of Kin NAME TELEPHONE  ADDRESS  Emergency Contact (name and address and telephone) [Note: These people may be contacted to verify particulars.]  First Contact NAME TELEPHONE  ADDRESS  Second Contact NAME TELEPHONE  TELEPHONE  TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                         | \$                          | Periou Renteu Fro          | JIII                  | 10                      |                                 |
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| Employer Period of Employment  If less than 12 months, name and address of previous employer  Explanation if no employment:  (iv) Next of Kin (Note: These people may be contacted to verify particulars)  First Next of Kin NAME ADDRESS  Second Next of Kin NAME ADDRESS  Emergency Contact (name and address and telephone) [Note: These people may be contacted to verify particulars.]  First Contact NAME ADDRESS  Second Contact NAME ADDRESS  Second Contact NAME ADDRESS  TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (iii)      | Occupation                              |                             |                            | (Not                  | e. Vour Employer may be | contacted to verify employment) |
| Period of Employment  If less than 12 months, name and address of previous employer  Explanation if no employment:  (iv) Next of Kin (Note: These people may be contacted to verify particulars)  First Next of Kin NAME TELEPHONE  ADDRESS  Second Next of Kin NAME TELEPHONE  Emergency Contact (name and address and telephone) [Note: These people may be contacted to verify particulars.]  First Contact NAME TELEPHONE  ADDRESS  Second Contact NAME TELEPHONE  TELEPHONE  TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (111)      |                                         |                             |                            | (NOU                  |                         |                                 |
| If less than 12 months, name and address of previous employer    Explanation if no employment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                         |                             |                            |                       |                         |                                 |
| Explanation if no employment:  (iv) Next of Kin (Note: These people may be contacted to verify particulars)  First Next of Kin NAME TELEPHONE  ADDRESS  Second Next of Kin NAME TELEPHONE  ADDRESS  Emergency Contact (name and address and telephone) [Note: These people may be contacted to verify particulars.]  First Contact NAME TELEPHONE  ADDRESS  Second Contact NAME TELEPHONE  TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                         |                             |                            |                       | vvage                   | \$                              |
| (iv) Next of Kin (Note: These people may be contacted to verify particulars)  First Next of Kin NAME ADDRESS  Second Next of Kin NAME ADDRESS  Emergency Contact (name and address and telephone) [Note: These people may be contacted to verify particulars.]  First Contact NAME ADDRESS  Second Contact NAME TELEPHONE TELEPHONE TELEPHONE TELEPHONE TELEPHONE TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | If less than 12 month                   | ns, name and address of pre | evious employer            |                       |                         |                                 |
| (iv) Next of Kin (Note: These people may be contacted to verify particulars)  First Next of Kin NAME ADDRESS  Second Next of Kin NAME ADDRESS  Emergency Contact (name and address and telephone) [Note: These people may be contacted to verify particulars.]  First Contact NAME ADDRESS  Second Contact NAME TELEPHONE TELEPHONE TELEPHONE TELEPHONE TELEPHONE TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Evaluation if an are                    |                             |                            |                       |                         |                                 |
| First Next of Kin NAME ADDRESS  Second Next of Kin NAME ADDRESS  Emergency Contact (name and address and telephone) [Note: These people may be contacted to verify particulars.]  First Contact NAME TELEPHONE TELEPHONE  ADDRESS  Second Contact NAME TELEPHONE TELEPHONE TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Explanation if no err                   | ipioyment:                  |                            |                       |                         |                                 |
| Second Next of Kin NAME TELEPHONE TELEPHONE  Emergency Contact (name and address and telephone) [Note: These people may be contacted to verify particulars.]  First Contact NAME TELEPHONE TELEPHONE  ADDRESS  Second Contact NAME TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (iv)       | Next of Kin (Note: TI                   | hese people may be contact  | ed to verify particulars)  |                       |                         |                                 |
| Second Next of Kin NAME ADDRESS  Emergency Contact (name and address and telephone) [Note: These people may be contacted to verify particulars.]  First Contact NAME TELEPHONE TELEPHONE  ADDRESS  Second Contact NAME TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | First Next of Kin                       | NAME                        |                            |                       | TELEPHONE               |                                 |
| Emergency Contact (name and address and telephone) [Note: These people may be contacted to verify particulars.]  First Contact NAME TELEPHONE TELEPHONE  Second Contact NAME TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                         | ADDRESS                     |                            |                       |                         |                                 |
| Emergency Contact (name and address and telephone) [Note: These people may be contacted to verify particulars.]  First Contact NAME TELEPHONE TELEPHONE  Second Contact NAME TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Second Next of Kin                      | NAME                        |                            |                       | TEL EPHONE              | :                               |
| Emergency Contact (name and address and telephone) [Note: These people may be contacted to verify particulars.]  First Contact NAME TELEPHONE  Second Contact NAME TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | Second Next of Kill                     |                             |                            |                       | TEEET NOTE.             |                                 |
| First Contact NAME TELEPHONE TELEPHONE  ADDRESS  Second Contact NAME TELEPHONE TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                         |                             |                            |                       |                         |                                 |
| Second Contact NAME TELEPHONE TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                                         | (name and address and tele  | phone) [Note: These people | e may be contacted to |                         |                                 |
| Second Contact NAME TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | First Contact                           | NAME                        |                            |                       | TELEPHONE               |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                         | ADDRESS                     |                            |                       |                         |                                 |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Second Contact                          | NAME                        |                            |                       | TELEPHONE               | :                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                         | ADDRESS                     |                            |                       |                         |                                 |





| YOUR       | (Fourth Person        | 's) PARTICULARS             |                          |               |                      |                      |                               |
|------------|-----------------------|-----------------------------|--------------------------|---------------|----------------------|----------------------|-------------------------------|
| Given Nar  | me(s)                 |                             |                          |               | Family Name          |                      |                               |
| Address 1  |                       |                             |                          |               | 1                    |                      |                               |
| Address 2  |                       |                             |                          |               |                      |                      |                               |
| Suburb     |                       |                             |                          |               |                      | State                | Postcode                      |
| Phone No   | Work                  |                             | Mobile                   |               |                      | Home                 | . osteode                     |
| Email      | VVOIK                 |                             | MODILE                   |               |                      | Gender               |                               |
| Date of Bi | irth                  | Place of Birth              |                          | Family Nar    | no at Pirth          | dender               | Australian Citizen Yes No     |
| Date of b  | 11 (11                | Place of Biltii             |                          | raililly Ival | ile at birtir        |                      | Australian Citizen Yes No     |
| DOCUM      | ENTS TO CONFI         | RM YOUR IDENTITY            |                          |               |                      |                      |                               |
| Drivers Li | cence No              | State of Issue              | Passp                    | ort No        |                      | Country              | of Issue                      |
| Medicare   | Card No               |                             | Ref N                    |               | Colour               | Expiry Da            |                               |
| Other ID   |                       |                             |                          |               | l                    | , ,                  |                               |
|            | ype & Registration No |                             |                          |               | I                    |                      |                               |
|            | else to support Your  |                             |                          |               |                      |                      |                               |
| Smoker     | Yes No                |                             |                          |               |                      |                      |                               |
|            | References a) NAN     | AE                          |                          |               |                      | TELEPHONE            |                               |
| Personali  | b) NAM                |                             |                          |               |                      | TELEPHONE            |                               |
|            | ·                     | L                           |                          |               |                      | TELEPHONE            |                               |
| (i)        | Name of current less  | sor or managing agent to wh | om rent is paid          |               |                      |                      |                               |
|            |                       |                             |                          |               |                      | Phone No             |                               |
|            | Address               |                             |                          |               |                      |                      |                               |
|            | Rental Paid           | \$                          | Period Rent              | ed From       |                      | То                   |                               |
|            | Reason for leaving    |                             |                          |               |                      |                      |                               |
| (11)       | 5                     |                             |                          |               |                      |                      |                               |
| (ii)       | Previous address of   |                             |                          |               |                      |                      |                               |
|            | Name of previous les  | ssor or managing agent to w | hom rent was paid        |               |                      |                      |                               |
|            |                       |                             |                          |               |                      | Phone No             |                               |
|            | Address               |                             |                          |               |                      |                      |                               |
|            | Rental Paid           | \$                          | Period Rent              | ed From       |                      | То                   |                               |
|            | Reason for leaving    |                             |                          |               |                      |                      |                               |
|            |                       |                             |                          |               |                      |                      |                               |
| (iii)      | Occupation            |                             |                          |               | (Note: You           | r Employer may be co | ntacted to verify employment) |
|            | Employer              |                             |                          |               |                      | Phone No             |                               |
|            | Period of Employme    | nt                          |                          |               |                      | Wage \$              |                               |
|            | If less than 12 month | ns, name and address of pre | vious employer           |               |                      |                      |                               |
|            |                       |                             |                          |               |                      |                      |                               |
|            | Explanation if no em  | nployment:                  |                          |               |                      |                      |                               |
| (iv)       | Next of Kin (Note: Th | hese people may be contacte | ed to verify particulars | )             |                      |                      |                               |
|            | First Next of Kin     | NAME                        |                          |               |                      | TELEPHONE            |                               |
|            |                       | ADDRESS                     |                          |               |                      |                      |                               |
|            | Cosond Nove of Kin    | NAME                        |                          |               |                      | TELEPHONE            |                               |
|            | Second Next of Kin    | NAME                        |                          |               |                      | TELEPHUNE            |                               |
|            |                       | ADDRESS                     |                          |               |                      |                      |                               |
|            | Emergency Contact     | (name and address and telep | phone) [Note: These      | people may    | be contacted to veri | y particulars.]      |                               |
|            | First Contact         | NAME                        |                          |               |                      | TELEPHONE            |                               |
|            |                       | ADDRESS                     |                          |               |                      |                      |                               |
|            | Second Contact        | NAME                        |                          |               |                      | TELEPHONE            |                               |
|            |                       | ADDRESS                     |                          |               |                      | <u> </u>             |                               |
|            |                       |                             |                          |               |                      |                      |                               |





| By Signing this document You :<br>Your Application may or may n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | are making an applicatio<br>ot be successful. | on to enter into a Resid | dential Tenancy Agre | ement in relation to t | the Premises. |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------|----------------------|------------------------|---------------|--|
| Your Application may or may n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ot be successful.                             | on to enter into a Resid | dential Tenancy Agre | ement in relation to t | the Premises. |  |
| Your Application may or may n Your Signature ( First Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ot be successful.                             | on to enter into a Resid | dential Tenancy Agre | ement in relation to t |               |  |
| Your Application may or may n Your Signature ( First Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ot be successful.                             | on to enter into a Resid | dential Tenancy Agre | ement in relation to t | Date          |  |
| By Signing this document You a Your Application may or may not a Your Signature ( First Person Your Signature ( Second Person Your Signature ( Third Yo | ot be successful.                             | on to enter into a Resid | dential Tenancy Agre | ement in relation to t | Date          |  |
| Your Application may or may n  Your Signature ( First Person  Your Signature (Second Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ot be successful.                             | on to enter into a Resid | dential Tenancy Agre | ement in relation to t | Date          |  |

### FORM 1AC - Residential Tenancies Act 1987 - Section 27B



### INFORMATION FOR TENANT

### WHAT YOU MUST KNOW ABOUT YOUR TENANCY

#### At the start of your tenancy you must be given the following by the lessor or the property manager of the premises:

- · a copy of this information statement
- a copy of your residential tenancy agreement
- 2 copies of the property condition report (must be received within 7 days after you have entered into occupation of the premises)
- a bond lodgment form for you to sign (if you are paying a security bond), so that it can be lodged with the Bond Administrator
- · keys to your new home.

#### **UPFRONT COSTS**

#### You are not required to pay:

- more than 2 weeks rent in advance (see "ESSENTIALS FOR TENANTS" below for more information
- more than 4 weeks rent as a security bond (if the rent is less than \$1200 per week)
- more than \$260 for a pet bond (if you are allowed to keep a pet on the premises)
- · any other amount.

#### **ESSENTIALS FOR TENANTS**

#### Follow these useful tips and pieces of information to help avoid problems while you are renting:

- If you have paid a security bond, you should receive a Record of Payment of Security Bond (record of payment) when the bond is lodged with the Bond Administrator at the Department of Commerce. If you do not receive the record of payment within 4 weeks of paying the bond, contact the Consumer Protection Advice Line on 1300 30 40 54 to make sure it has been lodged correctly. The record of payment will also advise you of your Rental Bond Reference Number.
- If you do not agree with the property condition report, mark your concerns on the report and return it to the lessor. The property condition report is an important piece of evidence. If you do not take the time to complete it accurately, money could be taken out of your bond to pay for damage that was already there when you moved in.
- If you paid an option fee, it should be applied to your rent or returned to you.
- The lessor cannot require you to pay more than 2 weeks rent in advance at any time during the tenancy agreement. However, at any time during the tenancy agreement, you can choose to pay more.
- Never stop paying your rent, even if the lessor is not complying with their side of the agreement (e.g. by failing to do repairs) you could end up being
  evicted if you stop paying rent.
- You must not stop paying rent with the intention that the lessor will take the rent from the security bond.
- You or the lessor will need to give notice in writing before ending the tenancy agreement (see "ENDING THE RESIDENTIAL TENANCY AGREEMENT" in your residential tenancy agreement).
- On the day your tenancy agreement ends, you must give vacant possession of the premises to the lessor (this includes handing over the keys to the lessor or the property manager). You may be liable to pay damages to the lessor if you do not vacate on time.
- If the property has a pool or garden, be clear about what the lessor expects you to do to maintain them.
- Under the Building Regulations 2012, owners and occupiers are responsible for ensuring that a suitable enclosure is provided around a swimming pool
  or spa-pool on the property. If a fence, wall, gate, window, door or other barrier around a swimming pool or spa-pool is not in working order or does not
  comply with Building Regulations 2012, contact your lessor or property manager immediately to arrange urgent repairs. If delays occur, or you need
  more information, contact your local government
- Loose blinds or curtain cords or chains which are not fixed out of reach pose a strangulation risk for children. Contact your lessor or property manager to discuss arrangements about making window coverings safe. Product safety laws apply.
- Be careful with what you sign relating to your tenancy, and do not let anybody rush you. Never sign a blank form, such as a claim for refund of bond.
- Keep a copy of your property condition report, rent receipts, bond receipt, record of payment of bond and copies of letters/emails you send or receive in a designated tenancy file or folder. Keep it somewhere you can easily find it.
- You must provide a forwarding address to the lessor or the property manager of the premises when you leave the premises. It is an offence not to do so.

#### **COMPLAINTS AND DISPUTES**

If a dispute between a lessor and a tenant is to be decided by the court, it must be dealt with by a court that has jurisdiction to hear and determine the application. The Magistrates Court has exclusive jurisdiction to hear and determine applications relating to bond and other tenancy matters that do not involve a claim over \$10 000. When making an application to the Magistrates Court, you must always use the name of the lessor on the application form and not the property manager or agent.

If you need to give the lessor a notice under the *Residential Tenancies Act 1987*, it should be in writing and can be given to the lessor or the property manager of the premises, someone living with the lessor who appears to be over the age of 16, or to the person who usually receives the rent.

If the lessor needs to give you a notice under the *Residential Tenancies Act 1987*, they can do so by posting it to you or by giving it to someone living in the rented premises who appears to be over 16 or to the person who usually pays the rent.

Where there are 2 or more lessors or tenants, notice only needs to be given to one of them.

For information about the Magistrates Court, including what forms you should use, visit their website at www.magistratescourt.wa.gov.au or go to the Department of Commerce website at www.commerce.wa.gov.au/ConsumerProtection to view general information publications about disputes and about the Magistrates Court process.

### FURTHER INFORMATION CONSUMER PROTECTION DIVISION, DEPARTMENT OF COMMERCE

**Perth office:** Forrest Centre, 219 St Georges Terrace, Perth, Western Australia 6000

Hours  $8{:}30\ a.m.-5{:}00\ p.m.$  General Advice Line:  $1300\ 30\ 40\ 54$ 

Email: consumer@commerce.wa.gov.au

Internet: www.commerce.wa.gov.au/ConsumerProtection REGIONAL OFFICES:

Goldfields/Esperance: (08) 9026 3250 | Great Southern: (08) 9842 8366 | Kimberley: (08) 9191 8400

South-West: (08) 9722 2888 | North-West: (08) 9185 0900 | Mid-West: (08) 9920 9800
The WA Government provides funding assistance to the WA Tenancy Network which provides advice, information and advocacy to tenants throughout Western Australia.

Contact the Consumer Protection Advice Line on 1300 30 40 54 for referral to a centre near you.