Ludeman Real Estate Pty Ltd

Agent Details

Suburb

Address: 122 Liebig Street Warrnambool VIC 3280

Phone no: 03 5561 2111

Email: admin@ludeman.com.au

Property Details		
Address		
Suburb		Postcode
Proposed length of tenancy	Years	Months
Date property is to be occupion	ed	1 1
Rent Payable for Property	\$	Per week/month
Name(s) of other Applicants		perty:
	Relationship:	
	Relationship:	
	Relationship:	
	•	
Personal Details		
Title First Name	Middle	e Name
Last name		
Date of Birth /	1	
Drivers Licence Number		State of Issue
Expiry Date:		
Pension Type (if applicable)		No.
Home	Mobile	
Email		
Occupation	Work No	0
Current Address		
Suburb	Postcod	е
Next of Kin - Not living	ng with you	
Name	Relation	ship
Address		
Suburb	Postcod	le
Phone	Mobile	
Work	Email	
Personal Referee		
Name		
Occupation		Relationship
Phone		

Postcode

Residential Tenancy Application Form

For your application to be processed you must answer all questions (Including the reverse side)

This is a FREE service that can connect you to the following utilities and services in your new home:

Electricity Pay TV Cleaners Gas Water Phone Truck and Van Hire

Removalist Internet



I consent to:

- Ludeman Real Estate providing my personal information to Direct Connect including name, address, email and phone number.
- Direct Connect contacting me by any means during my move in relation to electricity, gas and the other services set out above.
- Direct Connect obtaining metering information for the premises I am moving to.

	YE	Ξ

Date
Date
Phone

Privacy Collection Statement: Direct Connect Australia Pty Limited (DCA) is collecting your personal information for the purposes of contacting you in relation to your utilities and services connections. DCA will otherwise collect, use and disclose your personal information for purposes set out in its Privacy Policy at www.directconnect.com.au/ privacypolicy/. This information may be disclosed to third parties that help DCA deliver its services. The Privacy Policy explains how DCA will collect, use, store and disclose your personal information, the consequences for you if DCA does not collect this information, and the way in which you can access and seek correction of your personal information or complain about a breach of the Privacy Act. To obtain further information, you can contact DCA on 1300 664 715

570 Church Street Cremorne 3121 Victoria P: 1300 664 715 F:1300 664 185. www.directconnect.com.au

I hereby offer to rent the property from the owner under a lease to be prepared by the Agent. Should this application be accepted by the Residential Rental Provider I agree to enter into a Residential Tenancy Agreement. I acknowledge that this application is subject to the approval of the owner/Residential Rental Provider. I declare that all Information contained in this application is true and correct and given of my own free will. I declare that I have inspected the premises and am not bankrupt.

I authorize the Agent to obtain personal information about me from;

- The owner or the Agent of my current or previous residences
- (b) My personal referees for this application
- (c) (d) My current and past employers
- Any person who maintains any records, listing or database of defaults by tenants and I authorize and consent to each of those persons providing requested personal information about me to the

If I default under a rental agreement, I agree that the Agent may disclose details of any such default to a tenancy default database, and to agents/Residential rental Providers of properties I may apply for in the future

I am aware that the Agent will use and disclose personal information within this application in order to:

- Communicate with referees, employers, Residential Rental Providers, third party operators of tenancy reference
- databases, other agents and select a tenant communicate with the owner and select a tenant prepare lease/tenancy document (b)
- (c) (d)
 - allow trades people or equivalent organizations to contact me
- (e) lodge/claim/transfer to/from a Bond Authority (f)
 - refer to Tribunals/Courts & Statutory Authorities (where applicable)
- (g) refer to collection agent/lawyer (where applicable)
- (h) complete a check with a tenancy default database (i) transfer water account details into my name.

Signature	 Date

Declaration Continued

I am aware that if information is not provided or I do not consent to the uses to which personal information is put, the Agent cannot provide me with the lease/ tenancy of the premisis. I am aware that I may access personal information on the contact details above and that I may be able to correct this information if its inaccurate, incomplete or out-of-date.

PLEASE NOTE

- Initial payments of rent must be made by cash, bank cheque or money order within 24 hours after approval of application. No personal cheques accepted
- Payment of security bond must be made by bank cheque or money order payable to RTBA
- Keys will not be handed over until the lease agreement has been signed by the applicants
- The application is accepted subject to the availability of the property on the due date and no action shall be taken by the applicant against the Residential Rental Provider and the agent should any circumstances arise whereby the property is not available for occupation on the due date. I understand that the Agent will also offer me an alternate facility to pay rent

I understand that the Agent will also offer me an alternate facility to pay reland other payments to the agency by DIRECT DEBIT into our trust account:

BSB 083 957 Account Number 51 915 1331

I acknowledge that it is the office's policy not to accept cash as a method for rental and other payments because of risks associated with cash payments and keeping cash on the premises.

Signature			Da	ate		
Full Name						
How did you find th	nis propert	y? (please	circle)			
Rent List	Luden	nan.com.a	ıu	Facebook		
Domain.com	Other					
Current Situa	ation					
Are you the: Please circle	Owner	Renter	Other	(please s	peci	fy)
Current address						
How long have you	ı lived at y	our curren	t address	?		
	Yea	ars		Мог	nths	
Lease Start Date	1 1		Lease E	nd Date	/	1
Name of Residenti	al Rental F	Provider / /	Agen <u>t</u>			
Phone			Fax			
Rent / Mortgage Pa	aid \$			per	wee	ek / month
Reason for leaving						
If renting out of W			l referenc		orm	must be

Previous Rental History Are you the: Owner Renter Other (please specify) Please circle Previous address How long did you live at the previous address? Years Lease Start Date Lease End Date Name of Landlord / Agent / Selling Agent Phone Fax Rent / Mortgage Paid \$ per week / month Reason for leaving

If renting out of Warrnambool, a rental reference request form must be completed.

Current Employment Details	
Occupation	
Company Name	
Employment Address	
Suburb	Postcode
Contact Name	Phone
Mobile	Email
Terms: Full Time / Part Time / Casual Please circle	/ Subcontractor / Centrelink
Length at Current employment	Years Months
Income Weekly \$ or/ Inco	ome monthly \$
Previous Employment Details	
Occupation	
Company Name	
Employment Address	
Suburb	Postcode
Contact Name	Phone
Mobile	Email
Terms: Full Time / Part Time / Casual Please circle	/ Subcontractor / Centrelink
Length at Current employment	Years Months
Income Weekly \$ or/ Inco	ome monthly \$
STUDENTS please complete t	the following
Course Name	
Place of Study	
Course Length	Enrolment #
Parents Name	Phone
Campus Contact	Phone Phone
Campus Contact Course Coordinator	
Campus Contact Course Coordinator Other Information	Phone
Campus Contact Course Coordinator Other Information Ages of children residing on premises	Phone Phone
Campus Contact Course Coordinator Other Information	Phone Phone
Campus Contact Course Coordinator Other Information Ages of children residing on premises Do you smoke? Yes / No	Phone Phone
Campus Contact Course Coordinator Other Information Ages of children residing on premises Do you smoke? Yes / No Please Circle Do you have pets? Yes / No Please Circle	Phone Phone
Campus Contact Course Coordinator Other Information Ages of children residing on premises Do you smoke? Yes / No Please Circle Do you have pets? Yes / No Please Circle Type / breed 1:	Phone Phone If yes how many?
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Campus Contact Course Coordinator Other Information Ages of children residing on premises Do you smoke? Yes / No Please Circle Do you have pets? Yes / No Please Circle Type / breed 1: Type / breed 2: Type / breed 3: I acknowledge that no pets can be kept on the Residential Rental Provider / agent, and Supporting Documents	Phone Phone If yes how many? Name: Name: Name: Name: he premises unless approved by 'Pet Clause' is added to the lease.
Campus Contact Course Coordinator Other Information Ages of children residing on premises Do you smoke? Yes / No Please Circle Do you have pets? Yes / No Please Circle Type / breed 1: No Type / breed 2: No Please Circle Type / breed 3: No Please Circle Type / breed 3: No Please Circle	Phone Phone If yes how many? Name: Name: Name: Name: he premises unless approved by 'Pet Clause' is added to the lease. photographed documents
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