

RESIDENTIAL TENANCY APPLICATION

***If the information requested on this application
is not provided, we may not be able to process this application***



Speechley Property
517 George Street
SOUTH WINDSOR 2756
Phone: 02 4577 4699
Fax: 02 4577 6925
rentals@speechley.com.au

Privacy Disclosure Statement

We are an independently owned and operated business. We are bound by the National Privacy Principles (NPP). We collect personal information about you in this form to assess your application for residential tenancy. We may need to collect information about you from your previous landlords or letting agents, your current or previous employers and your referees. Your consent to us collecting this information is set out below. We may disclose personal information about you to the owner of the property to which this application relates. If this application is successful, we may disclose your details to service providers relevant to the tenancy relationship, including maintenance contractors and owners insurers. We may also send personal information about you to the owners of any other properties at your request. You have the right to access personal information that we hold about you by contacting our Privacy Officer, Speechley Property, PO Box 5722, South Windsor, 2756. If you do not complete this form or do not sign the consent below then your application for residential tenancy may not be considered by the owner of the relevant property or, if considered, may be rejected.

I/we, the person(s) listed hereunder and signed below acknowledge that we have read the Privacy Disclosure Statement above and authorise Speechley Property to collect information about me/us from .

1. My/Our current and/or previous letting agents and/or landlords
2. My/Our personal referees provided by me/us in this application
3. My/our current and/or previous employers
4. Any tenancy database which may contain personal information about me/us. I/we also authorise Speechley Property to disclose details about any defaults by me/us during the tenancy to which this application relates to any tenancy database to which Speechley Property subscribes. I/we understand this may include but not limited to Tenancy Information Centre of Australia (TICA) and Trading Reference Australia (TRA)

Print Names of all applicants

Signatures of all applicants

Date _____

**Please ensure you provide ALL requested information,
otherwise your application may not be processed.**

1. Applicant must achieve a **MINIMUM of 100 CHECK POINTS**
(Must include a Drivers License, Photo ID or Passport)
2. Written reference from present/previous Landlord or Agent
3. Two personal references with day time telephone numbers.
4. If your rental reference is a Private Landlord, you must provide a rates notice from the Landlord for proof of ownership and a written reference.
5. If you are self employed you must provide information relevant to your business, such as business registration, proof of income and accountant.
6. If accepted for the applied premises, all of the initial payment **MUST** be made in **MONEY ORDER, BANK CHEQUE or BANK TRANSFER**. No personal or business cheques will be accepted.
7. All relevant parties must be present at the time of signing the lease.
8. We **DO NOT** accept bond transfers and we **DO NOT** give bond transfers.
9. If approved for the premises, all rental payments are to be made by **PERIODICAL PAYMENT**. Before signing the lease, the applicant must provide proof from their bank that a **PERIODICAL PAYMENT** has been set up to our Trust Account. Account details will be supplied upon approval of your application.

If you are unable to meet our 100 point criteria, please speak to our Property Manager

Office Use Only

| <u>Identification</u> | <u>Points</u> | <u>Checked</u> |
|---|-----------------------|-----------------------|
| Rental Ledger / Last 4 Rent Receipts | 50 | |
| Drivers Licence | 40 | |
| Photo ID | 30 | |
| Passport | 30 | |
| Current Motor Vehicle Rego Papers | 10 | |
| Phone, Electricity or Gas Account showing address | 10 | C / A |
| Bank Statement showing address or Credit Card | 10 | |
| Copy of Birth Certificate | 10 | |
| Proof of Capacity to Pay Rent (eg Proof of Income) | Nil COMPULSORY | |

Additional Notes: _____

Residential Application Form

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

A. AGENT DETAILS

Speechley Property

Address: 517 George Street, South Windsor NSW 2756
Phone Number: (02) 4577 4699
Fax Number: (02) 4577 6925
Email: rentals@speechley.com.au
Web: www.speechley.com.au

B. PROPERTY DETAILS

1. What is the address of the property you would like to rent?

| |
|----------|
| |
| Postcode |

2. What is the rent per week?

| |
|----|
| \$ |
|----|

3. Lease commencement date?

| | | | | | |
|--|-----|--|-------|--|------|
| | Day | | Month | | Year |
|--|-----|--|-------|--|------|

4. Lease term?

| | | | |
|--|-------|--|--------|
| | Years | | Months |
|--|-------|--|--------|

5. How many occupants will occupy the property?

| | | | |
|--|--------|--|----------|
| | Adults | | Children |
|--|--------|--|----------|

| | |
|--|--------------------------|
| | Names & Ages of Children |
| | |

C. PERSONAL DETAILS

6. Please give us your details

Mr. ☐ Mrs. ☐ Ms. ☐ Miss. ☐ Other ☐

| | |
|---------|--------------|
| Surname | Given Name/s |
| | |

| | |
|---------------|-------------------------|
| Date of Birth | Driver's license number |
| | |

| | |
|------------------------------|------------------------|
| Driver's licence expiry date | Driver's licence state |
| | |

| | |
|--------------|------------------|
| Passport no. | Passport Country |
| | |

| | |
|-----------------------------|-------------------------------|
| Pension no. (if applicable) | Pensions type (if applicable) |
| | |

7. Please provide your contact details

| | |
|----------------|------------------|
| Home phone no. | Mobile phone no. |
| | |

| | |
|----------------|---------|
| Work phone no. | Fax no. |
| | |

| |
|---------------|
| Email address |
| |

8. What is your current address?

| |
|----------|
| |
| Postcode |

D. UTILITY CONNECTIONS

YourPorter

Telephone: 1300 400 600
Fax: 1300 326 468
www.yourporter.com.au

YourPorter is a FREE service connecting utilities and other services. If the Agent approves this application, YourPorter will be contacting you by phone, SMS, or email for the purposes of assisting you to connect your utilities within 24 hours of receiving this application for next business day connection.

- | | |
|--|---|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Pay TV |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Car Insurance |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Home & Contents | <input type="checkbox"/> Home Loans |

DECLARATION AND ACCEPTANCE:

I/We consent to the disclosure of this application form (including any personal information contained in this form) to YourPorter Pty Ltd (ABN 36 252 576 050) for the purpose of allowing YourPorter and its service providers to contact me for the connection of services as offered by YourPorter.

I/We acknowledge that if I/We do not provide my/our personal information, YourPorter will not be able to provide these services to me/us. YourPorter will ensure that my/our personal information is collected, used, held and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth).

I/We acknowledge that YourPorter may receive a benefit in relation to the connection of any of the services listed above. I/We consent to YourPorter contacting me by phone or SMS in relation to the connection of the services listed above. I/We acknowledge that this consent permits YourPorter to contact me even if the numbers listed on this application are listed on the Do Not Call Register. YourPorter will otherwise collect, hold, use and disclose personal information in accordance with their privacy policies, which are available at www.yourporter.com.au/general/privacy-policy/. YourPorter is a free service, but I/We acknowledge that standard connection fees may apply for services connected (in addition to the ongoing service fees).

I/We acknowledge that neither YourPorter nor the Agent accept any responsibility for any delay in or failure to arrange or provide for any connection of a service or for any loss, damage, cost or expense in connection with such delay or failure. By signing this application, I/We understand YourPorter is a value add product and that I/We are under no obligation to use YourPorter.

Signature

| |
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| |
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Date

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Property Managers Name:

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Application Sent to YourPorter (If required)

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|--------------------------|
| <input type="checkbox"/> |
|--------------------------|

E. APPLICANT HISTORY**9. How long have you lived at your current address?**

| | | | | | |
|--|--|-------|--|--|--------|
| | | Years | | | Months |
|--|--|-------|--|--|--------|

10. Why are you leaving this address?

| |
|--|
| |
|--|

11. Landlord/Agent details of this property (if applicable)

Name of landlord/agent

| |
|--|
| |
|--|

Landlord/agents no.

| |
|--|
| |
|--|

Weekly Rent Paid

| |
|----|
| \$ |
|----|

12. What was your previous residential address?

| |
|----------|
| |
| Postcode |

13. How long did you live at this address?

| | | | | | |
|--|--|-------|--|--|--------|
| | | Years | | | Months |
|--|--|-------|--|--|--------|

14. Landlord/agent details of this property (if applicable)

Name of landlord/agent

| |
|--|
| |
|--|

Landlord/agents phone no.

| |
|--|
| |
|--|

Weekly Rent Paid

| |
|----|
| \$ |
|----|

Was Bond refunded in full?

| |
|--|
| |
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If not, why?

| |
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15. Please answer the following questions:**Yes No**

Have you ever been evicted by any landlord/agent

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Are you indebt to another landlord/agent

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Have you ever been refused another property

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

F. EMPLOYMENT HISTORY**16. Please provide your employment details**

What is your occupation?

| |
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Employers name (inc. accountant if self employed or institution if student)

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| |
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Employers address

| |
|--|
| |
|--|

Postcode

Contact name

| |
|--|
| |
|--|

Phone no.

| |
|--|
| |
|--|

Length of employment

| | | | | | |
|--|--|-------|--|--|--------|
| | | Years | | | Months |
|--|--|-------|--|--|--------|

Net Income

| |
|----|
| \$ |
|----|

17. Please provide your previous employment details

Occupation?

| |
|--|
| |
|--|

Employers name

| |
|--|
| |
|--|

Length of employment

| | | | | | |
|--|--|-------|--|--|--------|
| | | Years | | | Months |
|--|--|-------|--|--|--------|

Net Income

| |
|----|
| \$ |
|----|

G. CONTACTS/REFERENCES**18. Please provide contact in case of emergency**

Surname

| |
|--|
| |
|--|

Given name/s

| |
|--|
| |
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Address

| |
|--|
| |
|--|

Postcode

| |
|--|
| |
|--|

Relationship to you

| |
|--|
| |
|--|

Phone no.

| |
|--|
| |
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19. Please provide 2 personal references**1 related to you, 1 not related to you.**

1. Surname

| |
|--|
| |
|--|

Given name/s

| |
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Address

| |
|--|
| |
|--|

Postcode

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Relationship to you

| |
|--|
| |
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Phone no.

| |
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| |
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2. Surname

| |
|--|
| |
|--|

Given name/s

| |
|--|
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Address

| |
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Postcode

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Relationship to you

| |
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| |
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Phone no.

| |
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H. OTHER INFORMATION**20. Are you a member of the Australian Defence Force?**

RAAF

☐

Army

☐

Navy

☐

Rank

| |
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| |
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Location

| |
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| |
|--|

Service Number

| |
|--|
| |
|--|

21. Please provide details of any pets

Breed/type

Council Registration/ Number

1.

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| |
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2.

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3.

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22. Do you own a car or motorbike?

| | |
|--------------------------|--------|
| <input type="checkbox"/> | Yes/No |
|--------------------------|--------|

| |
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Car/Motorbike

If yes:

Vehicle Registration No.

| |
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| |
|--|

Make/Model

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23. Please answer the following questions:**Yes No**

Are you a smoker?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Do you own a Lawnmower

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

I. TENANT PASSWORD

Under the terms of the privacy act we are required to verify a persons identity before providing them personal information. As many of our tenants contact us by telephone to request information relating to their tenancy, we will require you to provide a unique password before any information will be provided. Please list a unique password, which you will use when you need to obtain information from us regarding your tenancy. (Minimum 4 digits)

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