RESIDENTIAL TENANCY APPLICATION FORM

For your application to be processed you must answer all questions (including the reverse side) A Photocopy of your current drivers' license (front & back) is required.



Loop Residential Property Leasing & Management

Address: P.O. Box 4126 McKinnon, VIC 3204

Office: Alana Mobile: 0448 878 095 Sara Mobile: 0400 458 540

Email: alana@loopproperty.com.au

ADDRESS OF PROPERTY:				
LEASE TO COMMENCE ON:	TERM:mont	hs		
NUMBER OF OCCUPANTS: ADULTS:	CHILDREN:			
FIRST NAME:	SURNAME:			
CURRENT ADDRESS:				
DATE OF BIRTH:				
CONTACT NO: (Work)	CONTACT NO:(Home)			
MOBILE:	EMAIL:			
LICENCE/PASSPORT NO:	STATE/COUNTRY OF ISSUE:			
(ID: A COPY OF YOUR LICENCE OR OTHER PHOTO ID IS REQUIRED)				
This is a free service that connects all your utilities				
Direct Connect				
Once we have received this application we will call you to confirm your deta	ils. Direct Connect will make all reasonable efforts to contact you within 24 h			
of the nearest working day on receipt of this Application to confirm the info Connect is a utility one stop connection service.	rmation on this Application and explain the details of the services offered. Di	irect		
Please tick utilities requested				
Water K Electricity Gas one In TV	Insu_ce			
DECLARATION AND EXECUTION: By signing this application, I/we: consent to Direct Connect arranging for the connection and disconnection of the nominated utility services and to providing information contained in this application to utility providers for this purpose; acknowledge having been provided with terms and Conditions of Supply of Direct Connect and having read and understood them together with the Privacy Collection Notice set out below; declare that all the information contained in this application is true and correct and given of their own free will; expressly authorise Direct Connect to provide any information disclosed in this Application to a supplier or potential supplier of the Services in accordance with the Privacy Collection Notice and to obtain any information necessary in relation to the Services; consent to Direct Connect contacting me by telephone or by SMS in relation to the and contact of the purpose of that information provider disclosing it to a supplier or potential supplier of the Services in accordance with the Privacy Collection Notice and to obtain any information necessary in relation to the Services; consent to Direct Connect contacting me by telephone or by SMS in relation to the marketing or promotion of all of the services listed under the heading "Utility Connections" above even if we/l have not applied for the connection of those services in this application to the marketing or promotion of all of the services listed under the heading "Utility Connection" above even if we/l have not applied for the connection of those services in this application of this application (until 128] days after we/l disconnect the last of the services in respect of which this application. This consent will permit Direct Connect us contact us/me even if the telephone numbers listed on this application form are listed on the D Not Call Register; understand that under the requirements of the Privacy Act 1988, and the provided and the privacy and protected against loss, unathorised access, use, modifi				
PO Box 1519, Box Hill, Victoria 3128. P: 1300 664 715 F: 1300 664 185. <u>www.directconnect.com.au</u>				

TENANCY PROCESS PROCEDURE:-

We understand that finding and selecting a rental property is often difficult. We will process your application as quickly as possible, but please remember we may be processing many applications at the same time. To assist us please fill out all the required details on the application and ensure your complete application is returned to the office as quickly as possible.

 $\textbf{\textit{UNSUCCESSFUL APPLICATIONS}}: - Should your application be unsuccessful you will be notified.$

SUCCESSFUL APPLICATIONS: Should your application be successful you will be notified by phone and requested to confirm your tenancy. Prior to your commencement date <u>all</u> tenants must sign the tenancy agreement and pay the first month's rental (please allow 30 minutes for this appointment) the property manager will supply you with these amounts at the confirmation of the tenancy. Keys will be handed out when all parties have signed the tenancy agreement. Bond Lodgment Form, and all monies have been paid and the tenancy has commenced.

Signing of the tenancy agreement and the payments of the first month's rent can be undertaken at our office (as instructed by your Property Manager). All future payments must be made using DEFT payment system, Internet or Direct Debit.

OFFICE USE ONLY	APPLICATION FAXED	
PROPERTY MANAGERS NAME:	TO DIRECT CONNECT	YES/NO

CURRENT ADDRESS:	PERIOD THERE:		
LANDLORD/AGENT:PH	HONE NO:WEEKLY RENT:		
REASON FOR LEAVING:			
PREVIOUS ADDRESS:	PERIOD THERE:		
LANDLORD/AGENT:PH	HONE NO:WEEKLY RENT:		
OCCUPATION:NA	AME OF COMPANY:		
EMPLOYER/CONTACT NAME:	PHONE NO:		
CURRENT INCOME:\$week(after tax) PERIOD OF EMPLOYMENT:months/years			
PREVIOUS EMPLOYER/COMPANY:	OCCUPATION:		
CONTACT NAME:PHONE NO:_	PERIOD OF EMPLOYMENT:		
DO YOU FEEL THE PROPERTY IS REASONABLE CLEAN? Yes/No Do you have any request?			
ANY PETS: Yes/No HOW MANY:	WHAT TYPE:		
CAR REGISTRATION:CAR MAKE/MODEL:			
NEXT OF KIN (for emergency):	RELATIONSHIP:		
ADDRESS:PHONE:			
If you have any personal references (ie. character) please list below:			
NAME OF REFEREE:PHONE:			
RENT: per week: \$per mont	thSecurity Deposit:\$		
Will you be applying for assistance from the Ministr	ry of Housing? Yes/No (please circle)		
Signature:	Date:		
PLEASE NOTE: First payments of Rent & Bond must be made by money order or bank cheque within 24 hours after approval of application. Bond cheques is to be made payable to RTBA on a separate cheque-one cheque for both payments will not be accepted.			
RENTAL PAYMENTS AFTER INTIAL PAYMENTS ARE N	MADE VIA INTERNET, DEFT PAYMENT OR DIRECT DEBIT		
Students – Please complete			
College/University where attending:	Name of course:		
Length of Course:Coordinator/Teacher/Tutor:_	Phone Number:		
Source of Income(parents/austudy/part time work)	Income per week:\$		
Student ID No:Parents Names:			
Address:			
Phone: Fax:	Email:		