



## **RESIDENTIAL TENANCY APPLICATION FORM**

PROPERTY APPLYING FOR:				
Full Name:	Contact Number:			
Email address:				
Other Applicants:				
D.O.B.: Drivers License N	No.: Car Registration No.:			
Number to be accommodated – Adults:	Children: Ages:			
Details of Pets (Type/Breed):	Smoker Y/N, Inside/Outside (please circle)			
Date Accommodation Required:	n Required: Lease Term:			
Rent per week:				
required to be sighted at time of si Please tick that you have provided the foll				
☐ Identification ☐ Driver Licence, Passport or photo ID ☐ Medicare card or private health card ☐ Phone or Electricity Bill ☐ Proof of income – Employment Contract, number, OR Centrelink statement, OR sel	OR pay slips, OR Bank Statement AND Employer contact name and telephone If employed – last years' tax statement			
	asmania for the past 5 years this can be obtained from Tasmanian Collection need to obtain a credit check from Equifax. Ph 13 8332. www.equifax.com.au			
Police History Form – we will supply you wi	ith a copy to complete if this is required			
Deposit Authority at any Service Tasmania outlet. Y receive a receipt and must bring this to us. You are responsible for connecting the power, gas a	rty four weeks rent is required for bond. The bond is to be paid to the Rental ou must take the original bond lodgement form to Service Tasmania; you will and telephone at the property. You must have your own contents insurance. water usage and are responsible to have a meter reading before you move in.			
CURRENTLY RENTING:	OWN/SOLD PROPERTY (please provide address & Agent phone no.)			
Agency/Landlord:	Contact Number:			
Address:	Rent Per Week:.			
Reason for leaving Current Address:				
Length of Lease:	Bond Refunded:			
PREVIOUS RENTAL: (if present less than	3 Years at Current Rental)			
Agency/Landlord:	Contact Number:			
Address:	Rent Per Week:.			



Suite 2/1 Castray Esplanade. Battery Point, TAS 7004 p. 03 6222 6363 f. 03 6224 4629 email: n.long@salamancare.com.au

Reason for leaving Cu	rrent Address:			
ength of Lease:			nd Refunded:	
Employment:	(previous employment	if less than 2 mo	onths ago)	
Company:			sition:	
Contact:		Ph	one Number:.	
ncome (net per week): Leng		Length em	h employed:.	
OTHER INCOME /	STUDENT / UNEMPL	OYED / SELF	EMPLOYMENT: (please circle)	
CRN:		Type of Pa	yment:	
Income per fortnight:		Elig	sible for rent assistance:.	
CHARACTER REFE	RENCES: (must provide for	or application to	be considered, they must not be family members)	
		Contact Nu	ct Number:.	
		Contact Nu	act Number:	
NEXT OF KIN: (Eme	rgency Contact)			
Name:	Contac		ct Number:.	
Address: Relatio		Relationsh	ionship to applicant:.	
Name:		Contact Nu	ımber:.	
<ol> <li>I am not bankr</li> <li>The information</li> <li>To enable compliance with a lacknowledge</li> <li>I hereby give posterior the duration of our state of the duration of our state of the duration or name in this application or name in the lacknowledge</li> </ol>	upt or un-discharged bankr in provided by me is true ar with the relevant sections of that certain items of inform ermission for you to obtain and to use such information tenancy if the application is ermission for you to disclosumed in my credit agency re my details may be provided	rupt and correct of the Privacy Anation in this ap consumer or co on in order to as approved. se or obtain all re port.	ct: plication may be given to a credit-reporting agency. mmercial information permitted by the Act from a sess this application. This permission remains in force elevant information to or from the referees indicated I Tenancy Database for the purpose of current and	
Applicants Name:				
Applicants Signature				
Date				
To reso	erve a property whilst a lease i	is being prepared,	we require a non-refundable deposit	
	Office use Only Rent Per Week: \$ Rent Per Calendar Month: Security Deposit: \$	\$	Condition Report completed Inventory Report completed Lease completed	
	W/Display □		Internet	