

Please fill out and return to the relevant office OR go to castrangilbert.com.au and apply online under LEASING.
Please Note: Applications will not be processed without an inspection, 100 points of ID and proof of income.

Inspection Date Inspection Time Agent

A. Rental Property Address

1. Preference 1 Preference 2

Please complete one application per person.

2. Preferred Commencement Date

Day Month Year

3. Term

Months

4. Rental Amount

 Per Week

B. Applicant Details

5. Name

First Name Surname Mr Mrs Ms Dr Other

6. Contact Details

Home Phone No. Work Phone No. Mobile Phone No. Email

please print clearly

7. Other Applicant Names (All adults to reside at the property must be listed)

1. 2. 3. 4.

8. Number of People to Occupy

Adult Children Ages of Children Pets Y/N Number of Pets Type of Pet/Breed Age of Pet/s Inside/Outside

9. Identification (please attach photocopies of 100 points of ID)

Date of Birth Age Drivers License No. State of Issue Expiry Date Car registration No. Alternative ID Passport No. Country Medicare Card Number Expiry Date

10. Current Address

 Postcode

C. Current Agent / Landlord

If you are not renting go to question Q12

11. Name of current Estate Agent/Private Landlord

Contact Person/Agent	<input type="text"/>	Agency	<input type="text"/>
Business Phone No.	<input type="text"/>	Home Phone No. (If private landlord)	<input type="text"/>
Currently Weekly Rental	\$ <input type="text"/>		
Email	<input type="text"/>		
Length of Tenancy	Commenced <input type="text"/>	Ended	<input type="text"/>
Reason for Moving	<input type="text"/>	Bond Returned Y/N (If not, please provide reason)	<input type="text"/>

(If you have previously rented please provide a receipt history. If rented from a private landlord please provide a copy of the lease agreement or formal written reference.)

12. Details if Home Owner

This home is to be Sold Rented Retained

Details of Selling/Leasing Agent

Agent Name

Contact

Work Phone No. Mobile Phone No.

Sale/Amount/Rental Amount \$

How long have you owned this home Years Months

Reason for Moving

Other Comments

D. Previous Landlord/Agent Details

13. Previous Address

<input type="text"/>
<input type="text"/> Postcode

14. Previous Landlord/Agent (If you were not renting go to Question 15)

Contact Person/Agent	<input type="text"/>	Agency	<input type="text"/>
Business Phone No.	<input type="text"/>	Email	<input type="text"/>
Weekly Rental	\$ <input type="text"/>	Length of Tenancy Commenced	<input type="text"/> Ended <input type="text"/>
Reason for Moving	<input type="text"/>	Bond Returned Y/N (If not, please provide reason)	<input type="text"/>

(If you have previously rented from a private landlord please provide a copy of the Lease agreement or formal written reference)

15. Details if home owner

Was your home Sold Rented Retained Sale Price/Rental Amount \$

Details of Selling/Leasing Agent

Agent Name

Contact Phone No.

Length of Stay Years Months

Reason for Moving

E. Employment

16. Current Employer (Please attach 2 recent payslips to this application)

Employer Name	<input type="text"/>		
Your Position	<input type="text"/>		
Employment Address	<input type="text"/>		Postcode <input type="text"/>
Phone No.	<input type="text"/>		
Employed Since	<input type="text"/>	Net Income \$ <input type="text"/>	per month
		(Not including superannuation)	
	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Casual <input type="checkbox"/>

If self employed:

Accountant's Name	<input type="text"/>	Contact No.	<input type="text"/>
Type of Business	<input type="text"/>	ACN	<input type="text"/>
Do you intend to operate any part of your business from home Yes <input type="checkbox"/> No <input type="checkbox"/>			

Please Note: If you are self employed Castran Gilbert require a written letter of income from your Accountant.

16A. Additional Sources of Income (please provide details)

Type	<input type="text"/>	Income \$ <input type="text"/>	per month
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17. Previous Employer

Employers Name	<input type="text"/>	Business No.	<input type="text"/>
Position	<input type="text"/>		
Employment Period	<input type="text"/>	Net Income \$ <input type="text"/>	per month

Full Time Students please complete (Photocopy of student card must be provided)

Course Name	<input type="text"/>		
Campus	<input type="text"/>		
Campus Contact	<input type="text"/>		
Enrollment Number	<input type="text"/>		

F. References (Not next of Kin)

18. Professional References

Name	<input type="text"/>	Relationship	<input type="text"/>	Business No.	<input type="text"/>
Name	<input type="text"/>	Relationship	<input type="text"/>	Business No.	<input type="text"/>

19. Personal References

Name	<input type="text"/>	Relationship	<input type="text"/>	Phone No.	<input type="text"/>
Name	<input type="text"/>	Relationship	<input type="text"/>	Phone No.	<input type="text"/>

G. Emergency Contact (Not residing with you)

Name	<input type="text"/>	Relationship	<input type="text"/>
Address	<input type="text"/>		Postcode <input type="text"/>
Email	<input type="text"/>	Phone No.	<input type="text"/>

H. Tenancy Disclosure Statement

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 landlord I agree to enter into a Residential Tenancy Agreement.

I acknowledge that this application is subject to the approval of the owner/landlord. I declare that all information contained in this application (including the reverse side) is true and correct and given of my own free will. I declare that I have inspected the premises, that the premises is in a reasonably clean and tidy condition and I am not bankrupt.

I authorise the Agent to obtain personal information from:

- (a) The owner or the Agent of my current or previous residence;
- (b) My personal referees and employer/s;
- (c) Any record listing or database of defaults by tenants such as NTD, TICA or TRA for the purpose of checking your tenancy history;

I am aware that I may access my personal information by contacting -

- NTD: 1300 563 826
- TICA: 1902 220 346
- TRA: (02) 9363 9244

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/landlords of properties I may apply for in the future. I am aware that the Agent will use and disclose my personal information in order to:

- (a) communicate with the owner and select a tenant
- (b) prepare lease/tenancy documents
- (c) allow tradespeople or equivalent organisations to contact me
- (d) lodge/claim/transfer to/from a Bond Authority
- (e) refer to Tribunals/Courts & Statutory Authorities (where applicable)
- (f) refer to collection agents/lawyers (where applicable)
- (g) complete a credit check with NTD (National Tenancies Database)
- (h) transfer water account details into my name

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 premises.

I. Acceptance of Terms of Tenancy

I acknowledge that this is an application to lease this property and that my application is subject to the owner's approval and the availability of the premises on the due date. No action will be taken against the Landlord or Agent if the application is unsuccessful or should the premises not be available for occupation on the due date for whatever reason.

- I acknowledge that it is the tenants responsibility to check with the telephone provider before proceeding with the tenancy to confirm the status of the telephone line. It is the tenants responsibility to pay the full cost of the installation of a new line or a reconnection of an existing line.
- I acknowledge that the tenant is responsible for connection and payment of gas, electricity, telephone, water usage, internet and cable TV. The tenant is also responsible for ensuring the main switch is in the off position for power connection.
- I acknowledge that the premises are a "Smoke Free Zone" and will ensure that I, other occupants and/or invitees do not smoke inside the premises
- I acknowledge that I have read and understood the privacy statements contained in this application form
- I confirm this application is submitted on the basis that Castran Gilbert receives the full amount of rent without deduction on the due date as stated in the Residential Tenancy Agreement (ie. factoring in processing of BPAY which takes three (3) days)
- I consent to receiving electronic communication as a form of communication.
- Should the owner accept this application, I confirm that the lease must be signed & full payment made within 36 hours or the owner reserves the right to withdraw their acceptance and offer the property to other applicants.
- I confirm that I have personally inspected the property & it was in a reasonably clean condition at the time of inspection. I accept the property in the current condition. If the property is not in a reasonably clean condition please list any items of concern prior to acceptance of the property. (You hereby acknowledge that these items are subject to the owners approval).

Please note that Castran Gilbert are unable to process an application without 100 points of identification and proof of income.

Applicant Signature

Print Name

Date

Where did you first see the property advertised?

Internet
Local Real Estate Magazine

The Age
Our Rental List

Relocation Consultant
Other

K. Please provide Castran Gilbert with 100 points of ID and proof of income

- | | | | |
|--|------|--|-----------|
| <input type="checkbox"/> Drivers License | (50) | <input type="checkbox"/> Copy of Mobile Phone Account | (20) |
| <input type="checkbox"/> Passport | (50) | <input type="checkbox"/> Concession/Pension Card | (10) |
| <input type="checkbox"/> Proof of Age Card | (50) | <input type="checkbox"/> Copy of Medicare Card | (20) |
| <input type="checkbox"/> Student ID Card | (50) | <input type="checkbox"/> Copy of Gas/Water/Electricity Account | (30 each) |

J. Utility Connections



IT'S SMART TO SAVE

Ph: 1800 275 369



ELECTRICITY



GAS



BROADBAND



PAY TV



WATER

Foxie is a FREE and independent service, and in one brief phone call, your connections are organised on the offers that are right for you. No obligation, no more running around, no more phone calls.

Foxie will contact you to arrange your utilities connections. You will be advised of any associated terms and conditions, including any standard connection fees that may apply. Once you have chosen your utility provider, Foxie may then need to disclose your personal information to the selected utility company. Foxie and your Agent are unable to accept responsibility for any delay or failure to connect your utility services.

Foxie is committed to protecting the confidentiality of your personal information and will at all times handle your personal details in accordance with Foxie's privacy policy available on the Foxie website. Contact Foxie at www.foxie.com.au or call 1800 275 369.

Foxie and your Agent may receive a benefit for arranging your services.

By signing this application, I consent to my Agent referring my information to Foxie.