



RESIDENTIAL TENANCY APPLICATION

Applications will not be processed unless all information is provided.

REQUIRED DOCUMENTS

You will be required to provide photocopies of your identification and proof of income. Your application will not be processed if all documents are not provided. Our office requires you to provide 100 points of ID for your application to be considered. Should you not be able to meet the 100 points please speak to the Property Manager.

100 POINTS – PROOF OF IDENTITY

Last four Rent Receipts / Tenant ledger	50 Points	Medicare Card	20 Points
Passport	30 Points	Proof of Income	20 Points
Driver's License	30 Points	Current Motor Vehicle Rego Papers	20 Points
Birth Certificate	20 Points	Copy of Phone Electricity Gas Account	10 Points
		Other ID	10 Points

TENANCY APPROVAL – Minimum Criteria

It is Company policy that no tenancy application shall be considered for approval if it does not pass the following minimum criteria;

Item	Criteria
Applicant(s) Income	The rent on the property must not exceed 30% of the applicant(s) verified income. Income and employment status must be confirmed by the employer or if self-employed by the applicants certified accountant.
Rental History	Quantifiable history from the last two landlords/agents for the last two years.
Owner Occupier history / Sale	Copy of rates notice identifying ownership of the property. Confirmation of presentation and condition of property at time of sale.
TICA	The applicant(s) must not have any outstanding listing on any of the tenancy databases.

Please note:

**BOND TRANSFER'S ARE NOT ACCEPTED BY THIS OFFICE.
 SMOKING IS NOT PERMITTED INSIDE ANY OF OUR PROPERTIES.
NOTE: TENANTS TO PAY FOR ALL WATER CONSUMPTION**

A. PROPERTY DETAILS

Address of Property applying for:

Lease Commencement date ___ / ___ / ___ Lease Term _____ Rent \$ _____ per week
 Bond \$ _____ (equal to 4 weeks rent) Will the premises be used for business purposes: Yes No

B. PERSONAL DETAILS – APPLICANT 1

Name:	Date of Birth: ___ / ___ / ___	
Are you known by any other name		
Home Phone	Work Phone	Mobile Phone
Email Address		Fax Number
Number of dependants to reside at property		Total occupants
Age of dependants (you must list all occupants names below)		
Car Registration	Driver's License no.	Licensed State
Passport No.	18+ Card no.	Other ID
No. of cars to be kept at the property		Are all cars registered yes / no
Will any of the following be kept at the property – boat / trailer / caravan / motorbike yes / no		
Pets (check with agent) yes / no	Number	Type and Breed
Are pets registered with council	yes / no	Are you a smoker yes / no
Do you have contents insurance yes / no		
If the property has a pool, have you cared for a pool before yes / no		
Full Name of all persons other than applicant wishing to occupy the property _____		

C. Current Accommodation Details (note – our office does not do bond transfers)

Address	<input type="checkbox"/> Rented \$ _____ per week	<input type="checkbox"/> Owned
Name of Real Estate, Lessor or Agent if sold		
Address	Phone	
Period of occupancy ___ / ___ / ___ to ___ / ___ / ___	Reason for leaving	
Do you expect the bond to be returned in full yes / no If no, why		

D. Previous Accommodation Details

Address	<input type="checkbox"/> Rented \$ _____ per week	<input type="checkbox"/> Owned
Name of Real Estate, Lessor or Agent if sold		
Address	Phone	
Period of occupancy ___ / ___ / ___ to ___ / ___ / ___	Reason for leaving	
Do you expect the bond to be returned in full yes / no If no, why		
Have you ever been evicted from a premise? yes / no		
Are you currently in debt to any landlord or agent? yes / no		

E. Personal References – Does not include relatives (this must be completed)

Name	Address
Phone	Relationship
Name	Address
Phone	Relationship
Name	Address
Phone	Relationship
Next of Kin or other person to contact in an emergency (Relative) Name _____	
Address _____	Phone _____

F. Income Details

Occupation	Period of employment	
Employer	Net Weekly Income \$	
Address	Phone	
Full Time / Part Time / Casual (Hours per week)		
If less than six months Previous Employer		
Occupation	Period of employment	
Address	Phone	Net Weekly Income \$
Full Time / Part Time / Casual (Hours per week)		
Other	Student (name of College, Tafe, Uni)	Austudy \$
Student No.	Overseas student yes / no	Visa expiry date / /
Pensioner Type	Allowance \$	
Unemployment benefit	Allowance \$	
Self-Employed - Name of business	Net Wage\$	
Address	Phone	
How long established	ABN no.	
Accountant Name	Phone	
Other Income (i.e. savings or investments)	Net Income \$	



Your Free No Obligation Utility Connection Service

Once we have received this application we will call you to confirm your details.

Direct Connect will make all reasonable efforts to contact you within 24 hours of the nearest working day on receipt of this Application to confirm the information on this Application and explain the details of the services offered. Direct Connect is a utility one stop connection service.

Please tick utilities as required

Electricity Internet Gas Phone Pay TV Insurance Removals

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; expressly authorise Direct Connect to provide any information disclosed in this Application to an information provider for 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/I have not applied for the connection of those services in this application. This consent will continue [for a period of 1 year from the date of our/my execution of this application/until [28] days after we/I disconnect the last of the services in respect of which this application is made]; acknowledge that this consent will permit Direct Connect to contact us/me even if the telephone numbers listed on this application form are listed on the Do Not Call Register; understand that under the requirements of the Privacy Act 1988, Direct Connect will ensure that all personal information obtained about me/us will be appropriately collected, used, disclosed and transferred and will be stored safely and protected against loss, unauthorised access, use, modification or disclosure and any other misuse; authorise the obtaining of a National Metering Identifier (NMI) for my residential address to obtain supply details; consent to Direct Connect disclosing my/our details to utility providers (including my/our NMI and telephone number); declare and undertake to be solely responsible for all amounts payable in relation to the connections and/or supply of the Services and hereby indemnify Direct Connect and its officers, servants and agents and hold them indemnified against any charges whatsoever in respect of the Services; acknowledge that, to the extent permitted by law, Direct Connect shall not be liable for any loss or damage (including consequential loss and loss of profits) to me/us or any other person or any property as a result of the provision of the services or any act or omission by the utility provider or for any loss caused by or in connection with any delay in connection, disconnection or provision of, or failure to connect or disconnect or provide, the nominated utilities; acknowledge that whilst Direct Connect is a free service I/we may be required to pay standard connection fees or deposits required by various utility providers; acknowledge that the Services will be provided according to the applicable regulations and that the time frames and terms and conditions of the nominated utility providers bind me/us and that after hours connections may incur additional service fees from utility providers; acknowledge that the real estate agent listed on this application form may receive a benefit from Direct Connect in connection with the provision of the service being provided to me/us by Direct Connect; and acknowledge the entitlement of Direct Connect and its associates, agents and contractors, to receive a fee or remuneration from the utility provider and that such fee or remuneration will not be refunded to me as a rebate in connection with the provision of the utility connection services. By signing this application form, I warrant that I am authorised to make this application and to provide the consents, acknowledgements, authorisations and other undertakings set out in this application form on behalf of all applicants listed in this application form. PO Box 1519, Box Hill, Victoria 3128. P: 1300 664 715 F: 1300 664 185. www.directconnect.com.au

Applicant 1 Signature: _____ **Date:** _____

Applicant 2 Signature: _____ **Date:** _____

G. PERSONAL DETAILS – APPLICANT 2

Name:	Date of Birth: ____ / ____ / ____	
Are you known by any other name		
Home Phone	Work Phone	Mobile Phone
Email Address	Fax Number	
Number of dependants to reside at property		Total occupants
Age of dependants (you must list all occupants names below)		
Car Registration	Driver's License no.	Licensed State
Passport No.	18+ Card no.	Other ID
No. of cars to be kept at the property	Are all cars registered yes / no	
Will any of the following be kept at the property – boat / trailer / caravan / motorbike yes / no		
Pets (check with agent) yes / no	Number	Type and Breed
Are pets registered with council	yes / no	Are you a smoker yes / no
Do you have contents insurance yes / no		
If the property has a pool, have you cared for a pool before yes / no		
Full Name of all persons other than applicant wishing to occupy the property _____		

H. Current Accommodation Details (note – our office does not do bond transfers)

Address	<input type="checkbox"/> Rented \$	per week	<input type="checkbox"/> Owned
Name of Real Estate, Lessor or Agent if sold			
Address	Phone		
Period of occupancy / / to / / Reason for leaving			
Do you expect the bond to be returned in full yes / no If no, why			

I. Previous Accommodation Details

Address	<input type="checkbox"/> Rented \$	per week	<input type="checkbox"/> Owned
Name of Real Estate, Lessor or Agent if sold			
Address	Phone		
Period of occupancy / / to / / Reason for leaving			
Do you expect the bond to be returned in full yes / no If no, why			
Have you ever been evicted from a premise? yes / no			
Are you currently in debt to any landlord or agent? yes / no			

J. Personal References – Does not include relatives (this must be completed)

Name	Address
Phone	Relationship
Name	Address
Phone	Relationship
Name	Address
Phone	Relationship

Next of Kin or other person to contact in an emergency (Relative) Name _____
 Address _____ Phone _____

K. Income Details

Occupation	Period of employment	
Employer	Net Weekly Income \$	
Address	Phone	
Full Time / Part Time / Casual (Hours per week)		
If less than six months Previous Employer		
Occupation	Period of employment	
Address	Phone	Net Weekly Income \$
Full Time / Part Time / Casual (Hours per week)		
Other	Student (name of College, Tafe, Uni)	Austudy \$
Student No.	Overseas student yes / no	Visa expiry date / /
Pensioner Type	Allowance \$	
Unemployment benefit	Allowance \$	
Self-Employed - Name of business	Net Wage\$	
Address	Phone	
How long established	ABN no.	
Accountant Name	Phone	
Other Income (i.e. savings or investments)	Net Income \$	

Declaration

- I/We have viewed the premises and acknowledge that in the event I am approved for the Tenancy – I/We have a 24 Hour option period to accept or decline the property and must notify Progressive Property Management of this decision.**
- Once I/We have accepted the property, I/We will be required to collect, read, sign and return the lease to Progressive Property Management within 48hrs along with payment of the first 2 weeks rent. The bond must be paid in cleared funds by cash, Electronic bank transfer or bank cheque to our office prior to the collection of the keys at lease commencement date. I/We understand that after the set 48hrs that it would be breaking the set lease agreement if I/We decide to not continue with the tenancy.**
- Tenants to pay for all water consumption.**

Applicant 1

Name: _____ Signature: _____ Date: _____

Applicant 2

Name: _____ Signature: _____ Date: _____

**PRIVACY DISCLOSURE STATEMENT OF BN GREENAWAY PTY LTD TRADING AS
PROGRESSIVE PROPERTY MANAGEMENT PHONE 07 5500 0274**

We are an independently owned and operated business. We are bound by the National Privacy Principles. We collect personal information about you in this form to assess your application for a residential tenancy. We may need to collect information about you from previous landlords or letting agents, your current employer and your personal referees.

We will also check whether any details of tenancy defaults by you are held on a tenancy default database. We use the database operated by TICA Default Tenancy Control Pty Ltd. You can find out more information about this database on its website www.tica.com.au or 1902 220 346 (cost of \$5.45 per minute inclusive of GST) your consent to us collecting this information is set out below.

I/we the said applicants declare that I/we give my/our permission to the agent to collect my/our information and pass such information onto TICA Default Tenancy Control Pty Ltd. I/we further give my/our permission for my/our information to be provided to any other tenancy information database for the member of the database company to contact any of my/our referees by me/our in my/our tenancy application.

I/we agree and understand that once a tenancy application has been lodged with a member of a tenancy database and an inquiry made with a tenancy database my/our information may be recorded as making an inquiry

I/we agree that in the event of a default occurring under a tenancy agreement I/we give my/our permission to the member of a tenancy database to register any of my details of such a breach with a tenancy database. I/we further agree and understand that the removal of such information from a database is subject to the condition of the database company.

We may disclose personal information about you to the owner of the property to which this application relates. We may also send personal information about you to the owners of any other property at your request.

You have the right to access personal information that we hold about you by contacting our Privacy Officer (see contact details above). If you do not complete this form or do not sign the consent below then your application for a residential tenancy may not be considered by the owner of the relevant property or, if considered, may be rejected.

PRIVACY CONSENT

I, the applicant acknowledge that I have read the Privacy Notice of BN GREENAWAY Pty Ltd trading as Progressive Property Management. I authorise Progressive Property Management to collect information about me from:

- a) My previous letting agents and/or landlords
- b) My personal referees; and
- c) Any Tenancy Default Database (including TICA) which may contain personal information about me.

I also authorise Progressive Property Management to disclose details about any defaults by me under the tenancy to which this application related to any tenancy default to which it subscribes including TICA.

I authorise Progressive Property Management to disclose the personal information it collects about me to the owner of the property, even if the owner is a resident outside of Australia.

Applicant 1

Name: _____ Signature: _____ Date: _____

Applicant 2

Name: _____ Signature: _____ Date: _____

Witness

Name: _____ Signature: _____ Date: _____
