Rental Application

FOR YOUR INFORMATION

- 1) Please ensure the form is fully completed.
- 2) Once the application has been processed and once you accept the property, a two week rent in advance deposit must be made to our rental trust account within 48 hours.
- 3) Please ensure Photo ID and proof of income is included as required.

RETURN OPTIONS

- 1) Please email attachment to your rental agent or rent@schinellas.com.au
- 2) Please submit application in person to: 63 Tapleys Hill Road, Glenelg North SA 5045

Should you have any further questions regarding the property or require assistance with your application, please contact Agency Avenue Schinellas on (08) 8294 4484.





OR Tick here to opt out

Agency Avenue WEST

181 Grange Road, Findon SA 5023 P: 0413 026 026 E: damian@agencyavenue.com

Agency Avenue SCHINELLAS

63 Tapleys Hill Road, Glenelg North SA 5045 P: 08 8294 4484 E: sell@schinellas.com.au

Residential Tenancy Application

For your application to be processed you must answer all questions

What is the address of the property you wo	uld like to rent?		
Lease commencement date?	Lease Term?		How many people will normally occupy the property?
Day Month Year	Years	Months	Adults Children
		<u> </u>	
APPLICANT 1 1. Please give us your details		APPLICANT 2 1. Please give us	your details
Mr Mrs Miss Ms	Dr Other	Mr Mrs	Miss Ms Dr Other
Given name/s Surname		Given name/s	Surname
Date of Birth Car registra	tion no. & State	Date of Birth	Car registration no. & State
Drivers licence/Passport no. Licence state/ Passport co	ountry Expiry Date	Drivers licence/Pas	sport no. Licence state/ Passport country
Pension/Medicare no. (if applicable) Pension typ	e (if applicable)	Pension/Medicare r	o. (if applicable) Pension type (if applicable)
	,		
Home phone no. Mobile phor	ne no.	Home phone no.	Mobile phone no.
Work phone no. Email addre	ess	Work phone no.	Email address
What is your current address?		What is your curren	t address?
DI FACE DECYINE HE WITH 400 DOING	ES OF IDENTIFICATION		
PLEASE PROVIDE US WITH 100 POINT	15 OF IDENTIFICATIO	IN	
100 points of identification below:□ Driver's Licence	50		
□ Passport	50 50		
☐ Proof of Age Card	50		
Copy of Gas/Water/Electricity accounts			
☐ Student ID Card☐ Mobile Phone Account	20 20		
☐ Medicare Card	20		
$\ \square$ Concession / Pension Card	10		
FREE UTILITY CONNECTION SER	RVICE		
•	We connect		Unless I have opted out of this section, I/we:
myconnect [®]	we connect	•	Consent to the disclosure of information on this form to myconnect ABN 65 627 003 605 for the purpose of arranging
a really smart move			the connection of nominated utility services; consent to
			myconnect disclosing personal information to utility service providers for the stated purpose and obtaining confirmation of
MyConnect offer a completely	Electricity Gas	Phone	connection; consent to myconnect disclosing confirmation details (including NMI, MIRN, utility provider) to the Real
FREE service for home movers.			Estate Agent, its employees and myconnect may receive a fee/incentive from a utility provider in relation to the
MyConnect will call you to arrange the connection of your required			connection of utility services; acknowledge that whilst myconnect is a free service, a standard connection fee and/or
utilities at your new property.	Internet Pay TV	Plus more	deposit may be required by various utility providers; acknowledge that, to the extent permitted by law, the Real
	internet Pay I V	i tus iiitie	Estate Agent, its employees and myconnect shall not be liable for any loss or damage (including consequential loss
Yes, please contact me	Our retailers		and loss of profits) to me/us or any other person or any property as a result of the provision of services or any act or
Interpreter required			omission by the utility provider or for any loss caused by or in connection with any delay in connection or provision of, or
OP Tick hard to opt out	dodo iPrimus	BBLONG OPTUS	failure to connect or provide the nominated utilities. I acknowledge that myconnect record all calls for coaching,

quality and compliance purposes.

📞 1300 854 478 🔀 enquiry@myconnect.com.au 🚨 myconnect.com.au

ΑP	PLICANT 1			AP	PLICANT 2						
2.	How long have you lived at your c	urrent addres	ss?	2.	How long hav	ve you liv	ed at your	curren	t addres	ss?	
	Years	Months				Years			Months		
	Please tell us about this rented proper Name of landlord or agent	erty			Please tell us Name of landle			perty			
	Name of landiord of agent				Name of lands	ord or age					
	Landlord/agent's phone no.	Weekly ren	t paid		Landlord/agen	t's phone	no.	We	ekly ren	t paid	
		\$;		
	Why are you leaving this address?	J [Why are you le	eaving this	s address?				
3.	What was your previous residentia	as your previous residential address?			What was you						
	Please give us further information about th Name of landlord or agent		this rented property		Please give us further information about this rented property Name of landlord or agent						
	Landlord/agent's phone no.	Weekly ren	t paid		Landlord/agen	t's phone	no.	We	ekly ren	t paid	
		\$						\$;		
	How long did you live at this address	?			How long did y	ou live at	this addres	⊐ ∟ s?			
	Years	Months				Years			Months		
	Why did you leave this address?				Why did you le	ave this a	address?				
4.	Please provide your employment of What is your occupation?	ase provide your employment details at is your occupation?			Please provid What is your o						
	Employer's name (inc. accountant if	self employed	or institution if a student)		Employer's na	ıme (inc. a	accountant i	f self e	mployea	or institution if a stude	
	Employer's address	oyer's address			Employer's address						
	Contact name	Phone no.			Contact name			Pho	one no.		
	Length of employment	_	Weekly income		Length of emp	loyment				Weekly income	
	Years	Months	\$			Years		М	onths	\$	
5.	Next of kin details (not residing wi Surname	e/s	5.	Next of kin de Surname	etails (not	residing w		u) en nam	e/s		
	Home no.	Work/mobil	e		Home no.			Wo	rk/mobil	e	
	Relationship to you	·			Relationship to	o you					
3.	Please provide two personal referensure each has agreed for you to names must be given that can be a 1. Surname	nominate the	em as a referee and ring business hours	6.	ensure each	has agree	d for you to	o nom conta	inate the	lated to you) Please em as a referee and ring business hours e/s	
	Home no.	Work/mobil	е		Home no.			Wo	rk/mobil	е	
	2. Surname	Given nam	e/s		2. Surname			Giv	en nam	e/s	
	Home no. Work/mobile				Home no.			Wo	rk/mobil	e	

7. Full names and ages of all OTHER persons who will reside at the property	
Names Ages 1.	
2.	
3.	
4.	
8. Please provide details of any pets Breed/type council registration number	
1.	
2.	
3.	
9. Registration, make & model of all vehicles permanently kept at the property 1.	
2.	
3.	
10. THESE PREMISES ARE SMOKE FREE INSIDE.	
11. Payment details	
Please indicate how you propose to pay your initial rent	7
Own funds Borrowed funds SA Housing Trust Own funds Borrowed funds SA Housing Trust	_
Property rental	
\$ Per week OR \$ per month	
First payment of rent two weeks in advance	
Rental bond 4 / (6 weeks if rent more than \$250 per week)	
Sub total (payable before possession of property	
Payment Method: Direct or Internet Banking Bpay Cheque or Money Order	
DECLARATION	
The applicant acknowledges:	
1. that the landlords insurance will not cover the tenant's contents and it is advised that the tenant should obtain contents and public liability insurance. 2. that the terms and conditions were available at the time of applying as these form part of the tenancy agreement and the tenant agrees with these terms and	
2. that the terms and conditions were available at the time of applying as these form part of the ternancy agreement and the ternant agrees with these terms and conditions. 3. that upon being advised of approval of this application by the agent a legal tenancy agreement is created and if the tenant(s) choose not to proceed, the agent	ot will
begin procedures to relet the property and MAY choose to recover costs incurred from the reletting as set down by the Residential Tenancies Act 1995. 4. That unless agreed otherwise the tenant shall be liable for all water costs pertaining to the property as per SA Water calculations. Costs to be c	
on a daily basis. 5. Please Note: Our tenancy agreements contain a special clause stating:. NO SMOKING INSIDE THE PREMISES	
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 er	nter Into
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 revision to the owner of the owner o	erse side
is true and correct and given of my own free will. I declare that I have inspected the premises and 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; 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 pr	operties
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)	nanov of
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/ter the premises. I am aware that I may access personal information on the contact details above.	ансу от
Signature of applicant 1 Date/ Signature of applicant 2 Date/	

Property Manager name: