

RENTAL APPLICATION FORM Please Note: Complete ALL required fields and attach supporting documents in order for your application to be promptly processed. Comply with 100 Point Check System. One form per applicant. Viewing of property is a policy of this company.

PROPERTY DETAILS		UTILITY CONNEC	TIONS	
Address of Rental Property		Electricity	Pay TV	DIRECT
		Gas Water	Cleaners Phone	CONNECT
		Removalist Internet	Truck and Van Hire	MAKES MOVING EASY
Lease Term () 6 months or () 12 months () Up to	I consent to:		
Preferred Lease Commencement Date	/ / () or ASAP		providing my personal information	n to Direct Connect
Number of Adults (Persons Occupying the Property)		Direct Connect conta	ress, email and phone number. acting me by any means during m	
Number of Children	Specify Ages	 to electricity, gas and the other services set out above. Direct Connect obtaining metering information for the premises I am moving to. 		
Rental per Week \$	Per Calendar Month \$			
PERSONAL DETAILS	_	Applicant 1:		
Surname		Signature		Date
First Name		x		
Middle Name		Applicant 2 (if applica	able):	
Drivers License No.	Drivers License Exp.	Signature		Date
Drivers License State	Registration No.	X		
Phone No.	Work No.	Name		Phone
	Nom no.			
Mobile No.			nent: Direct Connect Australia Pty Li information for the purposes of con	
Work Email			<mark>ices connec</mark> tions. DCA will otherwise formation for purposes set out in it:	
Personal Email		www.directconnect.com	i.au/privacypolicy/. This information CA deliver its services. The Privacy P	may be disclosed to
CURRENT ADDRESS DETAILS	S	will collect, use, store an	d di <mark>sclose you</mark> r pers <mark>onal info</mark> rmatio ect this information, and the way in	n, the consequences for
Current Address		and seek correction of ye	our <mark>personal in</mark> formation, and the way in our personal information or complain rther information, you can contact [n about a breach of the
	Length of Stay: years months		C3121 P: 1300 664 715 F:1300 664 185	
Are you the Owner or Te	enant	DECLARATION		
Name of Real Estate Agent / Landlord		this application be accepted	perty from the owner under a lease to be p by th <mark>e landlord</mark> I agree to enter into a Res lication is subject to the approval of the o	idential Tenancy Agreement.
Phone No.		all information contained in	this application (including the reverse side e that I have Inspected the premises and a	is true and correct and given
Rental per Week \$	Per Calendar Month \$	I authorise the Agent to obt (a) The owner or the Agent	ain personal Information from: of my current or previo <mark>us residenc</mark> e;	·
Current Agent Office Email:		 (b) My personal referees and (c) Any record listing or data of checking your tenancy his 	base of defaults by tenants such as NTD,	TICA or TRA for the purpose
Property Manager Email(If Known):		I am aware that I may access my personal information by contacting - • NTD: 1300 563 826		
PREVIOUS ADDRESS DETAIL	S	 TICA: 1902 220 346 TRA: (02) 9363 9244 If I default under a rootal age 	roomont arros that the Asset may all a	oso dotails of any such
Previous Address	default to a tenancy default future.	reement, I agree that the Agent may discl database, and to agents/landlords of pro	perties I may apply for in the	
	Length of Stay: years months	I am aware that the Agent w (a) communicate with the o (b) prepare lease/tenancy d		on in order to:
Are you the Owner or Te	enant	(d) lodge/claim/transfer to/	uivalent organisations to contact me from a Bond Authority & Statutory Authorities (where applicable	2)
Name of Real Estate Agent / Landlord		(f) refer to collection agents, (g) complete a tenancy chec	/lawyers (where applicable) k with NTD (National Tenancy Database)	-1
Phone No. (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				
Rental per Week \$	Per Calendar Month \$	information is put, the Agen	t cannot provide me with the lease/tenar	icy of the premises.
How long were you at your previous address?		Signature]	Date
Reason for leaving?				

	DETAILS (PLEASE STATE CLEARL	Y AND ATTACH COPY OF PAYSL	.IP)	
Company Name		Occupation		
Employment Full Address		1		
Full Name of Employer/Supervisor		Employers Phone No		
Length of Employment Years:	Months:	Weeks:	Part-Time / Full-Time / Casual	
Gross Income \$	Per Week	Per Fortnight O Per Month O	Per Annum	
Net Income \$	Per Week	Per Fortnight O Per Month O	Per Annum	
PREVIOUS EMPLOYMENT	DETAILS (PLEASE STATE CLEAR	LY AND ATTACH COPY OF PAYS	LIP)	
Company Name				
Employment Full Address				
Full Name of Employer/Supervisor		Employers Phone No		
Length of Employment	Years: Mo	weeks:		
Net Income \$	Per Week	Per Month Per Annum		
		<u> </u>		
	ASE COMPLETE (If an overseas student, provide		nfirmation of enrolment / letter of offer)	
Name of Institution		Faculty / Department		
Student Union Number		Student Identification Number		
Name of Course Undertaken				
Course Start Date: / /	Course End Date: / /	Course Length:		
Income Source Govt \$	Per Week and /	or Family \$	Per Week	
Parents Name				
REFERENCE				
Name		Relationship		
Address		Email		
Phone Home:	Work:	Mobile:		
EMERGENCY CONTACT (N				
Name		Relationship		
Address		Email		
Phone Home:	Work:	Mobile:		
	WOIK.	MODILE.		
OTHER INFORMATION				
Special Requirements Relating to the	Property - If Yes, please state			
Do you have pets?				
Where did you find this property?	Newspaper Website (reales	state or domain.com.au) 🔿 Signs	Previous or Current Tenant	
		, 0 3	-	
100 POINT CHECK SYSTEM				
Only 1 document from each section will be accepted, all documents presented must equate to 100 points.				
50 POINTS	30 POINTS • Medicare Card	20 POINTS Copy of last 4 Payslips 	10 POINTS Copy of Current Vehicle	
 Copy of Passport Copy of Drivers Licence Copy of Birth Certificate Copy of Keypass 	Pension card Address Proof Recent Utility Bills Agent Reference	Letter of Employment	Registration Papers	

•	Copy of Passport
•	Conv of Drivers Licenc

- Copy of Drivers Licence Copy of Birth Certificate Copy of Keypass
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