

Residential Application Form

For your application to be processed you must answer all questions (Including the reverse side)

A. AGENT DETAILS

LLC Real Estate

Address: 298 Stephensons Road,
Mount Waverley VIC 3149
Phone: (03) 9888 3169
Email: rental@llcre.com.au
Web: www.llcre.com.au

B. PROPERTY DETAILS

1. What is the address of the property you would like to rent?

Postcode	

2. Lease commencement date?

	Day		Month		Year
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3. Lease term?

	Years		Months
--	-------	--	--------

4. Property Rental

\$		per week	\$		per month
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5. How many tenants will occupy the property?

	Adults		Children	Ages	of children
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C. PERSONAL DETAILS

6. Please give us your details

Mr Ms Miss Mrs Other

Surname	Given Name/s

Date of Birth

Driver's licence number

Driver's licence expiry date

Driver's licence state

Passport no.

Passport country

Pension no. (if applicable)

Pension type (if applicable)

7. Please provide your contact details

Home phone no.

Mobile phone no.

Work phone no.

Fax no.

Email address

8. What is your current address?

Postcode	

Property Manager Name

Application sent to
YourPorter (If Required)

D. UTILITY CONNECTIONS

YourPorter

Telephone: 1300 400 600
Fax: 1300 326 468
www.yourporter.com.au

YourPorter is a FREE service connecting utilities and other services. If the Agent approves this application, YourPorter will connect your water for the purpose of usage charges at your new property on behalf of the Real Estate Agent. YourPorter will be contacting you by phone, SMS, or email for the purposes of assisting you to connect your utilities within 24 hours of receiving this application for next business day connection.

- | | | |
|---|--|---|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Gas | <input checked="" type="checkbox"/> Water |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Pay TV | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Car Insurance | <input type="checkbox"/> Home & Contents | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Home Loans | |

DECLARATION AND ACCEPTANCE:

I/We consent to the disclosure of this application form (including any personal information contained in this form) to YourPorter Pty Ltd (ABN 36 252 576 050) for the purpose of allowing YourPorter and its service providers to contact me for the connection of services as offered by YourPorter.

I/We acknowledge that if I/We do not provide my/our personal information, YourPorter will not be able to provide these services to me/us. YourPorter will ensure that my/our personal information is collected, used, held and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth).

I/We acknowledge that YourPorter may receive a benefit in relation to the connection of any of the services listed above. I/We consent to YourPorter contacting me by phone or SMS in relation to the connection of the services listed above. I/We acknowledge that this consent permits YourPorter to contact me even if the numbers listed on this application are listed on the Do Not Call Register. YourPorter will otherwise collect, hold, use and disclose personal information in accordance with their privacy policies, which are available at www.yourporter.com.au/general/privacy-policy/. YourPorter is a free service, but I/We acknowledge that standard connection fees may apply for services connected (in addition to the ongoing service fees).

I/We acknowledge that neither YourPorter nor the Agent accept any responsibility for any delay in or failure to arrange or provide for any connection of a service or for any loss, damage, cost or expense in connection with such delay or failure. By signing this application, I/We understand YourPorter is a value add product and that I/We are under no obligation to use YourPorter.

Signature

Date

E. DECLARATION

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 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 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 am aware that the agent will disclose my personal information to YourPorter for the purposes of transferring the water account into my name. This will enable YourPorter to connect all accepted tenants to relevant water boards for water usage.

Signature

Date

F. APPLICANT HISTORY	
9. How long have you lived at your current address?	
<input type="text"/> <input type="text"/>	Years <input type="text"/> <input type="text"/> Months
10. Why are you leaving this address?	
<input type="text"/>	
11. Landlord/Agent details of this property (if applicable)	
Name of landlord or agent	
<input type="text"/>	
Landlord/agent's phone no.	Weekly Rent
<input type="text"/>	\$ <input type="text"/>
12. What was your previous residential address?	
<input type="text"/>	
<input type="text"/>	
Postcode	
13. How long did you live at this address?	
<input type="text"/> <input type="text"/>	Years <input type="text"/> <input type="text"/> Months
14. Landlord/Agent details of this property (if applicable)	
Name of landlord or agent	
<input type="text"/>	
Landlord/agent's phone no.	Weekly Rent
<input type="text"/>	\$ <input type="text"/>
Was bond refunded in full?	If not why not?
<input type="text"/>	<input type="text"/>
G. EMPLOYMENT HISTORY	
15. Please provide your employment details	
What is your occupation?	
<input type="text"/>	
What is the nature of your employment? (FULL TIME/PART TIME/CASUAL)	<input type="text"/>
Employer's name (inc. accountant if self employed or institution if student)	
<input type="text"/>	
Employer's address	
<input type="text"/>	
<input type="text"/>	
Postcode	
Contact name	Phone no.
<input type="text"/>	<input type="text"/>
Length of employment	Net Income
<input type="text"/> <input type="text"/>	Years <input type="text"/> <input type="text"/> Months \$ <input type="text"/>
16. Please provide your previous employment details	
Occupation?	
<input type="text"/>	
Employer's name	
<input type="text"/>	
Length of employment	Net Income
<input type="text"/> <input type="text"/>	Years <input type="text"/> <input type="text"/> Months \$ <input type="text"/>

H. CONTACTS / REFERENCES	
17. Please provide a contact in case of emergency	
Surname	Given name/s
<input type="text"/>	<input type="text"/>
Relationship to you	Phone no.
<input type="text"/>	<input type="text"/>
18. Please provide 2 personal references (not related to you)	
1. Surname	Given name/s
<input type="text"/>	<input type="text"/>
Relationship to you	Phone no.
<input type="text"/>	<input type="text"/>
2. Surname	Given name/s
<input type="text"/>	<input type="text"/>
Relationship to you	Phone no.
<input type="text"/>	<input type="text"/>
I. OTHER INFORMATION	
19. Car Registration	
<input type="text"/>	
20. Please provide details of any pets	
Breed/type	Council registration / number
1. <input type="text"/>	
2. <input type="text"/>	
PLEASE NOTE	
Initial payments must be made by cash, bank cheque or money order within 24 hours after approval of application. No Personal Cheques accepted.	
Keys will not be handed over until the lease agreement has been signed by all applicants.	
This application is accepted subject to the availability of the property on the due date and no action shall be taken by the applicant against the landlord and the agent should any circumstances arise whereby the property is not available for occupation on the due date.	
HOW DID YOU FIND OUT ABOUT THIS PROPERTY?	
<input type="radio"/> The Age	<input type="radio"/> The Internet
<input type="radio"/> Board	<input type="radio"/> Counter List
<input type="radio"/> Referral	<input type="radio"/> Other (specify)
<input type="radio"/> Local Paper	<input type="radio"/> Relocation Company
PLEASE PROVIDE US WITH 100 POINTS OF IDENTIFICATION	
Driver's Licence	50
Passport	50
Proof of Age Card	50
Student ID Card	50
Copy of Mobile Phone Account	20
Copy of Medicare Card	20
Concession / Pension Card	10
Copy of gas/Water/Electricity account	30 each
OFFICE USE ONLY	
Property Rental	
\$ <input type="text"/> per week	\$ <input type="text"/> per month