Residential Application Form

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



AGENT DETAILS UTILITY CONNECTIONS This is a FREE service that connects all your utilities and other services. **LDB Property Pty Ltd** Direct Connect can help arrange for the connection or provision of the following 1-3 Albert Street, Blackburn Vic 3130 utilities and other services: PO Box 552, Blackburn Vic 3130 Electricity Pay TV Cleaners Telephone: 03 9875 2980 Gas Water Insurance Facsimile: 03 9875 2989 Phone Removalist Web: www.ldb.com.au MAKES MOVING EASY Internet Truck or van hire Email: property.administration@ldb.com.au Please tick this box if you would like Direct Connect to contact you in relation to any of the **PROPERTY DETAILS** above utilities and other services 1. What is the address of the property you would like to rent? We guarantee that when you connect with one of our market leading electricity and gas suppliers, your services will be connected on the day you move in. Please refer to Direct Connect's Terms & Conditions for further information. Postcode Once Direct Connect has received this application Direct Connect will call you to confirm your details. Direct Connect will make all reasonable efforts to contact you within 24 hours of the nearest 2. Lease commencement date? working day on receipt of this application to confirm your information and explain the details of the services offered. Direct Connect is a one stop connection service. Direct Connect's services are free. However, the relevant service providers may charge you a standard connection fee as well Day Month Year as ongoing service charges. ${\tt DECLARATION\,AND\,EXECUTION:\,By\,signing\,this\,application,\,you:}\\$ **Property Rental** 1. Acknowledge and accept Direct Connect's Terms and Conditions (which are included with this per week Ś per month 2. Invite Direct Connect to contact you by any means (including by telephone or SMS even if the Customer's telephone number is on the Do Not Call Register) in order to provide Direct 3. Lease term? Connect's services to you, to enter into negotiations with you relating to the supply of relevant services as an agent for the service providers, and to market or promote any of the services listed above. This consent will continue for a period of 1 year from the date the Customer Years Months enters into the Agreement 3. Consent to Direct Connect using the information provided by you in this application to arrange for the nominated services, including by providing that information to service providers for 4. How many tenants will occupy the property? this purpose. Where service providers are engaged by you, they may use this information to connect, supply and charge you for their services Ages of Children Adults 4. Authorise Direct Connect to obtain the National Metering Identifier and / or the Meter Children Installation Reference Number for the premises you are moving to. 5. Agree that, except to the extent provided in the Terms and Conditions, Direct Connect has no **PERSONAL DETAILS** responsibility to you for the connection or supply (or the failure to connect or supply) any of 5. Please give us your details 6. Acknowledge that Direct Connect may receive a fee from service providers, part of which may be paid to the real estate agent or to another person, and that you are not entitled to any part Other Ms Miss Mrs By signing this application form, I warrant that I am authorised to make this application and to provide the invitations, consents, acknowledgements, authorisations and other undertakings set Surname Given Name/s out in this application on behalf of all applicants listed on this application. Date of Birth Driver's licence number Signature Date Driver's licence expiry date Driver's licence state PO Box 1519, Box Hill, Victoria 3128. P: 1300 664 715 F:1300 664 185. www.directconnect.com.au 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 Passport country Passport no. 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 Pension no. (if applicable) Pension type (if applicable) 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; 6. Please provide your contact details (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 Home phone no. Mobile phone no. purpose of checking your tenancy history; I am aware that I may access my personal information by contacting -NTD: 1300 563 826 Work phone no. TICA: 1902 220 346 Fax no 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 Email address 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 7. What is your current address? (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) Postcode (g) complete a tenancy check with NTD (National Tenancy Database) (h) transfer water account details into my name

Signature

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.

Date

F. APPLICANT HISTORY	H. CONTACTS / REFERENCES
9. How long have you lived at your current address?	17. Please provide a contact in case of emergency
Years Months	Surname Given name/s
10 Why are you looking this address?	
10. Why are you leaving this address?	Relationship to you Phone no.
11. Landlord/Agent details of this property (if applicable)	
Name of landlord or agent	18. Please provide 2 personal references (not related to you) 1. Surname Given name/s
	1. Surname Given name/s
Landlord/agent's phone no. Weekly Rent	
\$	Relationship to you Phone no.
12. What was your previous residential address?	2. Surname Given name/s
	2. Surname
Postcode	
13. How long did you live at this address?	Relationship to you Phone no.
Years Months	I. OTHER INFORMATION
14. Landlord/Agent details of this property (if applicable)	
Name of landlord or agent	19. Car Registration
	20. Please provide details of any pets
Landlord/agent's phone no. Weekly Rent	Breed/type Council registration / number
\$	1.
Was bond refunded in full? If not why not?	2.
	PLEASE NOTE
G. EMPLOYMENT HISTORY	Initial payments must be made by cash, bank cheque or money order within 24 hours after approval of application. No Personal Cheques
15. Please provide your employment details	accepted.
What is your occupation?	Keys will not be handed over until the lease agreement has been
	signed by all applicants.
What is the nature of your employment?	This application is accepted subject to the availability of the property on the
(FULL TIME/PART TIME/CASUAL)	due date and no action shall be taken by the applicant against the landlord and
Employer's name (inc. accountant if self employed or institution if student)	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? The Age
Employer's address	
Postcode	
Contact name Phone no	PLEASE PROVIDE US WITH 100 POINTS OF IDENTIFICATION
Contact name Phone no.	Driver's Licence 50
	Passport 50
Length of employment Net Income	Proof of Age Card 50
Years Months \$	Student ID Card 50
16. Please provide your previous employment details	Copy of Mobile Phone Account 20
Occupation?	
	Copy of Medicare Card 20
Employer's name	Concession / Pension Card 10
	Copy of gas/Water/Electricity account 30 each
	OFFICE USE ONLY
Length of employment Net Income	
Years Months \$	