Residential Application Form

For your application to be processed you must answer all questions

Including the reverse side)		R
A. AGENCY DETAILS		D. UTILITY CONNECTIONS
Melbourne City Real Estate Level 4, 340 Collins St, Melbourne, VIC 300 Phone: (03) 9640 0888 Fax: (03) 9640 0500		This is a FREE service that connects all your utilities and other services. Direct Connect can help arrange for the connection or provision of the fo and other services: Electricity Cleaners Gas Insurance Phone Removalist Internet Truck or van hire Pay TV Water MAKES
B. PROPERTY DETAILS		Pay TV Water MAKES Please tick this box if you would like Direct Connect to contact you in relation utilities and other services.
What is the address of the property yo	u would like to rent?	We guarantee that when you connect with one of our ma electricity and gas suppliers, your services will be connect you move in. Please refer to Direct Connect's Terms & Confurther information. Once Direct Connect has received this application Direct Connect will ca
2. Lease commencement date? Day 3. Lease term?	Postcode Month Year	your details. Direct Connect will make all reasonable efforts to contact y of the nearest working day on receipt of this application to confirm your explain the details of the services offered. Direct Connect is a one stop of Direct Connect's services are free. However, the relevant service provide a standard connection fee as well as ongoing service charges. DECLARATION AND EXECUTION: By signing this application, you: 1.Acknowledge and accept Direct Connect's Terms and Conditions (whice with this application).
4. How many tenants will occupy the propagation of the Adults Children Age	•	2. Invite Direct Connect to contact you by any means (including by teleple even if the Customer's telephone number is on the Do Not Call Regist provide Direct Connect's services to you, to enter into negotiations withe supply of relevant services as an agent for the service providers, a promote any of the services listed above. This consent will continue for year from the date the Customer enters into the Agreement 3. Consent to Direct Connect using the information provided by you in the arrange for the nominated services, including by providing that inform providers for this purpose. Where service providers are engaged by your providers are engaged by your providers.
C. PERSONAL DETAILS		this information to connect, supply and charge you for their services.
5. Please give us your details Mr Ms Miss Surname	Mrs Other Given Name/s	 4.Authorise Direct Connect to obtain the National Metering Identifier an Installation Reference Number for the premises you are moving to. 5.Agree that, except to the extent provided in the Terms and Conditions has no responsibility to you for the connection or supply (or the failur supply) any of the services.
		6.Acknowledge that Direct Connect may receive a fee from service prov which may be paid to the real estate agent or to another person, and
Date of Birth	Driver's licence number	entitled to any part of any such fee. By signing this application form, I warrant that I am authorised to ma and to provide the invitations, consents, acknowledgements, authori undertakings set out in this application on behalf of all applicants listed of Signature Date
Driver's licence expiry date	Driver's licence state	
Passport no.	Passport country	PO Box 1519, Box Hill, Victoria 3128. P: 1300 664 715 F:1300 664 185. www.d E. DECLARATION
Pension no. (if applicable)	Pension type (if applicable)	I hereby offer to rent the property from the owner under a lease to I Agent. Should this application be accepted by the landlord I agree to ent Tenancy Agreement. I acknowledge that this application is subject to the approval of the declare that all information contained in this application (including the
6. Please provide your contact details Home phone no.	Mobile phone no.	and correct and given of my own free will. I declare that I have Inspecte 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, TIC
Work phone no.	Fax no.	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 disclos
Email address		such default to a tenancy default database, and to agents/landlords of papply for in the future. I am aware that the Agent will use and disclose my personal information
7. What is your current address?	Postcode	(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
Property Manager Name		I am aware that if information is not provided or I do not consent to the use information is put, the Agent cannot provide me with the lease/tenancy
Application Fax to Direct Connect (If Required)		Signature Date



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to any of the above

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all you to confirm you within 24 hours r information and connection service. ers may charge you

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Signature	Date
PO Box 1519, Box Hill, Victoria 3128. P: 1300 664 715 F:1300 664 1	85. www.directconnect.com.a

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owner/landlord. I reverse side) is true ed the premises and

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gnature	Date

F. APPLICANT HISTORY		H. CONTACTS / REFERENCES		
8. How long have you lived at your current address?		16. Please provide a contact in case of emergency		
Years Months		Surname	Given name/s	
9. Why are you leaving this address?		Relationship to you	Phone no.	
10. Landlord/Agent details of this property (if appli	cable)			
Name of landlord or agent		17. Please provide 2 personal references (not related to you)		
		1. Surname	Given name/s	
Landlord/agent's phone no. Weekly F	lent			
\$		Relationship to you	Phone no.	
11. What was your previous residential address?			Civen name/s	
		2. Surname	Given name/s	
Post	code			
12. How long did you live at this address?		Relationship to you	Phone no.	
12. How long did you live at this address?				
Years Months				
13. Landlord/Agent details of this property (if appli	cable)	I. OTHER INFORMATION		
Name of landlord or agent		18. Car Registration		
		19. Please provide details of any po	ets	
Landlord/agent's phone no. Weekly F	ent	Breed/type	Council registration / number	
\$		1.		
Was bond refunded in full?	v not?	2.		
was bond refunded in full:	y not:			
		PLEASE NOTE		
G. EMPLOYMENT HISTORY			cash, bank cheque or money order	
14. Please provide your employment details		within 24 hours after approval of a accepted.	pplication. No Personal Cheques	
What is your occupation?		War and the based and a second	the leave on weather have	
		Keys will not be handed over until signed by all applicants.	the lease agreement has been	
		This application is accounted a phica		
What is the nature of your employment? (FULL TIME/PART TIME/CASUAL)		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		
	etitution if student\		es arise whereby the property is not available	
Employer's name (inc. accountant if self employed or in	stitution ir student)	for occupation on the due date.		
		HOW DID YOU FIND OUT ABOU	JT THIS PROPERTY?	
Employer's address		☐ The Age ☐ The Inter	net	
		○ Board ○ Counter	List Relocation Company	
Doort Province of the Control of the		Referral Other (sp	pecify)	
Postcode		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	
15. Please provide your previous employment details Occupation?		Copy of Mobile Phone Account	20	
F		Copy of Medicare Card	20	
		Concession / Pension Card	10	
Employer's name		Copy of gas/Water/Electricity acco	ount 30 each	
			30 6461	
Langth of amployment	Not Income	OFFICE USE ONLY		
Length of employment	Net Income	Property Rental	_	
Years Months	\$	\$ per week	\$ per month	
		L		