

Phone: (02) 6572 1088 Fax: (02) 6572 3393 149 John Street, Singleton NSW 2330 Email: welcome@williamspropertyco.com.au www.williamspropertyco.com.au

## **Residential Tenancy Application Form**

PERSONAL DETAILS (Please supply copy of Driver's Licence)			
Full Name			
Contact Numbers (H)	W)	(M)	
Email Address			
Date of Birth	Driver's Licence	Car Rego No	
No. of occupants – Adults	Children		
Nearest Relative not living with you:		Phone No	
Pets Yes/No Bree	ed		
RENTAL HISTORY			
Current Address			
Rent per week \$	Period of Tenancy_		
Landlord / Agent			
Contact Name	P	hone No	
Previous Address			
Rent per week \$	Period of Tenancy_		
Landlord / Agent			
Contact Name	P	hone No	
EMPLOYMENT DETAILS			
Employer		Period of Employment	
Contact Name		Phone No	
CENTRELINK PAYMENT DETAILS			
Customer Reference Number	F	ortnightly Payment Amount \$	
Payments credited to: Bank Name			



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## **DECLARATION**

I hereby agree to be pre-approved to lease a property through David M. Williams Real Estate. I acknowledge that this application is subject to the owners/landlords approval and I authorise the Agent to use and disclose my personal information in order to approve my application and book viewings of properties.

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 am not a bankrupt.

I authorise the Agent to use and disclose my personal information within this application in order to

- Communicate with the owner
- Prepare Tenancy Agreement documents
- Allow trades-people and contractors to contact me
- Refer to Tribunals/Courts and Statutory Authorities if required
- Refer to collection agents/lawyers/solicitors if required
- Complete a check with TICA or other Tenant Default databases
- If I default under a Tenancy Agreement, I agree that the Agent may disclose details of any such default to a Tenancy Default database and to other Real Estate Agents and Landlords of properties

Applicants Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_

I / We agree that all questions must be answered for this form to be processed.

YOUR REQUIREMENTS		
Please list the rental property you are applying for or complete your specific requirements below;		
Dwelling:	House/ Townhouse/ Duplex/ Unit	
Bedrooms:		
Bearooms:	<del></del>	
Garage:	Double/ Single	
<b>G</b> a. <b>a</b> 86.	2000.0, 0	
Fenced Yard:	Yes/ No	
Pets:	Yes/ No	
Preferred Area:	Town/ Heights/ Darlington/ Hunterview/ The Retreat	
Maximum Weekly Rent: \$		
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Date Required By:	ASAP or/	
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## **CONNECTION SERVICES**

Realestate.com.au is now offering Utility Connections through our office, for more information and/or to be emailed a copy of their application please select a box below.

YES

NO