Residential Application Form Penny Riggs Property Management T3, 10 Park Terrace, Bowden SA 5007 Phone: 08 8353 0932

Email: admin@pennyriggspm.com.au



A. PROPERTY DETAILS		C. UTILITY CONNECTIONS							
1. What is the address of the prop	perty you would like to rent?	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 following utilities and other services:							
	Postcode	Electricity Cleaners Gas Insurance Phone Removalist Electricity Cleaners CONNECT							
Rent Per Week \$		Internet Truck or van hire Pay TV MAKES MOVING EASY							
2. Lease commencement date?		Please tick this box if you would like Direct Connect to contact you in relation to any of the above utilities and other services.							
Day 3. Lease term?	Month Year	THE ALWAYS 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.							
Years	Months	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 hour							
4. How many tenants will occupy	the property?	of the nearest 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							
Adults Children		Direct Connect's services are free. However, the relevant service providers may charge yo a standard connection fee as well as ongoing service charges. DECLARATION AND EXECUTION: By signing this application, you:							
B. APPLICANT DETAILS		1.Acknowledge and accept Direct Connect's Terms and Conditions (which are included)							
5. Please give us your details		with this application).							
Mr Mrs Miss Surname	Ms Other Given Name/s	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 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 enters into the Agreement.							
Date of Birth	Driver's licence number	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							
Date of Birtin	Driver's licence number	providers for this purpose. Where service providers are engaged by you, they may use this information to connect, supply and charge you for their services.							
Driver's licence expiry date	Driver's licence state	4. Authorise Direct Connect to obtain the National Metering Identifier and / or the Meter 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 responsibility to you for the connection or supply (or the failure to connect or supply) any of the services.							
Passport no.	Passport country	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 of any such fee.							
Pension no. (if applicable)	Pension type (if applicable)	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 out in this application on behalf of all applicants listed on this application. Signature Date							
Medicare no.									
		PO Box 1519, Box Hill, Victoria 3128. P: 1300 664 715 F:1300 664 185. www.directconnect.com.au							
C. Disease provide very contest de		D. DECLARATION							
6. Please provide your contact de		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							
Home phone no.	Mobile phone no.	Agreement.							
Work phone no.	Found	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							
Work priorie no.	Fax no.	I authorise the Agent to obtain personal Information from: (a) The owner or the Agent of my current or previous residence;							
Email address		(b) My personal referees and employer/s; (c) Any record listing or database of defaults by tenants; 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.							
7. Please provide a contact in case	se of emergency	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							
Surname	Given name/s	(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)							
Address		I am aware that if information is not provided or I do not consent to the uses to which persona							
		information is put. the Agent cannot provide me with the lease/tenancy of the premises. I am aware that I may access personal information on the contact details above.							
Relationship to you	Phone no.	Signature Date							

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E. EMPLOYMENT / INCOME DETAILS	40. A						
8. Please provide your employment details	10. Are you a student?						
What is your occupation?	Name of Learning Institution						
Convert Time Full Time	Course you are studying						
Casual Part Time Full Time							
Employer's Name	Fourth /Deportuged						
	Faculty/Department						
Employer's address							
	Student Union Number Student Identification Number						
Postcode							
Contact Phone							
Contact	Income Source Nett Weekly Income						
	\$						
Nett Wkly Income (excl. Overtime):							
Length of Employment	11. Do you receive a centrelink payment?						
Years Months	Type of Payment						
If employed in this position for less than 2 years please provide							
previous employer details	Centrelink Reference Number						
What was your occupation?							
Employer's Name	Total Centrelink Payment / Fortnight						
	\$						
	F. RENTAL HISTORY						
Employer's address	12. What is your current address?						
Postcode	Postcode						
Contact Phone	How Long have you lived at your current address						
Contact Phone	Years Months						
	Name of landlord or agent						
Nett Wkly Income (excl. Overtime):							
Length of Employment							
Years Months	Landlord/agent's phone no. Weekly Rent Paid						
9. Are you self employed or own your own business							
What is your position?	Was bond refunded in full? If not why not?						
Registered Name of Business/ABN							
Registered Name of Business/ABN	Reason for leaving						
What does your business do?	13. What was your previous address?						
	Postcode						
Address	rosicode						
	How Long have you lived at previous address						
Postcode	Years Months						
Personal Nett Income/Week:	Nontrio						
Accountant Contact Phone	Landlord/agent's phone no. Weekly Rent Paid						
	\$						
How Long in this Pusiness	Was bond refunded in full? If not why not?						
How Long in this Business							
Years Months	Posses for Leaving						
List one major creditor	Reason for Leaving						

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G. OTHER INFORMATION		Н.	PAYME	ENT DI	ETAILS	3								
14. If you currently own your own home or have recently sold or rented your own home:		20.	20. Please provide us with 100 points identification											
Address of property Postcode Sales Agent/Property Manager contact details		Pas Pro Stu Cop Cop	Driver's Licence Passport Proof of Age Card Student ID Card Copy of Mobile Phone Account Copy of Medicare Card Concession / Pension Card Copy of Gas / Water / Electricity account					(50 points) (50 points) (50 points) (50 points) (20 points) (20 points) (10 points) (30 each)						
Please ensure each has agreed fo and can be contacted during busing		21.	. Renta		-		pay your initia	al rent						
1. Surname	Given name/s	Own Funds												
		SA Housing Trust												
Relationship to you	Phone no.]											
						Please indicate how you propose to pay your bond								
2. Surname	Given name/s													
	SA Housing Trust													
Relationship to you	Phone no.	\$	\$ per week OR \$						per month					
3. Surname	Given name/s													
			First payment of rent two weeks in advance				\$							
Relationship to you	Phone no.		ental bond 4 weeks weeks if rent more than \$250 per week)											
				payable before possession of property)										
16. Smoker / Non-smoker	(Please Circle)													
17. Name & Ages of those perman	nently residing at the property		Office	Use O	nlv									
			Omoo	000 0	····y									
40. Places preside details of any														
18. Please provide details of any Breed/type	Council registration / number													
1.														
2.														
19. Please provide registration, repermanently kept at the property	nake & model of all vehicles													
1.														
2.														
۷.														