Residential Tenancy Application

PROPERTY ADDRESS								
Tenancy Commencement Date		Preferred Lease Term		Term (Month	(Months) Maximu		ım Rental Offered	
Applicant Name		Date of Birth		License or Passp		ort#	State or Co	ountry of Issue
Home Phone		Mobile/Cellular		Phone		Email		
1101110 1 110110		TVICOTION CONTAIN		1110110				
						1	D : D	
G 1.1	Curr	Current Residence		Previous Residence		dence	e Prior Residence	
Street Address								
Suburb /City								
State and Postcode								
Country								
Last Rent Amount Paid								
Owner or Agent Name								
Owner or Agent Phone								
Reason for leaving								
Was all rent paid in full?								
Did you give notice?								
Were you asked to move?								
,	Fron	n	То	From		То	From	То
Dates of Residency			10	110111		10	110111	
	Curre	nt Er	nployment	Previous E	mnla	ovment	Prior Fr	nployment
Employed by	Curro	110 121	iipioyiiiciit	Trevious Emproyme		Symone	THOI LI	присупнени
zmprej vu ej								
Address								
Occupation / Role								
Employer Contact Person								
Employer's Phone Nbr								
Monthly Gross Pay								
Permanent/Casual?								
Full-time/Part-time?								
	Fror	n	То	From		To	From	То
Dates of Employment								
Relationship to Other Rental Applicant			Other Rental Applicant's Name					
					_			
		-						

References and Emergency Contacts

	Reference 1	Reference 2	Closest Relative
Name			
Street Address			
Suburb			
State and Postcode			
Phone Number			

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Vehicles that you wish to park or garage at the property.

Make	Model	Colour	Year	Registration
		1	1	,
How long do you the would rent the property				
Are you likely to extend the rental?	period after			
When would you move in?	be able to			
Why are you mov your current addr				
Agreement & Aut	horisation			
provided and comn discrepancy or lack	nunication with of information	any and all names lis	ted on this application of this application	e verification of information I don. I understand that any ation. I understand that this is not in whole or part.
I grant permission	to communicate	with all the contacts	and references liste	d on this application.
I agree to provide p	hoto identifica	tion such as a driver's	license or passport	as proof of my identity.
I also give permissiverify my identity a			ies, credit agencies	and/or tenancy registers to
Applicant Signatur	e:		Date:	

PLEASE RETURN YOUR COMPLETED FORM TO:

OZ Property HQ

PO Box 1544 St Kilda South Victoria 3182

Phone: 03 9013 5799 or 1300 669 331

Fax: **03 8660 2800**

e-mail: info@OzPropertyHQ.com