



KAREN GORNALLE

AND ASSOCIATES

81 Canterbury Road Canterbury Vic 3126

Telephone: 03 9888 5508

Fax: 03 9888 6413

Email: rental@karengornalle.com.au

Web: www.karengornalle.com.au

Rental Property Address

Rental Amount: \$ Per Week

Bond Amount: \$

If your application is approved, please provide a separate bank cheque for the Bond made payable to RTBA (to ensure handover of keys on commencement of tenancy). Personal cheques/cash are not acceptable for the Bond.

Commencement Date

Lease term

Applicant Details

First Name Surname

Date Of Birth Driver's Licence Number

Driver's Licence Expiry Date State Issued

Passport No Passport Expiry

Passport Country Issued

Car Make/Model

Car Registration

How Many People Will Occupy?

Adults Children Children's age

Other Persons Who Will Live With You

1 2

3 4

Pets Must Be Declared

Pet Type/Breed Number Of Pets

Inside Outside

RENTAL APPLICATION

Please complete all form fields to be successful.

Please provide an application for each person

Contact Details

Home Mobile

Work Fax

Email

Current Address

Please circle

Own Home / Leasing / Boarding / Parents

Period At Current Address

Years Months

Reason For Leaving Current Address

Current Leasing/Selling Agent

Agency Name

Property Managers Name

Business Landline No Weekly Rent/Sale Amount

Bond Refunded In Full? Yes / No If Not/ Why Not?

Previous Address (If less than 2 years at current)

Please circle

Own Home / Leasing / Boarding / Parents

Time At Previous Address

Years Months

Previous Leasing/Selling Agent

Agency Name

Property Managers Name

Business Landline No Weekly Rent/Sale Amount

Bond Refunded In Full? Yes / No If Not/ Why Not?

Employment

Employer Name (Accountant Name If You Own Your Own Business)

Address

Name Of Person To Confirm Employment & Phone No (Not Mobile)

Period Of Employment

Net Income Per Week/ Per Annum

Occupation/Position

ABN/ACN If Own Business

Previous Employment

If Less Than 2 Years In Above Employ

Address

Name Of Person To Confirm Employment & Phone No (Not Mobile)

Period Of Employment

Net Income Per Week/Per Annum

Occupation/Position

If You Are A Student

Name Of College/University

Course Name

Course Completion Date

Coordinator's Name

Phone No

Emergency Contact

Surname

Given Name/s

Your Relationship

Phone No

PLEASE PROVIDE US WITH 100 POINTS OF ID

Driver's Licence	50 points
Passport	50
Proof of Age Card	50
Student ID Card	50
Copy of Mobile Phone Account	50
Copy of Medicare Card	20
Concession / Pension Card	10
Copy of Gas/Water/Electricity Account	30 each

A list of maintenance I request to be completed subject to the Landlords approval:

Declaration/Disclaimer/Privacy

I hereby offer to rent the property from the Landlord 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 Agreement. I acknowledge that this application is subject to the approval of the Landlord. I declare that all information contained in this application is true and correct and given of my own free will. I confirm I have inspected the premises and if approved for tenancy I accept the property as inspected. I confirm I am not bankrupt.

I authorise the Agent to obtain personal information from:

- (a) The Landlord/Agent of my current or previous residences
- (b) My personal referees and employer/s
- (c) Any record listing or database of defaults by Tenants such from NTD for the purpose of checking tenancy history. I am aware I may access my personal information by contacting:

- NTD 1300 563 826 / info@ntd.net.au

If I default under a Tenancy Agreement, I understand the Agent may disclose details of such default/s to a tenancy database/Agents/Landlords of property I may apply for in the future.

I am aware that the Agent will use and disclose my personal information within this application in order to:

- (a) Communicate with the Landlord and select a Tenant
- (b) Prepare lease/tenancy documents
- (c) Allow trades-people or equivalent organisations to contact me
- (d) Lodge/claim/transfer to/from RTBA
- (e) Refer to Tribunals/Courts & Statutory Authorities (where applicable)
- (f) Refer to Collection Agents/Solicitors (where applicable)
- (g) Complete a check with NTD (National Tenancies Database)
- (h) Transfer water usage account details into my name

I am aware that if this information is not provided and I do not consent to the uses to which personal information is used, the Agent cannot provide me with the Lease/Tenancy of the premises.

I am aware, as the tenant I am responsible for connection and payment of gas, electricity, telephone and water consumption.

I am aware that Karen Gornalle & Associates may take photos/video footage of the property at routine inspections.

Privacy

To view our Privacy Statement, please visit www.karengornalle.com.au I acknowledge that I have read and understand this disclosure statement and have been provided with NTD contact details and reason for use.

Should this application be successful I/we will be required to sign a tenancy agreement and pay the first month's rent within 24 Hours of this approval otherwise any approval will lapse.

Signature

Date

Utility Connection

myconnect

A FREE utility connection service

Please tick utilities as required

Electricity

Gas

Telephone

Internet

Water

Pay TV

Interpreter service required

Phone: 1300 854 478

enquiry@myconnect.com.au

Fax: 1300 854 479

www.myconnect.com.au

By signing this application, I consent:

to the disclosure of information on this form to myconnect ABN 34121 892 331 for the purpose of arranging the connection of nominated utility services; consent to myconnect disclosing personal information to utility service providers for the stated purpose and obtaining information of connection; consent to myconnect disclosing confirmation details (including NMI, MIRN, utility provider) to the Real Estate Agent; acknowledge the Real Estate Agent, its employees and myconnect may receive a free/incentive from a utility provider in relation to the connection of utility services; acknowledge that whilst my connect is a free service, a standard connection fee and/or deposit may be required by various utility providers; acknowledge that, to the extent permitted by law, the Real Estate Agent, its employees and myconnect shall not be liable for any loss or damage (including consequential loss and loss of profits) to me/us or any other person or any property as a result of the provision of services or any act or omission by the utility provider or for any loss caused by or in connection with any delay in connection or provision of, or failure to connect or provide the nominated utilities.

Signature

Date



AON – TENANTS CONTENTS QUOTATION REQUEST

Please complete and return to Sharyn Prismall au.realestate@aon.com or fax: 9211 3855

PLEASE COMPLETE ALL RELEVANT FIELDS TO ENSURE EFFICIENT TURN AROUND.

Broker Name: Sharyn Prismall – Aon Melbourne

Real Estate Agent : Karen Gornalle & Associates

REQUIRED FIELD

Tenants Name: _____

Tenants Contact details: Phone : _____ Email: _____

Rental Property Address : _____

Suburb: _____ State: _____ Postcode _____

Tenants date of birth: _____

BUILDING DETAILS

REQUIRED FIELD

Building Construction: Brick Timber Other

Please Select:

Free Standing House Unit Duplex Townhouse

Is there any business use at the property? _____ REQUIRED FIELD

Floor space used for business: _____ %

Provide details of use:

Year of construction: _____ Rewired in last 50 years? Y / N

SECURITY

REQUIRED FIELD

Deadlocks on ALL external Doors: YES / NO

Key Operated Locks on ALL Windows: YES / NO

Alarm: LOCAL / MONITORED / NO ALARM

Is there a Safe

Any other security: ie: window bars/grills _____

SUMS INSURED

REQUIRED FIELD

What is the sum insured (value) of your *Contents?

The Sum Insured should be sufficient to allow for replacement of your property

Contents Amount: \$ _____

*Contents consists of furniture, appliances-including TV & All electrical items, Fridge, Washing Machine, Computers, clothing, linen, kitchen essentials etc

Specified Contents: \$ _____ (Any one Content item valued at >\$20,000)

List items and values below

Specified Valuables: \$ _____ (For valuable items over \$2,500 -)

List items and values below

Specified Contents: _____

List individually description & value

Specified Valuables: _____

List individually description & value

Preferred Excess:

\$250 <input type="checkbox"/>	\$500 <input type="checkbox"/>	\$750 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>
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Insured's History (Claims and Convictions – criminal or other) LEAVE BLANK IF NO DISCLOSURES

Name	Date :	Details:	Insurer?	Amount:	Renewal offered?

Any Additional Comments: _____

REQUIRED FIELD

Are there any exceptional circumstances relating to the risk to be insured that you have not already told us and that you know or should know may affect our decision to insure you ? _____

This would include but is not limited to Heritage listed properties; properties in need of repair; used for business purposes; previous insurance cancelled, refused or special terms to insure etc

Important Notices (please read): Before submitting your request, please ensure all information is completed