## **TENANCY APPLICATION**

## AAC AUSPROPERTIES PTY LTD reat estate

402 Oxford Street, Bondi Junction NSW 2022

T: 02 8668 5069 F: 02 8068 2887 M: 0433 839888 Email: helen@aacausproperties.com www.aacausproperties.com

(Circle) Male / Female First Name:	Address of Premises to be Leased:		Per \.	week
Home Phone	(Circle) Male / Female	First Name:	Surname:	
Date Of Birth/				
Car Rego				
Bank Branch Account No  Emergency Contact: Male / Female First Name: Surname Phone: Address: Number of persons to occupy premises: Australian Citizen or Permanent Resident: (Circle)Yes / No Country of Birth: If not an Australian Citizen, copy of passport is required.  Current Living Address: These premises are (circle) Leased/Ownerd. If leased provide the following information: Current landlord / Agent: Phone: Phone: Phone: Period for Occupancy Were you on lease Yes / No. Rent personally paid\$ paid\$ per week Reason for leaving Previous Rental Address.  These premises were (circle) Leased / Owned. If leased provide the following information: Previous Rental Address Previous Rental Address Previous Landlord / Agent: Phone: Period of Occupancy Were you on lease Yes /No. Rent personally paid \$ per week Reason for leaving Previous Landlord / Agent: Phone: Period of Occupancy Were you on lease Yes /No. Rent personally paid \$ per week Reason for leaving Period of Employment / Study: Period of Employment / Study: Period of Employer / Learning institution: Phone: Period of Employment / Study: Previous Job Description: Period of Employment: Business Name: Phone:				
Emergency Contact: Male / Female First Name: Surname Phone: Address: Address: Australian Citizen or Permanent Resident: (Circle)Yes / No Country of Birth:	=			
Phone:	BankBranch	Ac	count No	
Number of persons to occupy premises:				
Country of Birth:				
These premises are (circle) Leased/Ownerd. If leased provide the following information:  Current landlord / Agent:				
Current landlord / Agent:				
Period for Occupancy		· ·	_	
Reason for leaving				
These premises were ( circle ) Leased / Owned. If leased provide the following information: Previous Landlord / Agent:				
Previous Landlord / Agent:	·			
Period of Occupancy			=	
Dob / Study Description:				
Job / Study Description:  Employer / Learning institution:  Employer's contact name:  Employer's Address:  Previous Job Description:  Business Name:  Employer's contact name:  (Please circle one ) Smoker: Yes / No Pets: Yes / No  N.B.Pets are not permitted without the consent of landlord & owner's corporation  Length of lease requested: (Circle one ) 6 / 12 months  Date to commence: (Write Exact Date ) //  Note: 1, CHECK YOU HAVE FILLED IN EVERY SPACE IN DETAIL. RETURN BY NOON NEXT BUSINESS DAY  2, PLEASE PROVIDE ONLY THE FOLLOWING PHOTO COPIES WHEN HANDING IN APPLICATION  3, DRIVER'S LICENCE OR PASSPORT  4, BANK STATEMENT (Not ATM Receipt )	Period of Occupancy	Were you on lease Yes /No	o. Rent personally paid \$pe	er week
Employer's contact name: Phone: Employer's Address: Period of Employment: Phone:	Reason for leaving			
Employer's contact name: Phone: Employer's Address: Period of Employment: Phone:	Job / Study Description:	Period c	of Employment / Study:	
Employer's contact name:	<u> </u>			
Employer's Address:  Previous Job Description:  Business Name:  Employer's contact name:  ( Please circle one ) Smoker: Yes / No Pets: Yes / No  N.B.Pets are not permitted without the consent of landlord & owner's corporation  Length of lease requested: ( Circle one ) 6 / 12 months  Date to commence: ( Write Exact Date )				
Business Name:  Employer's contact name:  (Please circle one) Smoker: Yes / No Pets: Yes / No  N.B.Pets are not permitted without the consent of landlord & owner's corporation  Length of lease requested: (Circle one) 6 / 12 months  Date to commence: (Write Exact Date)	• •			
Employer's contact name:	Previous Job Description:	Period	of Employment:	
( Please circle one ) Smoker: Yes / No Pets: Yes / No  N.B.Pets are not permitted without the consent of landlord & owner's corporation  Length of lease requested: ( Circle one ) 6 / 12 months  Date to commence: ( Write Exact Date )	Business Name:			
N.B.Pets are not permitted without the consent of landlord & owner's corporation  Length of lease requested: ( Circle one ) 6 / 12 months  Date to commence: ( Write Exact Date )	Employer's contact name:		Phone:	
Length of lease requested: ( Circle one ) 6 / 12 months  Date to commence: ( Write Exact Date )	( Please circle one ) Smoker: You	es / No	Pets: Yes / No	
Date to commence: ( Write Exact Date )	N.B.Pets are not permitted without t	the consent of landlord & c	wner`s corporation	
Note: 1, CHECK YOU HAVE FILLED IN EVERY SPACE IN DETAIL. RETURN BY NOON NEXT BUSINESS DAY 2, PLEASE PROVIDE ONLY THE FOLLOWING PHOTO COPIES WHEN HANDING IN APPLICATION 3, DRIVER'S LICENCE OR PASSPORT 4, BANK STATEMENT (Not ATM Receipt)	Length of lease requested: ( Circle or	ne ) 6 / 12 months		
<ul><li>2, PLEASE PROVIDE ONLY THE FOLLOWING PHOTO COPIES WHEN HANDING IN APPLICATION</li><li>3, DRIVER'S LICENCE OR PASSPORT</li><li>4, BANK STATEMENT ( Not ATM Receipt )</li></ul>				
4, BANK STATEMENT ( Not ATM Receipt )	2, PLEASE PROVIDE ONLY	THE FOLLOWING PHOTO CO		
If from internetWelcome page plus 1 page of statement		• •		
	If from internetWel	come page plus 1 page o	of statement	
Applicant's Signature:	Applicant's Signature:		Date:///	
By signing the above application you agree that above information is available for the agents use				
to determine your suiability for the above property and nothing further.	,			
Failure to prvide truthfully information will lead to reporting to the Tenancies Services.			_	