



## **APPLICATION FOR RESIDENTIAL TENANCY**

| PROPERTY | ADDRESS:  |
|----------|---|
| _        | R TO PROCESS YOUR APPLICATION <u>ALL</u> SECTIONS OF THE APPLICATION E COMPLETED. IN ADDITION THE BELOW <u>MUST</u> BE SUBMITTED WITH YOUR APPLICATION. PLEASE TICK THE BELOW TO CONFIRM          |
| TENANT ( | CHECKLIST APPLICATION FULLY COMPLETED   |
|          | NEXT OF KIN DETAILS IS NOT A PERSON RESIDING IN THE PROPERTY  |
|          | CHARACTER REFERENCES/NEXT OF KIN/EMERGANCY CONTACT ARE DIFFERENT PEOPLE AND FULL NAMES & PHONE NUMBERS PROVIDED   |
|          | ALL APPLICANTS, 18 YEARS AND OVER, HAVE SIGNED PAGES 2, 8, 9 & 10   |
|          | EMAIL ADDRESS PROVIDED FOR EACH APPLICANT   |
|          | 100 POINTS OF I.D ATTACHED FOR EACH APPLICANT   |
|          | 50 POINTS - current photo Drivers' License (Australian or International)  |
|          | 50 POINTS - current Passport & Visa; Proof of Age card  |
|          | <u>20 POINTS</u> - current Medicare/Healthcare card; EFTPOS/Credit card, Student card; recent Utility bill (displaying your name and current address); Birth Certificate; Citizenship Certificate |
|          |   |

NOTE: Additional information which may enhance your application can include written rental/employment references (on Company letterhead), recent pay slips, council or water rates notices for properties you own, income statements if self-employed (required), employment contract, evidence of Government benefit payments e.g. Centrelink, recent Routine Inspection Reports, previous rental bond refund statement, etc.

APPLICATIONS WILL ONLY BE ACCEPTED AT: 16 BLACKWATTLE PARADE, HEPBURN HEIGHTS, PADBURY

8.30AM TO 4.30PM (MONDAY TO FRIDAY)

OR VIA EMAIL TO: <u>LEASING@HARBER.COM.AU</u>



# PRIVACY ACT 1988 COLLECTION NOTICE

REAL ESTATE
16 Blackwattle Pde
PADBURY WA 6025
E: leasing@harber.com.au
P: 08 9401 2188
F: 08 9307 1511

Personal information collected by the Agent through the management of the tenancy including, but not limited to the Property Condition Report is necessary to manage the tenancy.

The personal information collected by the Agent in this Lease, in the Property Condition Report and during the period of the management of the tenancy is collected for the purpose of being used in managing the Lease of the Premises and the Tenant hereby consents to that collection and use.

The information collected in this Lease, in the Property Condition Report and during the tenancy may be disclosed by the Agent to other parties as permitted by the Privacy Act 1988 including to the existing Lessors, subsequent Lessors, courts of law, other agents and operators of tenancy reference databases. Further, information already held on tenancy reference databases may be accessed by the Agent.

If the Tenant wishes to contact the Agent or access the personal information the Agents may hold regarding the Tenant, the Tenant may do so by contacting the Agent at the address described in item 4. The Tenant may also request that the information be corrected if it is inaccurate, incomplete or out-of-date.

If the information referred to in this collection notice is not provided, the Agent may not be able to manage the tenancy.

### NTD & TICA DISCLOSURE STATEMENT

You can contact National Tenancy Database Pty Ltd (ABN 65 079

105 025) ("ntd") by:

Telephone:

Email:

(03) 9416 2366 Facsimile: kim@ntd.ntd.au Website:

Facsimile: (03) 9416 1640 Website: www.ntd.net.au TICA DISCLOSURE STATEMENT

You can contact TICA (ABN 84 087 400 379) by:

Telephone: (02) 97433266 Email: enquiries@tica.com.au

By Mail: P.O. Box 120, Concord NSW 2137

#### PRIMARY PURPOSE

NTD & TICA collects your personal information to provide to its members and others listed below, historical tenancy and public record information on individuals and companies who/which lease residential and commercial property from or through licensed real estate agent members of NTD & TICA

NTD & TICA also provide credit information on companies/directors applying for commercial leases.

The real estate agent/property manager will advise NTD & TICA of your conduct throughout the lease/tenancy, and that information will form part of your tenant history.

#### NTD & TICA usually discloses information to:

- Licensed real estate agent members
- NTD';s parent company, Collection House Limited ABN 74 010 230 716 and its subsidiaries and related entities
- Credit Bureaus

If your personal information is not provided to NTD & TICA the real estate agent/property manager will not be able to carry out their professional responsibilities and will not be able to provide you with a lease/tenancy of the premises.

I acknowledge that this is an application to lease this property and that my application is subject to the Lessors approval and the availability of the premises on the due date. No action will be taken against the Lessors or Agent if the application is unsuccessful or upon acceptance should the premises not be ready for occupation on this date, for whatever reason.

| Name: (App 1): | Signed: | Date: |
|----------------|---------|-------|
|                | Signed: | Date: |
|                |         | Dutc  |
| Name: (App 3): | Signed: | Date: |
| Name: (App 4): | Signed: | Date: |

# **APPLICATION FOR RESIDENTIAL TENANCY**

| PROPERTY DETAILS                                 |                      |                  |                    |                   |             |  |
|--|----------------------|------------------|--------------------|-------------------|-------------|--|
| Property Address:                                |                      |                  |                    | Weekly            | / Rent:     | \$   |
| APPLICANT DETAILS                                |                      |                  |                    |                   |             |  |
| Lease Period:                                    | Months:              |                  | Commencing:        |                   | Expiring    | <b>j:</b>                                      |
| Total number of people residing at the property: | Adults:<br>Children: |                  |                    |                   |             |  |
| GENERAL INFORMATION                              | N                    |                  |                    |                   |             |  |
| Do you intend on using a                         | Water Bed            | ☐ Yes ☐ No       | Are any of the     | applicants smo    | kers?       | ☐ Yes ☐ No                                     |
| PETS   |                      |                  |                    |                   |             |  |
| Pets kept on Property:                           | ☐ Yes                | □ No             | state what type of |                   | ou will fii | apply, you MUST<br>nd attached a list of<br>s' |
| Type of Pet:                                     | Breed:               | ν                | Veight             | Number:           |             | Age:   |
| Type of Pet:                                     | Breed:               | v                | Veight             | Number:           |             | Age:   |
| MOTOR VEHICLES                                   |                      |                  |                    |                   |             |  |
|  |                      |                  | Make               |                   |             | _  |
| Number of Vehicles to be parked at the property? |                      |                  | Make               |                   |             | =  |
| parked at the property:                          |                      |                  | Make               |                   |             |  |
| BOND   |                      |                  |                    |                   |             |  |
| Do you intend on applyin                         | a                    |                  |                    |                   |             |  |
| to Ministry of Housing?                          | ☐ Yes                | □ No             | If Yes, Branch:    |                   |             |  |
| SPECIAL CONDITIONS                               |                      |                  |                    |                   |             |  |
| By Submitting this applic alterations, addition  | s or extras. Sh      | ould you wish an |                    | or cleaning to be |             |  |
|  |                      |                  |                    |                   |             |  |
|  |                      |                  |                    |                   |             |  |
|  |                      |                  |                    |                   |             |  |
|  |                      |                  |                    |                   |             |  |
|  |                      |                  |                    |                   |             |  |
|  |                      |                  |                    |                   |             |  |
|  |                      |                  |                    |                   |             |  |
|  |                      |                  |                    |                   |             |  |

**APPLICANT ONE** 

| Surname:                | Given Nan                                   | nes:  |
|-------------------------|---|---|
| Driver's License #      | Passport #                                  | D.O.B:  |
| Dilver 3 License #      | Tusspoil #                                  |   |
| Applicants Contact:     | Mobile:                                     | Home:   |
|                         | Email:                                      | Work:   |
| Dung and Andalus and    |   |   |
| Present Address:        |   | DI  |
| Agents/Lessors Name:    |   | Phone:  |
| Agents/Lessors Address: |   | Toward Company  |
| Rental Amount Paid:     | \$ per week                                 | Tenancy Start:/ to Current                                |
| Reason for Leaving      |   |   |
| Previous Address:       |   |   |
| Agents/Lessors Name:    |   | Phone:  |
| Agents/Lessors Address: |   |   |
| Rental Amount Paid:     | \$ per week                                 | Leased Dates:/ to/  |
| Reason for Leaving      |   |   |
|                         | IF SELF EMPLOYED INCOME STATEMEN            | ITS MUST BE SUPPLIED                                      |
| Current Occupation:     |   | Commenced://  |
| Employers Name:         |   | Phone:  |
| Employers Address:      |   | Annual Wage: \$   |
| Phone Number:           | WED WITH OURDENT FMRI OVER FOR LESS THAN 40 | Manager Name:   |
| Previous Occupation:    | YED WITH CURRENT EMPLOYER FOR LESS THAN 12  | MONTHS, ADVISE OF PREVIOUS EMPLOYMENT BELOW  Period:/ to/ |
| Employers Name:         |   | Phone:  |
| Employers Address:      |   | rnone.  |
| Phone Number:           |   | Manager Name:   |
|                         | OF KIN – AN IMMEDIATE FAMILY MEMBER WHO V   |   |
| Next of Kin - Name      |   | How Related:  |
| Next of Kin - Address:  |   |   |
| Contact Numbers:        | M: H:                                       | W:  |
|                         | EMERGENCY CONTACT MUST BE DIFFE             |   |
| Emergency - Name        |   | How Related:  |
| Emergency - Address:    |   |   |
| Contact Numbers:        | M: H:                                       | W:  |
| Character Ref – Name:   | 2 <u>DIFFERENT</u> CHARACTER REFEREEN       | How Related:  |
| Address:                |   | now kelalea.  |
| Contact Numbers:        | M: H:                                       | W:  |
| Confider Nothbers.      | CHARACTER REFERENCES MUST NOT BE A          |   |
| Character Ref – Name:   |   | How Related:  |
| Address:                |   |   |
| Contact Numbers:        | M: H:                                       | W:  |

## **APPLICANT TWO**

| Surname:                                | Given Names:   |  |  |  |
|---|--|--|--|--|
| Driver's License #                      | Passport #   | D.O.B:   |  |  |
| Applicants Contact:                     | Mobile:  | Home:  |  |  |
|   | Email:   | Work:  |  |  |
| Present Address:                        |  |  |  |  |
| Agents/Lessors Name:                    |  | Phone:   |  |  |
| Agents/Lessors Address:                 |  | Thore.   |  |  |
| Rental Amount Paid:                     | \$ per week  | Tenancy Start:/ to Current                                 |  |  |
| Reason for Leaving                      | · position   |  |  |  |
| • |  |  |  |  |
| Previous Address:                       |  |  |  |  |
| Agents/Lessors Name:                    |  | Phone:   |  |  |
| Agents/Lessors Address:                 |  |  |  |  |
| Rental Amount Paid:                     | \$ per week  | Leased Dates:/ to/   |  |  |
| Reason for Leaving                      |  |  |  |  |
| Current Occupation                      | IF SELF EMPLOYED INCOME STATEMEN   |  |  |  |
| Current Occupation:                     |  | Commenced://   |  |  |
| Employers Name:                         |  | Phone:  Annual Wage: \$                                    |  |  |
| Employers Address:                      |  |  |  |  |
| Phone Number:                           | YED WITH CURRENT EMPLOYER FOR LESS THAN 12   | Manager Name:  MONTHS, ADVISE OF PREVIOUS EMPLOYMENT BELOW |  |  |
| Previous Occupation:                    | The Will connect the content of the connection o | Period:/ to/   |  |  |
| Employers Name:                         |  | Phone:   |  |  |
| Employers Address:                      |  |  |  |  |
| Phone Number:                           |  | Manager Name:  |  |  |
| NEXT                                    | OF KIN – AN IMMEDIATE FAMILY MEMBER WHO V  | VILL <u>not</u> be residing at the property                |  |  |
| Next of Kin - Name                      |  | How Related:   |  |  |
| Next of Kin - Address:                  |  |  |  |  |
| Contact Numbers:                        | M: H:  | W:   |  |  |
| Emergency - Name                        | EMERGENCY CONTACT MUST BE DIFFE  | How Related:   |  |  |
| Emergency - Name  Emergency - Address:  |  | now kelalea.   |  |  |
| Contact Numbers:                        | M: H:  | W:   |  |  |
| Conidci Nombers.                        | 2 DIFFERENT CHARACTER REFEREEN   |  |  |  |
| Character Ref – Name:                   | <u> </u>   | How Related:   |  |  |
| Address:                                |  |  |  |  |
| Contact Numbers:                        | M: H:  | W:   |  |  |
|   | CHARACTER REFERENCES MUST NOT BE A   |  |  |  |
| Character Ref – Name:                   |  | How Related:   |  |  |
| Address:                                |  |  |  |  |
| Contact Numbers:                        | M: H:  | W:   |  |  |

## **APPLICANT THREE**

| Surname:               |                                   | Given Names:                        |                 |          |
|------------------------|-----------------------------------|-------------------------------------|-----------------|----------|
| Driver's License #     | Ρα                                | issport #                           | D.O.B:          |          |
| Applicants Contact:    | Mobile:                           |                                     | Home:           | <u> </u> |
|                        | Email:                            |                                     | Work:           |          |
|                        |                                   |                                     |                 |          |
| Present Address:       |                                   |                                     |                 |          |
| Agents/Lessors Name:   |                                   |                                     | Phone:          |          |
| Agents/Lessors Address | :                                 |                                     |                 |          |
| Rental Amount Paid:    | \$ per week                       | Tenancy St                          | art:/ to C      | Current  |
| Reason for Leaving     |                                   |                                     |                 |          |
| B Aller                |                                   |                                     |                 |          |
| Previous Address:      |                                   |                                     |                 |          |
| Agents/Lessors Name:   |                                   |                                     | Phone:          |          |
| Agents/Lessors Address |                                   |                                     |                 |          |
| Rental Amount Paid:    | \$ per week                       | Leased Dat                          | es:/ to _       | //       |
| Reason for Leaving     | IF CELE EMPLOYED INCOM            | AF CTATEMENTS MALIST DE C           | IDDITED         |          |
| Current Occupation:    | IF SELF EMPLOYED INCOM            | <u>1e statements must</u> be s      | Commenced:      |          |
| Employers Name:        |                                   |                                     | Phone:          |          |
| Employers Address:     |                                   |                                     | Annual Wage: \$ |          |
| Phone Number:          |                                   | Manager N                           | · ·             |          |
|                        | OYED WITH CURRENT EMPLOYER FOR LE |                                     |                 | BELOW    |
| Previous Occupation:   |                                   |                                     |                 |          |
| Employers Name:        |                                   |                                     | Phone:          |          |
| Employers Address:     |                                   |                                     |                 |          |
| Phone Number:          |                                   | Manager N                           | ame:            |          |
|                        | OF KIN – AN IMMEDIATE FAMILY MEN  | MBER WHO WILL <u>NOT</u> BE R       |                 |          |
| Next of Kin - Name     |                                   |                                     | How Related:    |          |
| Next of Kin - Address: |                                   |                                     |                 |          |
| Contact Numbers:       | M:                                | H:                                  | W:              |          |
| F                      | EMERGENCY CONTACT MI              | <u>UST</u> BE DIFFERENT TO 'NEX     |                 |          |
| Emergency - Name       |                                   |                                     | How Related:    |          |
| Emergency - Address:   |                                   |                                     |                 |          |
| Contact Numbers:       | M:                                | H:<br>Er refereences <u>must</u> be | W:              |          |
| Character Ref – Name:  | Z DITENENT CHARACTE               | IN NEI ENEENCES MOST BE             | How Related:    |          |
| Address:               |                                   |                                     |                 |          |
| Contact Numbers:       | M:                                | H:                                  | <b>W</b> :      |          |
|                        | CHARACTER REFERENCES MU           |                                     |                 |          |
| Character Ref – Name:  |                                   |                                     | How Related:    |          |
| Address:               |                                   |                                     |                 |          |
| Contact Numbers:       | M:                                | H:                                  | W:              |          |

## **APPLICANT FOUR**

| Surname:                                 |                                    | Given Names:       |               |                             |            |
|--|------------------------------------|--------------------|---------------|-----------------------------|------------|
| Driver's License #                       | Po                                 | assport #          |               | D.O.B:                      | , ,        |
| Applicants Contact:                      | Mobile:                            |                    | Home:         |                             |            |
|  | Email:                             |                    | Work:         |                             |            |
|  |                                    |                    |               |                             |            |
| Present Address:                         |                                    |                    |               |                             |            |
| Agents/Lessors Name:                     |                                    |                    |               | Phone:                      |            |
| Agents/Lessors Address                   | :                                  |                    |               |                             |            |
| Rental Amount Paid:                      | \$ per week                        | Tenanc             | y Start:      | /                           | to Current |
| Reason for Leaving                       |                                    |                    |               |                             |            |
| Previous Address:                        |                                    |                    |               |                             |            |
| Agents/Lessors Name:                     |                                    |                    |               | Phone:                      |            |
| Agents/Lessors Address                   |                                    |                    |               | Thone.                      |            |
| Rental Amount Paid:                      | \$ per week                        | Leased             | Dates:        | 1 1                         | to/        |
| Reason for Leaving                       | y per week                         | Leasea             | Daies.        |                             |            |
| g  | IF SELF EMPLOYED INCOM             | ME STATEMENTS MUST | BE SUPPLIED   |                             |            |
| Current Occupation:                      |                                    |                    |               | Commenced:                  | //         |
| Employers Name:                          |                                    |                    |               | Phone:                      |            |
| Employers Address:                       |                                    |                    |               | Annual Wage:                | \$         |
| Phone Number:                            |                                    | Manag              | er Name:      |                             |            |
| IF CURRENT EMPLO                         | OYED WITH CURRENT EMPLOYER FOR LE  | SS THAN 12 MONTHS  | , ADVISE OF F | REVIOUS EMPLOY              | MENT BELOW |
| Previous Occupation:                     |                                    |                    | Period:       | //                          | to//       |
| Employers Name:                          |                                    |                    |               | Phone:                      |            |
| Employers Address:                       |                                    |                    |               |                             |            |
| Phone Number:                            |                                    |                    | er Name:      |                             |            |
| Next of Kin - Name                       | T OF KIN – AN IMMEDIATE FAMILY MEN | MBER WHO WILL NOT  |               | AT THE PROPERTY  w Related: |            |
|  |                                    |                    | но            | w Kelatea:                  |            |
| Next of Kin - Address:  Contact Numbers: | 144.                               | 11.                |               | 14/-                        |            |
| Confact Numbers:                         | M:  EMERGENCY CONTACT M            | H:                 | 'NEXT OF KIN  | W:                          |            |
| Emergency - Name                         | <u>EMERICENCY CONTROL M.</u>       | <u> </u>           |               | w Related:                  |            |
| Emergency - Address:                     |                                    |                    |               |                             |            |
| Contact Numbers:                         | M:                                 | H:                 |               | W:                          |            |
|  | 2 <u>DIFFERENT</u> CHARACTE        | ER REFEREENCES MUS | T BE GIVEN    |                             |            |
| Character Ref – Name:                    |                                    |                    | Ho            | w Related:                  |            |
| Address:                                 |                                    |                    |               |                             |            |
| Contact Numbers:                         | M:                                 | H:                 |               | W:                          |            |
|  | CHARACTER REFERENCES MU            | IST NOT BE ANYBODY |               |                             |            |
| Character Ref – Name:                    |                                    |                    | Но            | w Related:                  |            |
| Address:                                 |                                    |                    |               |                             |            |
| Contact Numbers:                         | M:                                 | H:                 |               | W:                          |            |

### SPECIAL CONDITIONS

- 1. The tenant is aware the first routine inspection of the property will occur approximately six (6) weeks after the commencement of the lease and thereafter every three (3) months. A total of four routine inspections will occur per annum. The tenant is aware digital photographs relevant to the condition of the property may be taken during the inspection. Every endeavour will be taken not to take photos of your belongings or personal effects.
- 2. The bond will not be refunded until the final bond inspection has been carried out, all keys are returned and all items are found to be in the same condition as the Property Condition Report.
- 3. The Tenant understands and accepts that the Security Bond is required to be increased in accordance with any revised rental increase to equal exactly four weeks rent.
- 4. The Tenant agrees to pay the water meter reading fee, in accordance with Water Corporation fees, upon vacating the property. The Tenant agrees to have this charge deducted from the bond.
- 5. The tenants agree not to place any lit candles or indoor plants on carpeted areas of the Premises. The tenant agrees to ensure the ground underneath outdoor potted plants is cleaned regularly to prevent staining to the surface areas.
- 6. The Tenants agree not to place any hot objects directly onto any surfaces such as bench tops, carpet or lino.
- 7. The Tenant agrees to use a drip tray on the carport/garage floor to prevent oil stains occurring and to reimburse the owner of the property any cost incurred to remove oil stains evident on the said floor at vacation date, providing those stains were not noted on the original property condition report.
- 8. Wherever there are timber floors in the property, the tenant is required to place felt pads underneath all items of furniture.
- 9. The Tenants are aware that if they request a contractor to attend the property and no fault is found, or the fault has been caused by an act or omission from the Tenant, the Tenant will be liable for the full cost of the contractors call out fee, parts & labour.
- 10. If the home is fitted with a wall mounted air conditioning unit, the tenant must clean the filter pads twice yearly as per instructions to ensure good operation of unit, if any fault occurs due the filter not being cleaned, the tenant will be liable for any damages & cost incurred.
- 11. The tenant agrees to ensure that the reticulation (if included at property) operates at all times in accordance with the water corporation's rostering system and guidelines. Any fines incurred through non-compliance will be at the tenant's responsibility and cost thereof. The tenants acknowledge that broken sprinkler heads are their responsibility to replace and also agree to monitor the retic system and report any other defects/faults without

delay. The tenant agrees to hand water the lawn and gardens as required during prolonged high temperatures in the summer months and in any circumstance if the reticulation is under repair.

- 12. The Tenant and their visitors agree not to park any boat, trailer or vehicle on the lawns and garden areas at all times. The tenant will be held responsible for any damage caused should they fail to comply with this condition.
- 13. The tenants agree to adequately ventilate the property at all times to avoid damage occurring from condensation. Damage resulting from inadequate ventilation may be repaired at the tenant's expense.
- 14. The tenant is advised the rent shall be calculated up to and including the vacate date and after all keys are returned to Harber Real Estates, whichever is the later.
- 15. Ruling from REIWA on tenants changing the light globes, are as follows:-
  - It is always the Lessors responsibility if the ceiling is more that standard height (27 courses of bricks).
  - It is always the Lessors responsibility if the light fitting is in a cavity or stairwell which is difficult to reach.
  - It is always the Lessors responsibility if the light fitting cannot be reached, if the tenant stands on the 4th rung of a normal height step ladder.
- 16. The tenant agrees and understands that they have accepted the property, as was inspected by them unless otherwise agreed in writing by the landlord.
- 17. The tenants agree not to place any nails, screws, hooks and/or stickers on walls, doors, mirrors and cupboards without first seeking prior written approval from the agent.
- 18. The tenants are aware and understand that if they terminate the lease prior to the expiry date they will be liable for the following costs;
  - Reimburse the lessor for the unexpired portion of the letting fee TBC
  - Reimburse the lessor with the costs associated with updating the property condition report TBC
  - Reimburse the lessor any advertising costs incurred to secure a new tenant TBC
  - Reimburse the lessor for the costs associated with carrying out any tenancy database checks for new tenants at – TBC

In addition to the above the tenants also further acknowledge that they will;

- Continue paying the rent until a new tenant is secured or the lease expires, whichever comes first.
- Reimburse the lessor with any shortfall in the rent until the expiry of the lease, should it become
  necessary to reduce the rent to secure a new tenant

- Maintain the property pursuant to the lease until a new tenant is secured or the lease expires, whichever comes first
- 19. The tenant is advised to take care when cleaning Glass Hot Plates (if provided) to avoid scratching the surface. Products such as Cerapol (available at Bunnings and most hardware stores) are designed to clean this type of surface without scratching or damaging the glass. The tenant is advised to avoid the use of scourers or other abrasive cleaning products.

|       | ٠.  |   |   |     |  |  |  |
|-------|---|---|---|-----|--|--|--|
| 20.   | The tenants acknowled   | ge that special care is required to por   | ous and stone surfaces such as Limeston   | ne, |  |  |  |
|       | Engineered stone, Marble and Granite (if supplied at the property). The tenant is recommended to use cleaning |   |   |     |  |  |  |
|       | products specifically de  | signed for such areas, or neutral base    | d cleaners or mild detergents. The tenant | is  |  |  |  |
|       | advised to avoid using  | general cleaning products not specific to | surfaces, scrubby pads, scourers, powder  | red |  |  |  |
|       | cleaners and/or similar p   | roducts.                                  |   |     |  |  |  |
| _     |   |   |   |     |  |  |  |
|       |   |   |   |     |  |  |  |
|       |   |   |   |     |  |  |  |
|       |   |   |   |     |  |  |  |
| _     |   |   |   |     |  |  |  |
|       |   |   |   |     |  |  |  |
|       |   |   |   |     |  |  |  |
|       |   |   |   |     |  |  |  |
| Name: | (App 1):  | Signed:                                   | Date:                                     |     |  |  |  |
| Name: | (App 2):  | Signed:                                   | Date:                                     |     |  |  |  |
| Name: | (App 3):  | Signed:                                   | Date:                                     |     |  |  |  |
| Name: | (App 4):  | Signed:                                   | Date:                                     |     |  |  |  |

# PLEASE NOTE LESSORS INSURANCE DOES NOT COVER TENANTS CONTENTS

#### PLEASE NOTE THE FOLLOWING:

- Applicants will not be given possession until this application has been checked and approved and the Tenancy Agreement signed and the total amount of money paid.
- It is important to remember that this application is NOT the lease agreement.
- 3. The purpose of this form is:
  - To inform the Lessors of your details and your requirements for the lease. For example, if you wish to have pets at the premises.
  - To inform you of the money that is required to be paid prior to taking possession of the premises. For example, the value of the security bond, the initial rent payment and the option fee.

- To make you aware of the conditions associated with making the application. For example, if your application is accepted, when you can take possession.
- The Applicant acknowledges having inspected the Property and is submitting this application to lease the property in the same condition that it was inspected, unless otherwise listed under "Special Conditions"
- I /we are aware that the Agent will carry out ALL inspections between normal business hours at the Agent's discretion.
- I/we hereby agree that the acceptance of this application is subject to approval by the Lessors/Agent.
- I am/we are over 18 years of age, not bankrupt and declare that the above information is true and correct.

- I/We agree to pay (if option exercised and lease entered into):
- PLEASE ENSURE YOU READ ALL SPECIAL CONDITIONS ATTACHED

I acknowledge that this is an application to lease this property and that my application is subject to the Lessors approval and the availability of the premises on the due date. No action will be taken against the Lessors or Agent if the application is unsuccessful or upon acceptance should the premises not be ready for occupation on this date, for whatever reason.

- The amounts referred to in the "Ingoing Cost Schedule" are payable upon the Applicant signing the Lease prior to taking possession of the Property.
- 2. The Applicant will not be entitled to occupation of the Property until vacant possession is provided by the current occupant of the Property; the Lease is signed by the Applicant; and the payment of all monies due to be paid by the Applicant being paid by the Applicant prior to occupation of the Property.
- 3. Upon the exercise of the option by the Applicant, the Applicant will execute the Lease. The Lease shall be the "Harber Real Estate Residential Lease" including the special conditions attached to this Application and the payment of all monies amounts referred to in the "Ingoing Cost Schedule".
- 4. The Applicant agrees to pay the rent in advance, pursuant to Section 27 of the Residential Tenancies Act 1987.
- 5. The Applicant acknowledges that they are responsible for their own contents. The Applicant should arrange their own insurance to cover their contents.
- 6. The Applicant agrees for Harber Real Estate, to contact any of the person(s) given as referee(s) by the applicant for the purpose of following up any arrears owing by the Applicant to the Lessors.
- 7. The Applicant acknowledges having been advised that in the event of a breach of the Lease by the Applicant, items of personal information contained in this Application may be recorded in a Tenancy Data Base by or on behalf of the Lessors and may be disclosed in connection with other residential tenancy applications by the applicant.
- 8. The Applicant makes this Application and Offer jointly and severally. Service of any notice to any one Applicant shall be deemed to be service on them all.

This document is not a residential tenancy agreement and does not grant any right to occupy the Property

Special conditions that will apply to the lease if Application is accepted, and option exercised are included in this application.

# RESTRICTED DOG BREEDS - NOTICE TO ALL TENANTS AND PROSPECTIVE TENANTS

The State Government has introduced a set of new regulations to regulate the control of various breeds of dangerous dogs. Under section 53 (1) of the Dog Act, 1976 the Governor is given the power to make regulations when the Minister is of the view that a specific breed or a mixed-breed of dogs is a potential danger. Previously, the Dog Regulations, 1976 contained various provisions relating to the control of dogs. Those provisions have now been supplemented by the Dog (Restricted Breed) Regulations, 2002. These new regulations have applied since 22 April 2002. The new regulations, by their terms, include the following breeds of dog or any dog of a mixed breed which visibly contains any of these breeds:

- Dogo Argentino
- Fila Brasileiro
- Japanese Tosa
- American Pit Bull Terrier
- Pit Bull Terrier
- Any other breed of dog the importation of which is prohibited absolutely by the Customers (Prohibited Imports) Regulations, 1956 (Commonwealth).

It is the policy of *Harber Real Estate* that under no circumstances whatsoever, will any dog that is either a breed or cross breed of one of the dogs listed above, be permitted to be kept on the premises.

This also extends to any visitors of the tenants who will not be permitted to bring any of the above listed breeds or cross breed dogs to the premises.

| INGOING COST SCHEDULE                      |    |
|--|----|
| Security Bond (equivalent of 4 weeks rent) | \$ |
| Pet Bond                                   | \$ |
| Initial Rent (minimum 2 weeks)             | \$ |
| Total                                      | \$ |
| TOTAL                                      | ¥  |

The total due is payable in cash, money order or bank cheque (no personal cheque) payable to Harber Real Estate, only.

| Signed: (App 1) | Date: |
|-----------------|-------|
| Signed: (App 2) | Date: |
| Signed: (App 3) | Date: |
| Signed: (App 4) | Date: |



## RENTAL REFERENCE

In accordance with the Privacy Act, I/We the undersigned authorize the recipient of this fax to supply

| Property Applying for  |  | <u>ii terriai riisi</u>           | Ory                               |  |  |
|--|--|-----------------------------------|-----------------------------------|--|--|
| Applicants full name:  |  |                                   |                                   |  |  |
| Current rental property                                      | address:   |                                   |                                   |  |  |
| Period of tenancy  |  | Rent po                           | aid per we                        | ek   |  |
|  | 0:   |                                   |                                   |  |  |
| Company managing th  | ne rental property:  | Contac                            | ct Name:                          |  |  |
| Phone No. of Agent/Pri                                       | vate Lessor:   | Fax No                            | . of Agent/                       | Private Lessor:  |  |
| I have read and agreed to prive Signature of Applicant:      |  | Date:                             |                                   |  |  |
| Agent to complete below                                      | section  |                                   |                                   |  |  |
| Would you rent to Appl                                       | icant/s again?   |                                   |                                   |  |  |
| Did the Applicant alwa                                       | ys pay rent on time?   |                                   |                                   |  |  |
| Was a termination notic                                      | e ever issued?   |                                   |                                   |  |  |
| Were routine inspection                                      | ns carried out?  |                                   |                                   |  |  |
| If YES what was the con                                      | dition of the property?  |                                   |                                   |  |  |
| Were lawns and garden kept in good order?                    |  |                                   |                                   |  |  |
| Did the Applicants ever                                      | r breach their agreeme   | ent?                              |                                   |  |  |
| If YES, what was the bre                                     | each and was it resolve  | d?                                |                                   |  |  |
| Did the Applicant/s have                                     | ve any pets?   |                                   |                                   |  |  |
| Have the Applicant/s g                                       | iven the required notic  | e?                                |                                   |  |  |
| If vacated was the property left in good condition?          |  |                                   |                                   |  |  |
| If vacated was the bond returned in full?                    |  |                                   |                                   |  |  |
| Additional comments  |  |                                   |                                   |  |  |
| Agents Signature   | Agents name (please  | print)                            | Date                              | Position Held  |  |
| management of the tenancy is hereby consents to that collect | collected for the purpose of being and use. The information of | eing used in m<br>collected in th | anaging the L<br>is Lease, in the | n Report and during the period of the ease of the Premises and the Applicant e Property Condition Report and during Act 1988 including to the existing Lessor, |  |

subsequent Lessors, courts of law, other agents and operators of tenancy reference databases. Further, information already held on tenancy reference databases may be accessed by the Agent.

If the Applicant wishes to contact the Agent or access the personal information the Agents may hold regarding the Applicant, the Applicant may do so by contacting Harber Real Estate at 16 Blackwattle Parade, Hepburn Heights, Padbury, Phone: 08 9401 2188 Fax: 08 9307 1511. The Applicant may also request that the information be corrected if it is inaccurate, incomplete or out-of-date. the information referred to in this collection notice is not provided, the Agent may not be able to manage the tenancy.

Please complete this form and return via fax to (08) 9307 1511 with a tenant ledger at your earliest convenience. If there are any problems, please call us on 08 9401 2188. Thank You.

> 16 Blackwattle Parade, Hepburn Heights, Padbury 6025 Phone: (08) 9401 2188 Fax: (08) 9307 1511 www.harber.com.au