APPLICATION FORM | rentals@drea.com.au | 02 6884 9500

ADDRESS OF PROPERTIES APPLIED FOR	
1.	
2.	
3.	



APPLICANT 1		APPLICANT 2				
FULL NAME:			FULL NAME:			
PHONE:	MOBILE:		PHONE: MOBILE:		E:	
EMAIL:			EMAIL:			
DOB:	CHILDREN/A	GES:	DOB: CHILDREN/AGES:		AGES:	
NUMBER OF VEHICLES TO	RESIDE AT PR	OPERTY:	NUMBER OF VEHIC	CLES TO RES	IDE AT P	ROPERTY:
VEHICLE REGISTRATIONS:			VEHICLE REGISTRA	TIONS:		
NUMBER OF PETS:		AGES:	NUMBER OF PETS: AGES:		AGES:	
BREEDS:			BREEDS:		1	
DRIVERS LICENCE NUMBER	₹:		DRIVERS LICENCE I	NUMBER:		
PASSPORT NUMBER:			PASSPORT NUMBE	R:		
EMERGENCY CONTACT		(not living with you)	EMERGENCY CONT	ГАСТ		(not living with you)
NAME:	PHONE:		NAME:		PHONE	::
ADDRESS:			ADDRESS:			
RELATION:		RELATION:				
EMPLOYMENT *2x payslip	s (self-employ	yed to provide BAS)	EMPLOYMENT *2x	pavslips (se	elf-emplo	oved to provide BAS)

EMPLOYMENT *2x payslips (s	elf-employed to provide BAS)	EMPLOYMENT *2x payslips (self-employed to provide BAS)
EMPLOYER:		EMPLOYER:	
ADDRESS:		ADDRESS:	
MANAGER'S NAME:		MANAGER'S NAME:	
PHONE:	MOBILE:	PHONE:	MOBILE:
EMAIL:		EMAIL:	
YOUR POSITION:		YOUR POSITION:	
LENGTH OF EMPLOYMENT:		LENGTH OF EMPLOYMENT:	
NET INCOME: \$	per week / fortnight	NET INCOME: \$	per week / fortnight
CENTRELINK (if receiving plea	se provide current statement)	CENTRELINK (if receiving ple	ase provide current statement)
PENSION TYPE:		PENSION TYPE:	
AMOUNT RECEIVED: \$	per week / fortnight	AMOUNT RECEIVED: \$	per week / fortnight
		-	

PERSONAL REFEREE	(not a family member)	PERSONAL REFEREE	(not a family mer
NAME:	PHONE:	NAME:	PHONE:
ADDRESS:		ADDRESS:	
RELATION:		RELATION:	

CURRENT RESIDENCE	renting/ owner (please provide rates)		
YOUR ADDRESS:			
LANDLORD/ AGENT:			
PHONE:	FAX:		
RENT: \$	LENGTH OF OCCUPANCY:		
DATE VACATED:			
REASON FOR VACATE:			
PREVIOUS RESIDENCE renting/ owner (please provide rates)			
YOUR ADDRESS:			
LANDLORD/ AGENT:			
PHONE:	FAX:		
RENT: \$	LENGTH OF OCCUPANCY:		
DATE VACATED:			
REASON FOR VACATI	E:		

CURRENT RESIDENCE renting/ owner (please provide rates)				
YOUR ADDRESS:				
LANDLORD/ AGENT:				
PHONE:		FAX:		
RENT: \$	LENGTH OF OCCUPANCY:			
DATE VACATED:				
REASON FOR VACATE:				
PREVIOUS RESIDENCE renting/ owner (please provide rates)				
PREVIOUS RESIDENCE	E renting	/ owner (please provide rates)		
YOUR ADDRESS:	E renting	/ owner (please provide rates)		
	E renting	/ owner (please provide rates)		
YOUR ADDRESS:	E renting	/ owner (please provide rates) FAX:		
YOUR ADDRESS: LANDLORD/ AGENT:				
YOUR ADDRESS: LANDLORD/ AGENT: PHONE:		FAX:		

I declare the above information to be true and correlated light that I am not a bankrupt or undischarged I		rstand this application is subject to approval by the o	wner.	
SIGNATURE OF APPLICANTS				
APPLICANT 1 SIGNATURE:				
PRINT NAME:		DATE:		
APPLICANT 2 SIGNATURE:		7.11.2		
PRINT NAME:		DATE:		
		'		
and evaluate your application and to manage the tenancy. Perso if your application is successful, may be disclosed for the purpidepartments, other agents and third-party operators of tenancy to us and the landlord. If you enter into a Residential Tenancy Agother relevant personal information collected during the course companies, government departments and third-party operators information we hold about you, you may contact our office. Yinformation required from you is not provided by you, we may not any of my referees provided in my tenancy application. I agree and understand that once a tenancy application has been information may be recorded as making an enquiry. I, the said information and pass such information onto TICA Default Tena operators of tenancy reference databases for assessment of mallows its members access to information accumulated from other event of a default occurring under a tenancy agreement, I give with a tenancy database. I further agree and understand that the database company. TICA Default Tenancy Control Pty Ltd can be a supplication of the country of the company.	nal informationse for which reference do greement, and of your tenancy refou can also on the able to pure the properties of the able to pure the properties of the able to pure the properties of the properties o	by us from other sources, is necessary for us to verify your identity, on collected about you in this application and during the course you it was collected to other parties including landlords, referees, gutabases. Information already held on these databases may also be dyou fail to comply with your obligations under that agreement there you way also be disclosed to the landlord, debt collection agencies before databases and other agents. If you would like to access the correct this information if it is inaccurate, incomplete or out of corcess your application. I give consent to Dubbo Real Estate Agency of the Lata Hallow of the La	ur tenancy, overnment e disclosed hat fact and , insurance he personal date. If the r to contact tabase, my collect my third-party npany that gree that in uch breach ition of the lage can be	
PRINT NAME:		DATE:		
APPLICANT 2 SIGNATURE		DAIL.		
PRINT NAME:		DATE:		
APPLICANTS PROPOSED TENANCY TERMS				
I have inspected the property and wish to apply for t	he premise	es for a preferred term of 6 / 12 months (please circle)		
commencing ASAP/ when available/ other		(please circle). I, the applicant, understand tha		
Holding Deposit of one weeks rent is due immediate	ly should n	ny application be approved for tenancy.		
If Pets are submitted on application and approved a "Pet Agreement" must be signed upon approval/acceptance.				
OFFICE USE ONLY				
 The premises will be reserved for the applic During this period, the premises will not be from any other applicant. The holding deposit will be paid towards the Should the applicant decide not to proceed, 	reserved for reserved for e rent for to the owner refund of t	or any other applicants, nor will a holding deposit be re the premises. If will retain the holding deposit. The holding deposit will be given to the applicant.		
100 POINTS OF VERIFICATION REQUIRED (appli	cation can	not be processed until required 100 points ID provide	d each)	
☐ Drivers Licence/ Photo ID	35	☐ Health Care Card	15	
Passport/ Birth Certificate	35	Pension Card	15	
☐ Bank Card	35	Tolonhono Account	15	
	00	Telephone Account	13	
☐ Medicare Card	15	Gas/ Electricity Account	15	

^{*}Ensure payslips are attached