

BOWMAN MORSE REAL ESTATE PTY LTD
Licensed Agent MREI

192 Melbourne Street
North Adelaide SA 5006

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Postal Address:
 PO Box 890
 North Adelaide SA 5006

**RESIDENTIAL TENANCY
 APPLICATION FORM**

The property address

Commencement date

Tenancy Period required

Rental per week

Security Bond of 4 weeks rent
 6 weeks if rent is over \$250 per week

\$	\$
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***NOTE –Rent is payable fortnightly or calendar monthly via: DEFT payment or BPAY. Initial rent and bond monies are to be paid directly to our office by Money Order, Bank Cheque, or Internet.**

Applicant 1

Applicant 2

<p>1. Please give us your details Mr Mrs Miss Ms Dr Surname Given name/s</p>	<p>1. Please give us your details Mr Mrs Miss Ms Dr Surname Given names/s</p>
What is your current address?	What is your current address?
Phone (home):	Phone (home):
Phone (work):	Phone (work):
Mobile phone:	Mobile phone:
Email address:	Email address:
Date of birth Car registration No.	Date of birth Car registration No.
Drivers licence No./Passport No.	Drivers licence No./Passport No.
Pension No./Pension type	Pension No./Pension type

2. How long have you lived at your current address?			2. How long have you lived at your current address?		
yrs	months	Rent \$	yrs	months	rent \$
Name of Landlord/ Agent/ Property Manager/ Selling Agent – (please provide all phone numbers)			Name of Landlord/ Agent/ Property Manager/ Selling Agent – (please provide all phone numbers)		
Agent:			Agent:		
Phone No./s			Phone No./s		
Why are you leaving this address?			Why are you leaving this address?		
3. What was your previous residential address?			3. What was your previous residential address?		
Name of Landlord/ Agent/ Property Manager/Selling Agent			Name of Landlord/ Agent/ Property Manager/Selling Agent		
Phone No./s			Phone No./s		
Why did you leave this address?			Why did you leave this address?		
How long did you live at this address?			How long did you live at this address?		
yrs	months	rent \$	yrs	months	rent \$
4. Please provide your employment details What is your occupation?			4. Please provide your employment details What is your occupation?		
Employers name (including institution if a student)			Employers name (including institution if a student)		
Employers address:			Employers address:		
Contact Name	Phone No./s		Contact Name	Phone No./s	
Length of employment yrs months	Weekly gross income \$		Length of employment yrs months	Weekly gross income \$	
Details of other income and sources per week			Details of other income and sources per week		
\$			\$		
5. Next of Kin details			5. Next of Kin details		
Surname		Given name/s	Surname		Given name/s
Phone (hm):	Phone (wk/mobile):		Phone (hm):	Phone (Wk/mobile):	
What is their relationship to you?			What is their relationship to you?		
6. Please provide a personal reference (not from a relative). Please ensure each has agreed for you to nominate them as a referee and provide a business hours contact phone number.			6. Please provide a personal reference (not from a relative). Please ensure each has agreed for you to nominate them as a referee and provide a business hours contact phone number.		
Surname		Given Name/s	Surname		Given Name/s
Phone (hm):	Phone (wk/mobile):		Phone (hm):	Phone (wk/mobile):	

7. Where appropriate please provide a business reference		7. Where appropriate please provide a business reference	
Surname	Given Name/s	Surname	Given Name/s:
Phone (hm):	Phone (wk/mobile):	Phone (hm):	Phone (wk/mobile):
8. I would like to keep the following pets at the property (specify breed/ type/indoor/outdoor/male/female and age of pet?		8. I would like to keep the following pets at the property (specify breed/type/indoor/outdoor/male/female and age of pet?	
9. Full names and ages of ALL OTHER persons NOT listed above who will reside at the property.		9. Full names and ages of ALL OTHER persons NOT listed above who will reside at the property.	
Name/s	Age	Name/s	Age
10. Do any of the persons who will occupy the premises smoke YES NO		10. Do any of the persons who will occupy the premises smoke YES NO	
11. Are you prepared to restrict all smoking on the property to outdoors only. YES NO		11. Are you prepared to restrict all smoking on the property to outdoors only. YES NO	

I/We confirm and acknowledge that:

1. The information contained in this Application is true and correct.
2. I am over the age of 18 years and that the rental payments are within my means.
3. A copy of my Drivers License (or Photo ID) has been **supplied and lodged with this application.**
4. I am not bankrupt or in undischarged bankrupt.
5. I will pay a Security Bond of 4 weeks rent (if the weekly rent of the property is under \$250.00), OR a 6 week bond (if the weekly rent is over \$250.00), PLUS two (2) weeks rent before taking possession of the property.
6. I understand and accept that immediately upon advice from the Agent that the landlord has accepted this Application, a Tenancy Agreement with terms including the rental and other conditions contained in this Application comes into existence and is legally binding upon me. I undertake to enter into a written Residential Tenancy Agreement as shown to me in the form issued by the Real Estate Institute of South Australia Incorporated together with any other conditions therein before taking possession of the property.
7. In the event of any conflict between the terms of this Application and the terms of the Residential Tenancy Agreement then the terms of the Residential Agreement will apply.
8. Only those persons on this Application will reside permanently at the property.
9. I hereby authorize the Agent to make all necessary enquiries to verify the information provided herein, including information relating to my employment, rental history, business and personal references. I further authorize the Agent who is authorized by me to enquire about that matter.
10. I/We have inspected the property and wish to rent same in its current condition.

Applicant 1

SIGNED _____ DATE _____

Applicant 2

SIGNED _____ DATE _____

PLEASE FORWARD **SIGNED APPLICATION AND REQUIRED DOCUMENTATION TO:**
BOWMAN MORSE REAL ESTATE AT 192 MELBOURNE STREET, NORTH ADELAIDE FAX: (08) 267 4700

Please complete items in full, we recommend that you should not sign any documentation unless you understand its terms. Please raise any concerns that you have with the Property Manager handling this transaction PRIOR to an acceptance of your application.

OFFICE USE ONLY

- Copy of Drivers Licence provided
- Copy of Passport or photo ID provided
- Written references provided (where possible)
- Contact made with previous Landlord/Agent or Selling Agent
Date & comment/s:

- Contact made with current employer
Date & comment/s:

- Contact made with Business/Personal references
Date & comment/s:

Property: _____

Weekly rental: \$ _____ Bond: \$ _____ Term of Lease _____

- Application discussed with landlord Date & time _____
- Application accepted by landlord Date & time _____
- Application accepted by Property Manager Date & time _____
- Application discussed and accepted by tenants Date & time _____

PROPERTY MANAGER

SIGNED