



**Property Partners Fairfield Heights**  
**Address:** 223 The Boulevarde, Fairfield Heights NSW, 2165  
**Phone:** 9604 2366 **Fax:** (02) 8798 1940  
**Email:** [sales@ppfh.com.au](mailto:sales@ppfh.com.au) or [franco@ppfh.com.au](mailto:franco@ppfh.com.au)

## Real Estate Tenancy Application Form

|                                    |                      |                             |                      |   |                      |
|------------------------------------|----------------------|-----------------------------|----------------------|---|----------------------|
| <b>Address of Rental Property:</b> | <input type="text"/> |                             |                      |   |                      |
| <b>Preferred Lease Start Date:</b> | <input type="text"/> | <b>Rent Per Week:</b>       | <input type="text"/> | <b>Length of Lease:</b>                 | <input type="text"/> |
| <b>Number of Adults:</b>           | <input type="text"/> | <b>Number of Children:</b>  | <input type="text"/> | <b>Age of Children: (List All Ages)</b> | <input type="text"/> |
| <b>Pets: (Yes/No)</b>              | <input type="text"/> | <b>If Yes, Type of Pet:</b> | <input type="text"/> |   |                      |

### Applicant 1: Personal Information

|                         |                      |                                 |                      |
|-------------------------|----------------------|---------------------------------|----------------------|
| <b>Full Name:</b>       | <input type="text"/> | <b>Driver's Licence Number:</b> | <input type="text"/> |
| <b>DOB:</b>             | <input type="text"/> | <b>State of Issue:</b>          | <input type="text"/> |
| <b>Phone Number:</b>    | <input type="text"/> | <b>Expiry Date:</b>             | <input type="text"/> |
| <b>Email Address:</b>   | <input type="text"/> | <b>Vehicle Registration:</b>    | <input type="text"/> |
| <b>Do you Smoke?</b>    | <input type="text"/> | <b>Passport Number:</b>         | <input type="text"/> |
| <b>Medicare Number:</b> | <input type="text"/> | <b>Country of Authority:</b>    | <input type="text"/> |

### Applicant 1: Current Residency Details

|                             |                      |                            |                      |
|-----------------------------|----------------------|----------------------------|----------------------|
| <b>Current Address:</b>     | <input type="text"/> |                            |                      |
| <b>Rent Per Week:</b>       | <input type="text"/> | <b>Length at Property:</b> | <input type="text"/> |
| <b>Reason For Leaving:</b>  | <input type="text"/> |                            |                      |
| <b>Agent/Landlord Name:</b> | <input type="text"/> | <b>Phone Number:</b>       | <input type="text"/> |

## Applicant 1: Previous Residency Details

|                      |                      |                     |                      |
|----------------------|----------------------|---------------------|----------------------|
| Address:             | <input type="text"/> |                     |                      |
| Rent Per Week:       | <input type="text"/> | Length at Property: | <input type="text"/> |
| Reason For Leaving:  | <input type="text"/> |                     |                      |
| Agent/Landlord Name: | <input type="text"/> | Phone Number:       | <input type="text"/> |

## Applicant 1: Employment Status

|                       |                      |                  |                      |
|-----------------------|----------------------|------------------|----------------------|
| Employer:             | <input type="text"/> | Phone:           | <input type="text"/> |
| Contact Name:         | <input type="text"/> | Position:        | <input type="text"/> |
| Address:              | <input type="text"/> |                  |                      |
| Your Occupation:      | <input type="text"/> | Income (Weekly): | <input type="text"/> |
| Length of Employment: | <input type="text"/> |                  |                      |

## If Self Employed:

|                   |                      |                |                      |
|-------------------|----------------------|----------------|----------------------|
| Business Name:    | <input type="text"/> | Business Type: | <input type="text"/> |
| Business Address: | <input type="text"/> |                |                      |
| Income (Weekly):  | <input type="text"/> | A.B.N:         | <input type="text"/> |

## Applicant 1: Contacts & References

|                  |                      |               |                      |
|------------------|----------------------|---------------|----------------------|
| Name:            | <input type="text"/> | Phone Number: | <input type="text"/> |
| Relation to you: | <input type="text"/> |               |                      |
| Name:            | <input type="text"/> | Phone Number: | <input type="text"/> |
| Relation to you: | <input type="text"/> |               |                      |

## Applicant 2: Personal Information

|                         |                      |                                 |                      |
|-------------------------|----------------------|---------------------------------|----------------------|
| <b>Full Name:</b>       | <input type="text"/> | <b>Driver's Licence Number:</b> | <input type="text"/> |
| <b>DOB:</b>             | <input type="text"/> | <b>State of Issue:</b>          | <input type="text"/> |
| <b>Phone Number:</b>    | <input type="text"/> | <b>Expiry Date:</b>             | <input type="text"/> |
| <b>Email Address:</b>   | <input type="text"/> | <b>Vehicle Registration:</b>    | <input type="text"/> |
| <b>Do you Smoke?</b>    | <input type="text"/> | <b>Passport Number:</b>         | <input type="text"/> |
| <b>Medicare Number:</b> | <input type="text"/> | <b>Country of Authority:</b>    | <input type="text"/> |

## Applicant 2: Current Residency Details

|                             |                      |                            |                      |
|-----------------------------|----------------------|----------------------------|----------------------|
| <b>Current Address:</b>     | <input type="text"/> |                            |                      |
| <b>Rent Per Week:</b>       | <input type="text"/> | <b>Length at Property:</b> | <input type="text"/> |
| <b>Reason For Leaving:</b>  | <input type="text"/> |                            |                      |
| <b>Agent/Landlord Name:</b> | <input type="text"/> | <b>Phone Number:</b>       | <input type="text"/> |

## Applicant 2: Previous Residency Details

|                             |                      |                            |                      |
|-----------------------------|----------------------|----------------------------|----------------------|
| <b>Address:</b>             | <input type="text"/> |                            |                      |
| <b>Rent Per Week:</b>       | <input type="text"/> | <b>Length at Property:</b> | <input type="text"/> |
| <b>Reason For Leaving:</b>  | <input type="text"/> |                            |                      |
| <b>Agent/Landlord Name:</b> | <input type="text"/> | <b>Phone Number:</b>       | <input type="text"/> |

## Applicant 2: Employment Status

|                              |                      |                         |                      |
|------------------------------|----------------------|-------------------------|----------------------|
| <b>Employer:</b>             | <input type="text"/> | <b>Phone:</b>           | <input type="text"/> |
| <b>Contact Name:</b>         | <input type="text"/> | <b>Position:</b>        | <input type="text"/> |
| <b>Address:</b>              | <input type="text"/> |                         |                      |
| <b>Your Occupation:</b>      | <input type="text"/> | <b>Income (Weekly):</b> | <input type="text"/> |
| <b>Length of Employment:</b> | <input type="text"/> |                         |                      |

## If Self Employed:

|                          |                      |                       |                      |
|--------------------------|----------------------|-----------------------|----------------------|
| <b>Business Name:</b>    | <input type="text"/> | <b>Business Type:</b> | <input type="text"/> |
| <b>Business Address:</b> | <input type="text"/> |                       |                      |
| <b>Income (Weekly):</b>  | <input type="text"/> | <b>A.B.N:</b>         | <input type="text"/> |

## Applicant 2: Contacts & References

|                         |                      |                      |                      |
|-------------------------|----------------------|----------------------|----------------------|
| <b>Name:</b>            | <input type="text"/> | <b>Phone Number:</b> | <input type="text"/> |
| <b>Relation to you:</b> | <input type="text"/> |                      |                      |
| <b>Name:</b>            | <input type="text"/> | <b>Phone Number:</b> | <input type="text"/> |
| <b>Relation to you:</b> | <input type="text"/> |                      |                      |

### **Applicant 3: Personal Information**

|                         |                      |                                 |                      |
|-------------------------|----------------------|---------------------------------|----------------------|
| <b>Full Name:</b>       | <input type="text"/> | <b>Driver's Licence Number:</b> | <input type="text"/> |
| <b>DOB:</b>             | <input type="text"/> | <b>State of Issue:</b>          | <input type="text"/> |
| <b>Phone Number:</b>    | <input type="text"/> | <b>Expiry Date:</b>             | <input type="text"/> |
| <b>Email Address:</b>   | <input type="text"/> | <b>Vehicle Registration:</b>    | <input type="text"/> |
| <b>Do you Smoke?</b>    | <input type="text"/> | <b>Passport Number:</b>         | <input type="text"/> |
| <b>Medicare Number:</b> | <input type="text"/> | <b>Country of Authority:</b>    | <input type="text"/> |

### **Applicant 3: Current Residency Details**

|                             |                      |                            |                      |
|-----------------------------|----------------------|----------------------------|----------------------|
| <b>Current Address:</b>     | <input type="text"/> |                            |                      |
| <b>Rent Per Week:</b>       | <input type="text"/> | <b>Length at Property:</b> | <input type="text"/> |
| <b>Reason For Leaving:</b>  | <input type="text"/> |                            |                      |
| <b>Agent/Landlord Name:</b> | <input type="text"/> | <b>Phone Number:</b>       | <input type="text"/> |

### **Applicant 3: Previous Residency Details**

|                             |                      |                            |                      |
|-----------------------------|----------------------|----------------------------|----------------------|
| <b>Address:</b>             | <input type="text"/> |                            |                      |
| <b>Rent Per Week:</b>       | <input type="text"/> | <b>Length at Property:</b> | <input type="text"/> |
| <b>Reason For Leaving:</b>  | <input type="text"/> |                            |                      |
| <b>Agent/Landlord Name:</b> | <input type="text"/> | <b>Phone Number:</b>       | <input type="text"/> |

### **Applicant 3: Employment Status**

|                              |                      |                         |                      |
|------------------------------|----------------------|-------------------------|----------------------|
| <b>Employer:</b>             | <input type="text"/> | <b>Phone:</b>           | <input type="text"/> |
| <b>Contact Name:</b>         | <input type="text"/> | <b>Position:</b>        | <input type="text"/> |
| <b>Address:</b>              | <input type="text"/> |                         |                      |
| <b>Your Occupation:</b>      | <input type="text"/> | <b>Income (Weekly):</b> | <input type="text"/> |
| <b>Length of Employment:</b> | <input type="text"/> |                         |                      |

### **If Self Employed:**

|                          |                      |                       |                      |
|--------------------------|----------------------|-----------------------|----------------------|
| <b>Business Name:</b>    | <input type="text"/> | <b>Business Type:</b> | <input type="text"/> |
| <b>Business Address:</b> | <input type="text"/> |                       |                      |
| <b>Income (Weekly):</b>  | <input type="text"/> | <b>A.B.N:</b>         | <input type="text"/> |

### **Applicant 3: Contacts & References**

|                         |                      |                      |                      |
|-------------------------|----------------------|----------------------|----------------------|
| <b>Name:</b>            | <input type="text"/> | <b>Phone Number:</b> | <input type="text"/> |
| <b>Relation to you:</b> | <input type="text"/> |                      |                      |
| <b>Name:</b>            | <input type="text"/> | <b>Phone Number:</b> | <input type="text"/> |
| <b>Relation to you:</b> | <input type="text"/> |                      |                      |

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## Methods of Payment Form

Dear Tenant,

Our office offers the following methods for paying your rent. Please **CIRCLE ONE** of the options below to indicate your preferred method of payment:

### Payment Options:

1. **Bank Direct Debit**
2. **Bank Direct Deposit**

Upon approval of your application and the preparation of your lease, please ensure you have circled your preferred option.

If you have any questions or need to make changes, please contact our office at **(02) 9604 2366**.

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## COMPLETING YOUR APPLICATION

To ensure your application is deemed complete and to avoid any unnecessary delays in processing, please check that you have the following information available when you lodge your application with our office:

1. **Tenant Ledger from Real Estate Agency:**
  - (Only applies if you are currently renting from an agent)
2. **Reference Letter from Landlord and Copies of Receipts:**
  - (Only applies if you are renting privately and the owner is collecting the rent from you)
3. **Council Rates/Water Rates:**
  - (Only applies if you own the premises you are currently residing at)
4. **Identification:**
  - This includes:
    - Driver's License or Photo ID
    - Medicare Card/Centrelink Health Care Card
    - Bankcard
5. **Three (3) Current Pay Slips/Reference Letter from Current Employer:**
  - (Only applies if you are currently working)
6. **Recent Centrelink Income Statement:**
  - (Only applies if you currently receive monies from Centrelink, e.g., Pension, Newstart Allowance, Carers Allowance, etc.)

You may provide additional references and any other information you feel is relevant in assisting your application.

If you are unsure about the additional information requirements or need help with completing the application, please do not hesitate to contact a representative from our office.

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# PRIVACY ACKNOWLEDGEMENT FORM

**Purpose of Collection:** The personal information provided by the prospective tenant(s) in this application or collected from other sources is necessary for the agent to: verify the applicant's identity, process and evaluate the application, and manage the tenancy.

**Disclosure of Personal Information:** Personal information collected about the applicant in this application and during the course of the tenancy, if the application is successful, may be disclosed for the purpose for which it was collected to other parties, including landlords and their advisors, referees, other agents, and third-party operators of tenancy reference databases. Information already held on tenancy reference databases may also be disclosed to the agent and/or landlord.

**Compliance and Disclosure:** If the applicant enters into a Residential Tenancy Agreement and fails to comply with their obligations under that agreement, that fact and other relevant personal information collected about the applicant during the course of the tenancy may also be disclosed to the landlord, third-party operators of tenancy reference databases, and other agents.

**Destruction of Information:** If an application is denied by the landlord, all paper documentation or emailed information submitted will be destroyed within 48 hours.

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**Acknowledgement:** I acknowledge that I have read and understood the above privacy policy.

**Signature of Applicant 1:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of Applicant 2:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of Applicant 3:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of Applicant 4:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## MATERIAL FACT DISCLOSURE FORM

Section 26 and Regulation 7 require the following facts, if known, to be disclosed to the tenant prior to entering into a lease:

1. **Proposal to Sell the Residential Premises:**
    - If the landlord has prepared a contract for the sale of the residential premises.
  2. **Mortgagee Action for Possession:**
    - If the mortgagee has commenced proceedings in a court to enforce a mortgage over the premises.
  3. **History of Serious Flooding or Bushfire:**
    - If the premises have been subject to serious flooding or bushfire in the preceding last 5 years.
  4. **Significant Health or Safety Risks:**
    - If the premises are subject to significant health or safety risks that are not apparent to a reasonable person on inspection of the premises.
  5. **Scene of a Serious Violent Crime:**
    - If the premises have been the scene of a serious violent crime during the last 5 years.
  6. **Use for Prohibited Drug Activities:**
    - If the premises have been used for the manufacture or cultivation of any prohibited drug or prohibited drug plant in the last 2 years.
  7. **Listed on the LFAI Register:**
    - If the premises have been listed on the LFAI register.
  8. **Council Waste Services:**
    - If council waste services will be provided to the tenant on a different basis than is generally applicable to residential premises.
  9. **Residential Parking Permit Restrictions:**
    - If the tenant will not be able to obtain a residential parking permit due to the zoning of the land or other laws applying to development on the land (in an area where only paid parking is provided).
  10. **Shared Driveway or Walkway:**
    - If there is a driveway or walkway on the residential premises which other persons are legally entitled to share with the tenant.
  11. **Strata Scheme Information:**
    - If the premises comprise or include a lot in a strata scheme, a renewal committee is currently established in relation to the strata scheme, and a copy of current by-laws is to be given to the tenant within 7 days.
  12. **Extra Clauses to Standard Lease:**
    - The intention to add any extra clauses to the standard form of lease, and what those clauses are.
  13. **Fire Safety or Building Product Rectification Orders:**
    - If the premises are part of a building in relation to which a notice of intention to issue a fire safety order or building product rectification order has been issued, or if such an order has been issued requiring rectification of the building regarding external combustible cladding.
    - If a development application or complying development certificate application has been lodged for rectification of the building regarding external combustible cladding.
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## DISCLOSURE OF MATERIAL FACTS

**IMPORTANT:** Please leave this page blank until all required documents have been submitted to our office. This section will be filled out by our office staff upon receiving your application. The applicant(s) will then review and sign this page.

**The applicant(s) / prospective tenant(s) acknowledge having been informed of the existence of the following material fact(s):**

**Office Use Only:**

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**Acknowledgment:**

**I acknowledge that I have read and understood the above material facts.**

**Signature of Applicant 1:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of Applicant 2:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of Applicant 3:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of Applicant 4:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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