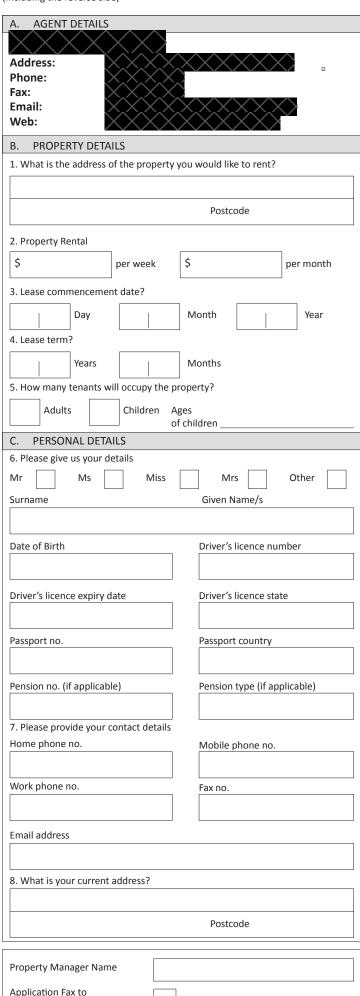
Residential Application Form

For your application to be processed you must answer all questions (Including the reverse side)



Direct Connect (If Required)



D. UTILITY CONNECTIONS

This is a FREE service that connects all your utilities and other services.

Direct Connect can help arrange for the connection or provision of the following utilities and other services:

Electricity Pay TV
Gas Cleaners
Water Insurance
Phone Removalist
Internet Truck or van hire



Please tick this box if you would like Direct Connect to contact you in relation to any of the above utilities and other services.



We guarantee that when you connect with one of our market leading electricity and gas suppliers, your services will be connected on the day you move in. Please refer to Direct Connect's Terms & Conditions for further information.

Once Direct Connect has received this application Direct Connect will call you to confirm your details. Direct Connect will make all reasonable efforts to contact you within 24 hours of the nearest working day on receipt of this application to confirm your information and explain the details of the services offered. Direct Connect is a one stop connection service. Direct Connect's services are free. However, the relevant service providers may charge you a standard connection fee as well as ongoing service charges.

DECLARATION AND EXECUTION: By signing this application, you:

- 1. Acknowledge and accept Direct Connect's Terms and Conditions (which are included with this application).
- 2.Invite Direct Connect to contact you by any means (including by telephone or SMS even if the Customer's telephone number is on the Do Not Call Register) in order to provide Direct Connect's services to you, to enter into negotiations with you relating to the supply of relevant services as an agent for the service providers, and to market or promote any of the services listed above. This consent will continue for a period of 1 year from the date the Customer enters into the Agreement
- 3. Consent to Direct Connect using the information provided by you in this application to arrange for the nominated services, including by providing that information to service providers for this purpose. Where service providers are engaged by you, they may use this information to connect, supply and charge you for their services.
- 4. Authorise Direct Connect to obtain the National Metering Identifier and / or the Meter Installation Reference Number for the premises you are moving to.
- 5.Agree that, except to the extent provided in the Terms and Conditions, Direct Connect has no responsibility to you for the connection or supply (or the failure to connect or supply) any of the services.
- 6.Acknowledge that Direct Connect may receive a fee from service providers, part of which may be paid to the real estate agent or to another person, and that you are not entitled to any part of any such fee.

By signing this application form, I warrant that I am authorised to make this application and to provide the invitations, consents, acknowledgements, authorisations and other undertakings set out in this application on behalf of all applicants listed on this application.

Signature		Date
L PO Box 1519. Box Hill. Victoria 3128. P: 1300 664 71	 5 F:1300 664 185. w	ww.directconnect.com.au

. DECLARATION

I hereby offer to rent the property from the owner under a lease to be prepared by the Agent. Should this application be accepted by the landlord I agree to enter Into a Residential Tenancy Agreement.

I acknowledge that this application is subject to the approval of the owner/landlord. I declare that all information contained in this application (including the reverse side) is true and correct and given of my own free will. I declare that I have Inspected the premises and am not bankrupt.

I authorise the Agent to obtain personal Information from:

- (a) The owner or the Agent of my current or previous residence;
- (b) My personal referees and employer/s;
- (c) Any record listing or database of defaults by tenants such as NTD, TICA or TRA for the purpose of checking your tenancy history;

I am aware that I may access my personal information by contacting -

- NTD: 1300 563 826
- TICA: 1902 220 346
- TRA: (02) 9363 9244

If I default under a rental agreement, I agree that the Agent may disclose details of any such default to a tenancy default database, and to agents/landlords of properties I may apply for in the future.

I am aware that the Agent will use and disclose my personal information in order to:

- (a) communicate with the owner and select a tenant
- (b) prepare lease/tenancy documents
- (c) allow tradespeople or equivalent organisations to contact me
- (d) lodge/claim/transfer to/from a Bond Authority
- (e) refer to Tribunals/Courts & Statutory Authorities (where applicable)
- (f) refer to collection agents/lawyers (where applicable)
- (g) complete a credit check with NTD (National Tenancies Database)
- (h) transfer water account details into my name

I am aware that if information is not provided or I do not consent to the uses to which personal information is put, the Agent cannot provide me with the lease/tenancy of the premises.

Signature	Date

F. APPLICANT HISTORY		H. CONTACTS / REFERENCES		
9. How long have you lived at your current address?		17. Please provide a contact in case of emergency		
Years Months		Surname	Given name/s	
10. Why are you leaving this address?		Relationship to you	Phone no.	
		. ,		
11. Landlord/Agent details of this property (if app	olicable)			
Name of landlord or agent		18. Please provide 2 personal refer		
		1. Surname	Given name/s	
Landland from the change of th	Do at			
Landlord/agent's phone no. Weekly	Rent	Relationship to you	Phone no.	
\$				
12. What was your previous residential address?				
		2. Surname	Given name/s	
Postcode		Relationship to you	Phone no.	
13. How long did you live at this address?		Treatment to you		
Years Months				
		I. OTHER INFORMATION		
14. Landlord/Agent details of this property (if app	olicable)	19. Car Registration		
Name of landlord or agent				
Landle of the state of the stat	Do at	20. Please provide details of any pe		
Landlord/agent's phone no. Weekly	kent	Breed/type	Council registration / number	
\$		1.		
Was bond refunded in full? If not w	/hy not?	2.		
		DI SACS MOTS		
		PLEASE NOTE	and had also a sure and a	
G. EMPLOYMENT HISTORY		Initial payments must be made by within 24 hours after approval of a		
15. Please provide your employment details		accepted.		
What is your occupation?		Keys will not be handed over until	the lease agreement has been	
		signed by all applicants.	the lease agreement has been	
		This application is accepted subject	t to the availability of the property on the	
What is the nature of your employment? (FULL TIME/PART TIME/CASUAL)		This application is accepted subject to the availability of the property on the due date and no action shall be taken by the applicant against the landlord and		
		the agent should any circumstances arise whereby the property is not available		
Employer's name (inc. accountant if self employed or institution if student) for occupation on the due date.				
		HOW DID YOU FIND OUT ABOU	JT THIS PROPERTY?	
Employer's address		○ The Age ○ The Inter	net	
		○ Board ○ Counter I	List Relocation Company	
		○ Referral ○ Other (sp	pecify)	
Postcode		PLEASE PROVIDE US WITH 100 POINTS OF IDENTIFICATION		
Contact name Phone	no.	Driver's Licence	50	
		Passport	50	
Length of employment	Net Income			
	Net income	Proof of Age Card	50	
Years Months	ا			
l	\$	Student ID Card	50	
16. Please provide your previous employment de		Student ID Card Copy of Mobile Phone Account	50 20	
Occupation?		Copy of Mobile Phone Account	20	
		Copy of Mobile Phone Account Copy of Medicare Card	20 20	
		Copy of Mobile Phone Account Copy of Medicare Card Concession / Pension Card	20 20 10	
Occupation?		Copy of Mobile Phone Account Copy of Medicare Card	20 20 10	
Occupation?		Copy of Mobile Phone Account Copy of Medicare Card Concession / Pension Card	20 20 10	
Occupation?		Copy of Mobile Phone Account Copy of Medicare Card Concession / Pension Card Copy of gas/Water/Electricity acco	20 20 10	
Occupation? Employer's name	Net Income	Copy of Mobile Phone Account Copy of Medicare Card Concession / Pension Card Copy of gas/Water/Electricity acco OFFICE USE ONLY	20 20 10	