

Thank you for your application.

Please note applications are processed in order of receipt. We endeavor to assess applications as fast as possible, and you can assist the speed of your application by completing all questions on this form and advising your referees they will have contact from us.

Once all sections of the are complete, and the requested forms are supplied, we can commence checking your application against our criteria. Incomplete applications will not be processed.

**NAMES OF ALL APPLICANTS:**

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**Please attach copies of the following to your application:**

- One (1) proof of your current income such as:
- Your most recent payslip
- If self-employed, a copy of your most recent tax assessment
- If starting new employment, a signed letter of appointment from your employer
- A Centrelink statement.

**APPROPRIATE IDENTIFICATION**

- 100 points of identification such as:
- Driver's license (40)
- Passport (40)
- Medicare card (40)
- Other photo ID (30)
- Birth certificate (40)

**OTHER SUPPORTING DOCUMENTS**

- Current pay slip (10)
- Last four (4) rental receipts
- Two (2) prior written rental references

**SUCCESSFUL APPLICATIONS**

You will be asked to sign an Occupancy Agreement within 48 hours of your application being approved.

At the time of signing, you will be required to pay 2 weeks rent in advance.

**PLEASE NOTE**

If your agreement commences on the same day that you are signing contracts the payment of 2 weeks rent will also be due and payable. Otherwise, the first rental payment will be due on the day your agreement commences and no access to the property will be provided until your rental payment is made.

You will also need to provide on the day that you sign your agreement, your bank account details for the account from which you will be paying all subsequent rental payments by direct debit.

Throughout the duration of your stay you will be required to remain 2 weeks in advance.

**UNSUCCESSFUL APPLICATIONS**

You will be notified by phone or email and your application form will be destroyed to protect your privacy.

**IMPORTANT:** Please read the Canberra Accommodation Centre Privacy Statement before completing the form -

Under the guidelines of the National Privacy Principles contained in the Privacy Act 1988, Canberra Accommodation Centre has prepared this statement to explain the types of personal information we keep on record and how we may use that information. We require you to provide us with personal information in this application for the purpose of processing your application for tenancy for this property. Part of this process is to verify the information that you, have given with the nominated contacts provided in your application. By signing this statement, you are agreeing to allow Canberra Accommodation Centre staff to ask the questions that they require to assess your suitability to be considered for this tenancy. If you do not provide us with the requested information or permit us to confirm the information provided, we will not be able to process your application for tenancy. Canberra Accommodation Centre will not use the information provided by you for any other purpose. If your application is unsuccessful, Canberra Accommodation Centre will destroy your application form to protect your right to privacy. You may request access to any personal information we hold about you, either by writing to or calling us. We will provide this information within seven days. If you believe that the personal information, we hold about you is incorrect, incomplete or inaccurate, then you may request amendments via contacting us directly.

I agree to the above conditions.

Signed:

Name (please print):

Date:



## EMPLOYMENT

EMPLOYERS OR COMPANY NAME: POSITION HELD: ANNUAL SALARY:

NAME:

EMPLOYERS ADDRESS: PERIOD OF EMPLOYMENT:

SUPERIOR'S NAME: EMPLOYERS PHONE:

## SELF-EMPLOYMENT

NAME OF BUSINESS: ABN:

TYPE OF INDUSTRY: LENGHT OF SELF EMPLOYMENT: Years Months

ACCOUNTANT: ACCOUNTANT'S PHONE: MOBILE:

## REFEREES

Please provide details for referees.

All referees supplied must be contactable during business hours directly by phone. Referees must not be related to you.

Name of personal referee 1: PHONE (Mobile or Home):

Name of personal referee 2: PHONE (Mobile or Home):

Name of personal referee 3: PHONE (Mobile or Home):

## EMERGENCY CONTACT

Name: Relationship: PHONE (Mobile or Home):

Name: Relationship: PHONE (Mobile or Home):

