

BACCHUS MARSH CARAVAN PARK TENANCY APPLICATION FORM

A site for a caravan

A site for a UMD (mobile home)

An on-site caravan owned by the park

An on-site UMD owned by the park

For the following period: from..../..../.... until/..../.... OR from.....for.....

(state period)

PRINCIPAL APPLICANT

FULL NAME: _____

DATE OF BIRTH: ____/____/____

DRIVERS LICENCE NO: _____

OCCUPATION _____

CURRENT ADDRESS: _____

TOWN: _____

POST CODE: _____

TELEPHONE: HOME: _____ MOB: _____

MARITAL STATUS _____

MOTOR VEHICLE: Make/colour/reg no _____

FULL NAMES OF ALL PERSONS WHO WILL OCCUPY ACCOMMODATION

NAME: _____ D.O.B _____

NAME: _____ D.O.B _____

NAME: _____ D.O.B _____

NAME: _____ D.O.B _____

TOTAL NUMBER OF ADULTS _____ TOTAL NUMBER OF CHILDREN _____

NEXT OF KIN

NAME _____

ADDRESS _____

PHONE NUMBER _____

RELATIONSHIP _____

REFERENCES – (References from family and friends will not be accepted.)

RENTAL REFERENCE 1: NAME: _____

ADDRESS: _____

PHONE: _____

RELATIONSHIP _____

KNOWN FOR HOW LONG? _____

RENTAL REFERENCE 2:

NAME: _____

ADDRESS: _____

PHONE: _____

RELATIONSHIP _____

KNOWN FOR HOW LONG? _____

RENTAL HISTORY

CURRENT LANDLORD / AGENT _____

PHONE _____

RENT PER WEEK _____

PERIOD RENTED _____

PROPERTY ADDRESS _____

IF YOU RECEIVE A CENTRELINK PAYMENT

TYPE OF PAYMENT _____

CRN (CUSTOMER REFERENCE NUMBER) _____

AMOUNT _____ WEEKLY OR FORTNIGHTLY (CIRCLE ONE)

IF YOU ARE EMPLOYED

EMPLOYERS NAME _____

ABN IF SELF EMPLOYED _____

WORK ADDRESS _____

PHONE _____

LENGTH OF EMPLOYMENT _____

WEEKLY WAGE _____

IF LESS THAN SIX MONTHS WITH THIS EMPLOYER PLEASE STATE PREVIOUS EMPLOYER DETAILS.

EMPLOYERS NAME _____

WORK ADDRESS _____

PHONE _____

LENGTH OF EMPLOYMENT _____

WEEKLY WAGE _____

PLEASE TICK EACH BOX IF YOU CONSENT TO THE USE AND DISCLOSURE OF YOUR PERSONAL DETAILS TO:

- Allow organisations/ trades people to contact you in relation to maintenance matters relating to the premises.
- Refer to Tribunals, Courts and Statutory Authorities (where necessary)
- Refer to Mercantile Agents / Lawyers (where default / enforcement action is required)
- Refer to Landlord's Insurer's
- Report your conduct as a tenant on the National Tenancy Database (ntd)
- Contact the people and or companies to verify the information you have provided.

HAVE YOU OR ANYONE IN YOUR PARTY BEEN:

- Evicted from this park or any other park for non-payment of rent or for a reason involving poor behaviour? **YES / NO**
- Had an Order of Possession awarded against you by the Residential Tenancies Tribunal? **YES / NO**

If your personal information is not provided to us and you do not consent to the uses to which we put your personal information, we cannot properly assess the risk to our client, or carry out our duties as professional property managers. Consequently, we then cannot provide you with the tenancy of the premises.

This application must only be signed by the principal applicant.

SIGNATURE _____

PRINT NAME _____

DATE _____ / _____ / _____

WITNESS _____

**** PLEASE ATTACH A COPY OF PHOTO ID WITH YOUR APPLICATION FOR ALL ADULTS INTENDING TO OCCUPY RESIDENCE.***