

IMPORTANT INFORMATION FOR PROSPECTIVE TENANTS

The RayWhite logo is located in the top right corner of the page. It consists of the word "RayWhite" in a bold, sans-serif font, with "Ray" in black and "White" in white, set against a solid yellow rectangular background.

It is a condition of Ray White Upper Blue Mountains that **ALL** rental, bond, water usage and lease fee payments made to our office are made by either:

- RAY WHITE ADVANTAGECARD;
- MONEY ORDER OR;
- DIRECT DEPOSIT. (WE ARE A NON CASH OFFICE)

You must provide at least **100 points** of identification with your application form. The application will **NOT** be processed until **ALL** the required information has been provided. Providing comprehensive supporting documentation will aid the investor in making a decision about your application.

IDENTIFICATION

1. Drivers Licence = 40 points
2. Passport = 40 points
3. Birth Certificate = 20 points
4. Photo ID = 20 points
5. Utility bill/Car rego = 20 points
6. Medicare/Bank card = 20 points

INCOME

1. Payslip and or letter confirming employment from employer
2. Centrelink payment details
3. Current bank statement with NAME displayed
4. If you are self-employed we require a copy of your Last Tax Return or a letter from your Accountant, plus a copy of your Business Registration Certificate.

CURRENT & PREVIOUS RENTAL OR OWNERSHIP DETAILS

1. Three recent rent receipts from your AGENT (private receipts not accepted).
2. Rental references
3. **A current Tenant Ledger must be provided with your application**
4. Proof of ownership of Property i.e. Sydney Water or Council Rates Notice (if the property is being sold, please provide the name of the listing agent).

COPIES OF ALL DOCUMENTS MUST BE PROVIDED AS WE DO NOT PROVIDE PHOTOCOPYING

PLEASE NOTE RAY WHITE UPPER BLUE MOUNTAINS IS A MEMBER OF THE TENANT INFORMATION CENTRE OF AUSTRALIA (TICA) AND BARCLAY GROUP. YOUR APPLICATION WILL BE PROCESSED USING THESE BUREAUS.

Sue Ellen Oxenbould
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Olivia Wilkison
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PROPERTY DETAILS

Street Address:

Suburb:

Lease Term: years months

Lease Commencement date:

Rent: \$ weekly monthly

Names of all other applicants:

Number of Occupants: Adults Children:

Ages of Children:

ADDITIONAL INFO

Smokers: Yes: No:

Pets: Yes: No:

Number of Pets:

If yes, please state: Pet type(s):

Pet breed(s):

Council registration:

PERSONAL DETAILS

Given name(s):

Surname:

Date of Birth:

Mobile:

Home Phone:

Work Phone:

Email:

By confirming your email address you consent to service of any documents required to be given or served in respect to the tenancy/management agency agreement of which you are a party to.

IDENTIFICATION

Drivers Licence No:

State:

Drivers Licence Exp Date:

Medicare No:

Medicare Exp Date:

Passport No:

Passport Issuing Country:

SUPPORTING DOCUMENTS

- ☐ Drivers Licence - 40 pts
- ☐ Passport - 40pts
- ☐ Other Photo ID - 20pts
- ☐ Current Payslip - 20pts
- ☐ Previous 2 rent receipts - 20pts
- ☐ Previous Tenancy Ledger - 20pts
- ☐ Medicare Card- 20pts
- ☐ Debit/Credit Card - 20pts
- ☐ Bank Statement - 20pts
- ☐ Utility Bill - 20pts

EMERGENCY CONTACT DETAILS

Name:

Relationship:

Address:

Mobile:

Home Phone:

Work Phone:

CURRENT TENANCY DETAILS

Street Address:

Suburb:

Length of tenancy: years months

Rent paid: \$ weekly monthly

Reason for vacating:

Name of Landlord/Agent:

Landlord/Agent Phone:

Landlord/Agent Email:

PREVIOUS TENANCY DETAILS

Street Address:

Suburb:

Length of tenancy: years months

Rent paid: \$ weekly monthly

Name of Landlord/Agent:

Landlord/Agent Phone:

Was the bond refunded in full? Yes No

If No, please specify reasons why:

CURRENT EMPLOYMENT DETAILS

Position Held:

Business Name:

Street Address:

Suburb: Postcode:

Contact Name:

Contact Phone:

Length of Employment: years months

PREVIOUS EMPLOYMENT DETAILS

Position Held:

Business Name:

Street Address:

Suburb: Postcode:

Contact Name:

Contact Phone:

Length of Employment: To: From:

INCOME

Employment Income: weekly annually

Other Income: weekly annually

Other Income source(s):

IF SELF EMPLOYED PLEASE COMPLETE

Company Name:

Business Type:

Business Address:

Suburb: Postcode:

ABN:

Accountant Name:

Accountant Phone:

Accountant Email:

Accountant Street Address:

Suburb: Postcode:

X _____
Signature Date