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## COMPANY APPLICATION TO LEASE RESIDENTIAL PREMISES

Company Name \_\_\_\_\_

ABN Number \_\_\_\_\_ Email \_\_\_\_\_

Company Address \_\_\_\_\_  
\_\_\_\_\_

Tax Exemption Number (if applicable) \_\_\_\_\_

Company Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Person Authorised to sign lease document:  
\_\_\_\_\_

Rental Property Address  
\_\_\_\_\_

Rent \$ \_\_\_\_\_ per week/fortnight/calendar month

Lease Term Required: 6 Months / 12 Months / 2 years

Lease From: \_\_\_\_\_ To: \_\_\_\_\_



**INFORMATION FROM OCCUPANT**

**Occupant's Name:** .....

.....

**Telephone:** (AH)..... (BUS).....  
(MOB)..... Fax: .....

**Present Address:**.....

.....

**Date of Birth:**..... **Drivers Licence No:**.....

**Other ID** .....

**Proof of Identification** (licence number/bankcard etc).....

**Personal References** a).....  
*Name Telephone*

b).....  
*Name Telephone*

**Name of current owner or managing agent to whom rent is paid**.....

.....

Address.....

Phone No.....

Rental Paid \$..... Period rented from..... to.....

**Name of previous owner or managing agent to whom rent was paid**.....

.....

Address.....

Phone No.....

Rental Paid \$..... Period rented from..... to.....

**Emergency Contact (name and address and telephone)**

First person.....

Second person.....