# TENANCY REGISTRATION (Part 1 of Tenancy Application)

It is a minimum requirement that this form be completed and returned to our office prior to viewing suitable properties.

Suitable registered applicants will be invited by LJ Hooker staff to attend inspections.

A full application is required to be completed prior to submission to the landlord for possible tenancy. We encourage you to complete the full tenancy application form at your earliest convenience. A full application form will allow staff to perform the relevant checks prior to submission to the landlord.

LJ Hooker staff note that incomplete forms will not be processed, you will be notified of this incompletion and required to provide the additional information. Failure to do so within 2 business days will void this registration.

We thank you for time in completing this form, LJ Hooker staff will be in contact with you regarding suitable properties, when available for inspections.

LJ Hooker Laurieton Property Management 02 6559 5411

## LJ Hooker

#### **Personal Details**

First Name:	 Surname:		. D.O.B:
Current Address:	 		
Mobile:	 . Home: Wo	ork:	
Email:	 		
Income Details:			
Employed	Employer:	. Occ	upation:
Self Employed	Name of Business:	Occ	supation:
Centrelink Benefit:	Туре:		
Amount of Income:	\$ Per Week / Per Fortnight		

#### **Current Situation:**

Owner								
Renter D Agency: Were you listed on lease:	YES / NO							
Have you ever been issued with a formal breach/termination notice:	YES / NO							
If YES, Please provide details								
How long have you lived at the address: Number of occupants: adults children								
Reason for leaving:								
Are you able to provide a current rental ledger from your agency:	YES / NO							
Do you have pets: INSIDE	/ OUTSIDE							
Are you currently on the Department of Housing waiting list:	YES / NO							
Will you be applying for Bond Assist from Department of Housing:	YES / NO							

### Type of property you require:

House							
Unit/Flat							
Maximum	Price Range:			Date	Required:		
Number of	bedrooms:	Νι	umber of bath	nrooms:	Ga	irage Requi	red:
Location Pr	eferred:						
Signature:				•••••	Date:		
8. OFFICE U	SE ONLY:						
Received by	/:			Date	2:		Time:
			2	-		5	