

Buy Or Rent Solutions

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Rental Application Form

Item Applied for:

Customer Ref:

Applicants Surname	First Name	Date of Birth	Occupation
			Worker / Centrelink
Home Address :			Post code:
City:	State:	Ph:	Mbl:
Referees: 1			Ph:
Address			
Referees: 2			Ph:
Address			
Referees: 3			Ph:
Address			

Fortnightly Self Credit Assesment

Expenses		Income	
Food		Work	
Rent		Centrlink Benefits	
Electricity and phone		Total Income	
Other expenses		Total Expenses	
Total Expenses		Total Remaining	
Rental Repayments	Weekly	Fortnightly	Deposit
<u>Office use only</u>			
Date Applied		Date Approved/ Not Approved	

Office Comments: