

Information Found ()

APPLICATION FORM

VALID PHOTO ID MUST BE PRESENTED TO BE ABLE TO PROCESS THIS APPLICATION
MINIMUM OF 1 TO 2 BUSINESS DAYS TO PROCESS APPLICATION

Name (1): _____ Surname: _____

DOB: _____ License No/ 18+ Card No: _____

Passport Number: _____ Passport Country: _____

Email address: _____

Phone Number: _____ Pension Concession Card: _____

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Name (2): _____ Surname: _____

DOB: _____ License No/ 18+ Card No: _____

Passport Number: _____ Passport Country: _____

Email address: _____

Phone Number: _____ Pension Concession Card: _____

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Name (3): _____ Surname: _____

DOB: _____ License No/ 18+ Card No: _____

Passport Number: _____ Passport Country: _____

Email address: _____

Phone Number: _____ Pension Concession Card : _____

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Name (4): _____ Surname: _____

DOB: _____ License No/ 18+ Card No: _____

Passport Number: _____ Passport Country: _____

Email address: _____

Phone Number: _____ Pension Concession Card: _____

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Other Details

Make of vehicle: _____ Color of vehicle: _____ Car Registration: _____

Number of occupants: _____ Adults: _____ Children: _____

Pets: _____ How many pets: _____ Breed: _____

Current and Previous Address

APPLICANT (1) Current Address: _____

Agent/Landlord Name: _____ Phone: _____ Email: _____

Period at this Address: _____ From: ____/____/____ To: ____/____/____ Weekly Rent Amount: _____

Previous Address: _____

Agent/Landlord Name: _____ Phone: _____ Email: _____

Period at this Address: _____ From: ____/____/____ To: ____/____/____ Weekly Rent Amount: _____

APPLICANT (2) Current Address: _____

Agent/Landlord Name: _____ Phone: _____ Email: _____

Period at this Address: _____ From: ____/____/____ To: ____/____/____ Weekly Rent Amount: _____

Previous Address: _____

Agent/Landlord Name: _____ Phone: _____ Email: _____

Period at this Address: _____ From: ____/____/____ To: ____/____/____ Weekly Rent Amount: _____

Note: If Homeowner please attach a copy of Council Rates

Current Employer

Employer Applicant (1): _____

Employer Address: _____

Employer Phone No: _____ Email: _____ Period: _____

Employer Applicant (2): _____

Employer Address: _____

Employer Phone No: _____ Email: _____ Period: _____

Note: Please attach a copy of your latest pay slip.

If receiving Centrelink payments, please attach copy of income statement and current bank statement.

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Emergency Contact Details:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

All information will be strictly confidential and will only be use in an emergency.

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Date's accommodation is required:

FROM: _____ TO: _____

RENTAL PAYMENTS:

I/WE am/ are aware that rent is payable weekly in advance at Aussie Gardens Caravan Park.

CANCELLATION POLICY: (All cancellations must be received in writing)

Please note: This policy does not apply after the stay has commenced.

- Low Season - Cancellations advised within 24 hours' notice are fully refundable less a \$30 administration fee. Cancellations inside of 24 hours of arrival will result in forfeiture of all money paid.
- High/Peak Season - Cancellations advised within 7 days' notice are fully refundable less a \$30 administration fee. Cancellations inside of 7 days of the scheduled arrival date will result in forfeiture of all money paid.
- If less than the above-mentioned notice is given for a cancellation, no refunds or credit will be given. This also applies for all date changes/booking alterations.

RENTAL BOND AND ELECTRICITY POLICY

BOND POLICY

- All bonds will be refunded via bank transfers only within 1-3 business days. Bank account details required.
- We have a minimum of 1 week stay
- If staying 1 week, you are required to pay 1-week rent as bond
- If staying 2 weeks, you are required to pay 2 weeks rent as bond
- If staying 3 weeks or more, you are required to pay 3 weeks rent as bond

ELECTRICITY POLICY

- Electricity readings are done every Monday of each week.
- Our policy is that you are required to pay electricity weekly.

DECLARATION / PRIVACY STATEMENT:

I/We, the applicant does solemnly and sincerely declare that the information provided is true, correct and that I have supplied of my own free will.

I/We acknowledge and understand that my personal contents are not covered under any of the lessor's insurance policies and that is my responsibility to insure my belongings.

I/We acknowledge and understand that Aussie Gardens Caravan Park has collected the information on this application for the purpose of determining my suitability as a tenant for the property, in particular to check my ID, my ability to care for the property, my character and creditworthiness. For such purposes, I/We authorize Aussie Gardens Caravan Park to access and check any information that may be listed on me/us on the TICA Default Tenancy Database as well as contact the persons/companies named in this application and to undertake such enquiries and searches (including but not limited to tenancy database searches) as Aussie Gardens feel necessary.

I/We acknowledge and understand that the information provided by me/us, may be disclosed to and further information obtained from referees named in this application & other relevant parties.

I/We declare we are not bankrupt or insolvent.

I/We acknowledge that this application will take at least 1 - 2 business days to process.

I/We acknowledge and understand that if this application is denied Aussie Gardens Caravan Park is not legally obligated to provide a reason why. I/We also agree that I/We will not raise any objection for not being provided with a reason.

Name of Applicant (1): _____ Signature (1): _____

Name of Applicant (2): _____ Signature (2): _____

Name of Applicant (3): _____ Signature (3): _____

Name of Applicant (4): _____ Signature (4): _____

Date: _____

OFFICE USE ONLY:

RENT:	_____
BOND:	_____
KEY DEPOSIT:	_____
TOTAL:	_____
LESS DEPOSIT:	_____
OWNING:	_____

DEPOSIT WILL ONLY BE ACCEPTED AFTER THE APPLICATION FOR TENANCY IS APPROVED.

The deposit (not exceeding 1 week's rent) keeps the premises off the market.