# Part C - Application for Rentstart - Property Information Form

1. **Name of applicant(s) for the property**
   - 1. 
   - 2. 
   - 3. 

2. **Name of real estate agent / property owner**

3. **Business / contact details**
   - **Agency name**
   - **Contact name**
   - **ABN**
   - **Address**
   - **Town/Suburb**
   - **Postcode**
   - **Contact phone number**
   - **Fax**
   - **Email address**

4. **Address of rental property**
   - **Unit/House number**
   - **Street/Avenue**
   - **Town/Suburb**
   - **Postcode**

5. **Lease sign date**

6. **Type of accommodation**
   (e.g. house, flat, room, etc.)

7. **How many bedrooms?**

8. **Weekly rent:** $ 

9. **Total amount required:**
   - **Bond**: $ 
   - **Advance Rent**: $ 

10. **Number of people moving into property?**
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11. Proposed length of tenancy? (in months) 

12. Has a holding deposit been paid? 
   □ Yes 
   □ No
   How much? $ 

13. Agent / owner’s declaration

Documents I relied on to substantiate the applicant’s identity: (please select all applicable items)

- Drivers licence
- Bank statement
- Medicare card
- Rent receipts
- Passport
- Centrelink statement
- Birth certificate
- Utility account (e.g. gas, electricity, bills, etc.)
- Health care card
- References
- Other
  give details

a. I declare that all of the information I have provided is true and correct to the best of my knowledge.
b. I acknowledge that there are penalties under the Housing Act 2001 for making false statements or representations in assisting others to obtain accommodation or other benefits from the NSW Department of Family and Community Services.
c. I acknowledge that I am responsible for lodging the bond with NSW Fair Trading within 3 months of receipt.

Agent/owner’s full name

Signature

Date  DD / MM / YYYY
### Authority for Electronic Funds Transfer

**Note:** Form must be signed before submitting. All payments will be made to the account nominated on this form. It is the responsibility of the vendor to notify any change in bank details. Change of details will be processed within 14 days.

#### Provider details

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Business Name (the Vendor/payee)</td>
<td></td>
</tr>
<tr>
<td>ABN (must match the entity or trading name when doing an ABN lookup on <a href="http://www.abr.business.gov.au">www.abr.business.gov.au</a>)</td>
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<tr>
<td>Business Address Street Number or PO Box</td>
<td>Street/Avenue</td>
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<tr>
<td>Town/Suburb</td>
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<tr>
<td>Contact Telephone number</td>
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#### Remittance advice

Please email my remittance advice to:  

#### Bank details for Electronic Funds Transfer

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Account name</td>
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<tr>
<td>BSB number</td>
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<tr>
<td>Account number</td>
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<tr>
<td>Bank / Institution</td>
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<tr>
<td>Address of Branch</td>
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<td>GST registered / created?</td>
<td>Yes</td>
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Vendor Declaration

I/ We (the Vendor) agree to abide by the following conditions that: In consideration of FACS or the Social Housing Management Transfer community housing provider undertaking to remit all moneys due to the Vendor under any contract from time to time held with FACS or the Social Housing Management Transfer community housing provider as the case may be, within the time for payment specified in any such contract and in accordance with the particulars set out herein or as otherwise notified by the Vendor to FACS or the Social Housing Management Transfer community housing provider in writing, the Vendor agrees that FACS or the Social Housing Management Transfer community housing provider shall not be liable for any loss or damage, whether direct or consequential, arising out of any error, omission or delay on the part of the financial institution to which such moneys are remitted.

I/ We (the Vendor) hereby authorise and direct the relevant authorities to verify details of property ownership to FACS/the Social Housing Management Transfer community housing provider.

This authority and direction is a consent for the purposes of the Housing Act 2001, the Privacy and Personal Protection Act 1998 or the Privacy Act 1988.

I/ We (the Vendor) understand that there are penalties under the Housing Act 2001 for making false statements or representations that assist others to obtain accommodation or other benefits from FACS a Social Housing Management Transfer community housing provider.

Notice: The information provided on this form will be exchanged between FACS and Social Housing Management Transfer community housing providers (public, community and Aboriginal housing) for the purpose of providing payment for services under any contract.

- I/We (the Vendor) understand the instructions given on this form.
- I/We (the Vendor) declare to the best of my knowledge, the information provided in this form is correct.
- I/We (the Vendor) understand there are penalties for giving false or misleading information.
- I/We (the Vendor) understand that this information is used by FACS and Social Housing Management Transfer community housing providers (public, community and Aboriginal housing).

Full name (please print)  
Signature  
Contact Telephone number  
Date  DD / MM / YYYY

Please print, sign and email, fax or mail the form to your local social housing provider. For a list of providers go to www.facs.nsw.gov.au

For further information, please contact the Housing Contact Centre on 1800 422 322

Office use only:

<table>
<thead>
<tr>
<th>Vendor Number</th>
<th>Vendor Type</th>
<th>Company Code</th>
<th>Payments</th>
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