

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)

- | | |
|--|---|
| <input type="checkbox"/> Drivers licence | <input type="checkbox"/> Bank statement |
| <input type="checkbox"/> Medicare card | <input type="checkbox"/> Rent receipts |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Centrelink statement |
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Utility account (e.g. gas, electricity, bills, etc.) |
| <input type="checkbox"/> Health care card | <input type="checkbox"/> References |
| <input type="checkbox"/> 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



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

Business Name (the Vendor/payee)

ABN (must match the entity or trading name
when doing an ABN lookup on
www.abr.business.gov.au)

Business Address Street Number or PO Box

Street/Avenue

Town/Suburb

Postcode

Contact Telephone number

Remittance advice

Please email my remittance advice to:

Bank details for Electronic Funds Transfer

Account name

BSB number

 -

Account number

Bank / Institution

Address of Branch

GST registered / created?

Yes

No

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:

Vendor Number	Vendor Type	Company Code	Payments