

Privacy form RENTAL REFERENCE

I/Weand give permission for
Real Estate PH: Attn:
 EMAIL : to give out previous tenancy information
 to Wendy Hotchkiss from TCM Rentals Coastal 0447 334 225 wendy@tcmrentalscoastal.com.au
 Signed X..... X..... Date: / /

Tenant/applicant name:		
Address of rental property:		
Questions		Answers
Period of time rented through the department: From:		
Rent amount paid: \$ per week		
	Yes	No
Was the tenant listed as a lessee?	<input type="checkbox"/>	<input type="checkbox"/>
Did you terminate the tenancy?	<input type="checkbox"/>	<input type="checkbox"/>
Was the tenant ever in arrears during the tenancy?	<input type="checkbox"/>	<input type="checkbox"/>
Did the tenant receive a Notice to Remedy during the tenancy?	<input type="checkbox"/>	<input type="checkbox"/>
If yes:	Number of NTRs:	
	Reasons:	
	Yes	No
Were periodic inspections conducted during the tenancy?	<input type="checkbox"/>	<input type="checkbox"/>
Was damage noted during the inspections?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what type of damage?		
	Yes	No
Were pets kept on the property without permission?	<input type="checkbox"/>	<input type="checkbox"/>
Did the tenant leave the property clean and tidy?	<input type="checkbox"/>	<input type="checkbox"/>
Would you rent to this person again?	<input type="checkbox"/>	<input type="checkbox"/>
Were there complaints from neighbours during the tenancy?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide details:		
	Yes	No
Was the bond refunded in full?	<input type="checkbox"/>	<input type="checkbox"/>
If no, please provide details:		

Please attached a copy of rental ledger for this tenant.

Completed by: _____ Position: _____

Contact no.: _____ Date: _____