

RENTAL REFERENCE

Privacy Consent Form

Complete Only the fields
Highlighted in Yellow



Submit this form with your application documents and we will send it to your previous agency

Please Note your Application CANNOT be processed without this form. Not Needed if previous tenancy was a private landlord

I/We and give permission for
Our Previous Rental Agency

PH:Mobile Office (o) Attn :

EMAIL : to share previous tenancy information to
Wendy Hotchkiss from TCM Rentals Coastal 0447 334 225 wendy@tcmrentalscoastal.com.au

Signed X..... X..... Date: / /

Applicant name: ****		
Address of Previous rental property: ****		
Questions	Answers	
Period of time rented through the department: From: To		
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: _____

Mobile: 0447 334 225