



Rental Application Form

Type of Accommodation Applied For:	
Date of Application:	

Please complete all sections of this form.

APPLICANT ONE

Full Name:			
Date of Birth:			
Phone:		Mobile:	
Current address			
Email address			
Smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PREVIOUS RENTAL HISTORY			
Address			
Rent paid	\$ _____ per week <input type="checkbox"/> fortnight <input type="checkbox"/> month <input type="checkbox"/>		
Rent paid to:	Name:		
	Phone:		
	Address:		
Rented from	____/____/____ to ____/____/____		
Reasons for leaving:			
PERSONAL REFERENCES			
Name:		Relationship:	
Phone:		Address	
Name:		Relationship:	
Phone:		Address	
NEXT OF KIN			
Name:		Relationship:	
Phone:		Address	
EMERGENCY CONTACT			
Name:		Relationship:	
Phone:		Address	

APPLICANT TWO

Full Name:			
Date of Birth:			
Phone:		Mobile:	
Current address			
Email address			
Smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PREVIOUS RENTAL HISTORY			
Address			
Rent paid	\$ _____ per week <input type="checkbox"/> fortnight <input type="checkbox"/> month <input type="checkbox"/>		
Rent paid to:	Name:		
	Phone:		
	Address:		
Rented from	____/____/____ to ____/____/____		
Reasons for leaving:			
PERSONAL REFERENCES			
Name:		Relationship:	
Phone:		Address	
Name:		Relationship:	
Phone:		Address:	
NEXT OF KIN			
Name:		Relationship:	
Phone:		Address:	
EMERGENCY CONTACT			
Name:		Relationship:	
Phone:		Address:	

Please return to:
Sales Administration Officer
SwanCare Group
26 Plantation Drive
Bentley WA 6102
or email to rent@swancare.com.au

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