

PRE-QUALIFYING RENTALS FORM FOR ONE ON ONE INSPECTION

This form must be completed & returned prior to allowing entry to any of our rental properties.

Attendee Name/s: _____

Attendee Tel No: _____ Attendee Email: _____

Rental Property Address: _____

GENERAL TENANCY QUESTIONNAIRE:

Adults: _____ Children: _____ Pets: Yes - Breed _____ How many _____ / No

1. Current Address: _____
2. How long at current address? _____ Reason for moving _____
3. Are you renting through: an Agent Private Landlord or Other _____
4. Have you ever been issued a Termination Notice for Rent Arrears / or a Breach? Yes No
5. Have you ever been listed on TICA/a default database: _____ Yes No Not sure
6. When are you looking at Moving? _____

Viewed Virtual Tour? Yes No N/A

AFFORDABILITY QUESTIONNAIRE: *

Required for calculation of affordability which equals approx..40% of your net income

Combined household net WEEKLY income (after tax): _____

** Please include income from work and/or Centrelink payments but not child support.

COVID-19 QUESTIONNAIRE:

As the safety of our staff, contractors, clients & families is paramount to Port Stephens Rentals, we are conducting the following COVID-19 questionnaire as a simple screening process & ask for your assistance to complete.

1. Have you experienced any cold or flu-like symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes No
2. Have you had close contact with someone diagnosed with COVID-19 within the last 14 days? Yes No

Signature: _____ Date: _____