



Quality Budget Accommodation

The Edge Guest Rooms Accommodation Application

This is not an application for a Residential Tenancy Agreement under the Residential Tenancies Act 1987. This is an application for a licence agreement. The owners/manager will have unrestricted access to the premises at all times to maintain control over the premises. If lodgers require premises with exclusive use they should seek alternative accommodation with a Residential Tenancy Agreement.

Term of Agreement Month

Applicant's Full Name:.....

Address:

Applicant's Phone (Home):.....Phone (Mobile):

Phone (Work):Email:

Employment Details:.....
.....

Personal Details

Date of Birth:

Driver's Licence No:Expiry Date:

Passport No:.....Expiry Date:.....

Do you have a car Y/N If Yes Registration Number:

Do you smoke Y/N

Applicants Signature: *Date:*

The Edge Guest Rooms – www.theedgeguestrooms.com.au

Cnr Pleasant and Fischer Streets Goonellabah, Lismore NSW 2480

Ph: 0448 693 251 Fax: 02 66 242117 enquiries@theedgeguestrooms.com.au



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Current Rental (If Applicable)

Details

Current Rent \$.....How long have you lived there?

Agent/Landlord.....Phone:.....

Why are you leaving?

Next Of Kin Name:.....

Relationship:

Address:.....

Phone (Home):.....Phone (Work):.....

Phone (Mobile):..... Fax:

Emergency Name:

Relationship:

Contact Address:

Phone (Home):.....Phone (Work):.....

Phone (Mobile):.....

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1. To process your application you are requested to answer all questions to the best of your ability. Any false information provided could jeopardize your application.
2. The completion of this application does not constitute an offer or acceptance by The Edge Guest Rooms.

- a) Have you ever been evicted by any landlord or agent?..... Yes/No
If yes, please give details Yes/No
- b) Have you been refused another property by any landlord or agent Yes/No
If yes, please give details Yes/No
- c) Are you in debt to another landlord or agent?..... Yes/No
If yes, please give details Yes/No
- d) Is there any reason known to you that would effect your rental payment?..... Yes/No
If yes, please give details Yes/No
- e) Were any deductions made from your rental bond at your last address? Yes/No
If yes, please give details Yes/No

I the applicant hereby authorize you, as the owner's manager to conduct any reference checks. I do solemnly and sincerely declare that the above information is true and correct and has been willingly supplied to assist in the assessment of my application.

Please attach two (2) written references.

Identification is required.

Please attach copies of identification documents and return with application.

1. Either Drivers Licence OR Passport
or two of the following General identification documents
2. Medicare/Health Care Card

Banking or Credit ID card, Banking or Credit Card Statements

Telstra Account, Electricity Account or Gas Account

Copies of Current last 4 Rent Receipts, Copy of Certificate of Birth,

Current Vehicle Registration Papers

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HOUSE RULES

- NO SMOKING INSIDE BUILDINGS
- NO DRUGS
- NO EXCESSIVE ALCOHOL CONSUMPTION
- NO NOISE OR ACTIVITIES THAT WILL DISTURB OTHER GUESTS
- MANAGEMENT WILL HOLD THE RIGHT TO TERMINATE ANY STAY IF DEEMED NECESSARY
- ONLY REGISTERED PAYING GUESTS ARE TO STAY AT THE EDGE
- PAYMENT WEEKLY IN ADVANCE
- BE MINDFUL OF OUR OH&S POLICY
- TIDY AFTER YOURSELF, ESPECIALLY IN THE KITCHEN AND BATHROOM COMMON AREAS.
- KEEP EXTERNAL DOORS LOCKED
- LOCKED OUT AFTER HOURS CHARGE OF \$35.00

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Signed.....Date.....

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