

ACCOMMODATION APPLICATION FORM

PLEASE PRINT CLEARLY IN BLOCK LETTERS.

RETURN COMPLETED FORM TO darwin@unilodge.com.au

Your Name _____		Your mobile _____	
Email _____	<input type="checkbox"/> Female	Country of Origin –Where were you born? _____	Will you be under 18 on arrival?*
Date you will Arrive (Check-in): _____	<input type="checkbox"/> Male		Date of Birth _____
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Contract Type:

Full Year _____ **Academic Year (42 Weeks)** _____ **Other** _____ **SPECIAL RATES APPLY FOR SHORT TERM ACCOMODATION**

Room Type Preference List in preference order 1, 2 & 3 ('1' being your first preference) – preferences are not guaranteed

<input type="checkbox"/>	Studio – Standard	\$231	<input type="checkbox"/>	Studio – Accessible	\$231	<input type="checkbox"/>	2 Bedroom with Balcony \$215
<input type="checkbox"/>	Studio – Double	\$315	<input type="checkbox"/>	2 Bedroom Multi-Share Internal (without view)	\$194	<input type="checkbox"/>	4 Bedroom Multi-Share with Balcony \$184 Internal (without view)
<input type="checkbox"/>	Studio – Premium	\$280	<input type="checkbox"/>	2 Bedroom Multi-Share External External (with view)	\$194	<input type="checkbox"/>	4 Bedroom Multi-Share with Balcony \$184 External (with view)
<input type="checkbox"/>	Studio – Premium Deluxe	\$295					

(SHORT TERM RENTALS OFFERED ON LIMITED BASIS. SPECIAL CONDITIONS AND **SPECIAL RATES APPLY**)

Your Current Residential Address

Street Address: _____
 City: _____ State: _____ Post Code: _____ Country: _____
 Landlord Name: _____ Landlord Phone number: _____ Is Your Name on lease? _____
 Move In Date: _____ Move Out Date: _____ Reason for leaving: _____

Employment Details

Company Name: _____
 Location: _____ Supervisor: _____ Phone Number: _____
 Start Date: _____ End Date: _____ Still There? YES ☐ NO ☐
 Wages: \$ _____ Reason for Leaving: _____

Other Sources of Income

Source: _____
 Amount: \$ _____ weekly/fortnightly/ yearly

Education Information (e.g. university, college, school, etc.)

Please indicate if you are not currently a student

Course: _____ University: _____
 Student Number: _____ Start date: _____ End Date: _____ NON STUDENT ☐

Background Check:

Do you have a medical disability? _____ Emotional disorder or/ disability? YES ☐ NO ☐ explain _____
 Any Medication needed (ie: inhaler, prescription required): _____

Have you ever been arrested? YES ☐ NO ☐ When: _____ Explanation: _____

Have you ever been convicted of a crime? YES ☐ NO ☐ Explanation: _____

I CONFIRM that the information provided in this application is fully accurate, and truthful to the best of my knowledge. I understand any omission or misrepresentation is grounds for eviction should my application be approved. I authorise UniLodge to contact any person or agency of its choosing to obtain a background and criminal history check. I fully understand that this application is not a rental agreement and UniLodge is not under any obligation to accept this application nor disclose the owner's reasons should the application be declined.

Privacy Statement*The information disclosed in this form will only be used by UniLodge for the purpose of assigning accommodation and will not be disclosed to a third party unless required by law.

Applicant Name _____ **Signature** _____ **Date** _____

DETAILS FORM for UniLodge Darwin

First Name*: _____ Family Name*: _____

Gender*: Male ☐ Female ☐ Nationality*: _____Date of Birth*: _____ Will you be under 18 on arrival?* Yes ☐ No ☐

Previous Address* _____

Email*: _____ Contact Numbers*: _____

Name of Education Institution (e.g. school, college, university) _____

Name of Course*: _____ Student ID: _____

Occupation: _____ Employer _____

Employer Contact: _____ Contact number: _____

Emergency Contact Name *: _____ Number*: _____

Medical Conditions (Incl. disabilities): _____

Dietary Requirements (e.g. Vegetarian): _____

Passport Number: _____ Expiry Date: _____

Australian Visa Number: _____ Expiry Date: _____

Australian Driver's License Number: _____ State: _____ Expiry Date: _____

***These sections must be completed**
Please Email this form to Darwin@unilodge.com.au

Office Use Only:

Number: _____ Room Type: _____ Lease ID: _____

THE NORTHERN TERRITORY OF AUSTRALIA

STATUTORY DECLARATION

(1) Insert full name and address of person making declaration

I, (1) _____

solemnly and sincerely declare (2) as follows;

(2) Here insert the matter declared to, either directly following the word "declare" or, if the matter is lengthy, insert the words "as follows" and thereafter set out the matter in numbered paragraphs

- a) That my gross income, for National Rental Affordability Scheme (NRAS) purposes, for the 12 month period prior to the commencement day of a tenancy of an NRAS dwelling was approximately AU\$_____.

(total income)

- b) That my gross income for NRAS purposes for the 12 month period prior to the commencement day of a tenancy of an NRAS dwelling, was less than the Annual Household Income Limit for the 2018-2019 NRAS Year (eligibility limits on Australian Government Department of Social Services website.)

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.

This declaration is true and I know it is an offence to make a statutory declaration knowing it is false in a material particular.

Declared at _____ the _____ day of _____ 20____

(3) Signature of the person making the declaration

(3)

(4) Signature of the person before whom the declaration is made

Witnessed by:

(4)

(5) Here insert full name of person before whom the declaration is made, legibly written, typed or stamped

(5)

(6) Here insert contact address or telephone number of person before whom the declaration is made

(6)

NOTE: This declaration may be witnessed by any person who is at least 18 (eighteen) years of age.

NOTE: This written statutory declaration must comply with Part 4 of the *Oaths Affidavits and Declarations Act*.

NOTE: Making a declaration knowing it is false in a material particular is an offence for which you may be fined or imprisoned.

Tenant Income Assessment Information

This form must be completed and signed by each person over 18 years and any other household member/s receiving income from any source (one form per person).

In the 12 months immediately prior to the date of your application:

1. Were you employed at any time?

☐ Yes ☐ No

If YES, list the company name and dates you worked at each job below. You must provide your most recent payslip (must show gross YTD figure) and your PAYG summary from last financial year **OR** 12 months consecutive payslips for each job.

Company:

Date Employment Commenced:

Date Employment Ceased:

2. Were you self-employed at any time?

☐ Yes ☐ No

If YES, you must provide a letter from your accountant stating NET business income earned and a personal Tax Return from the most recent financial year.

Business name:

Date Employment Commenced:

Date Employment Ceased:

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3. Did you receive any support payments from your parent/guardian?

☐ Yes ☐ No

If YES, you must provide a signed letter from your parent/guardian stating the total amount provided per week/month. (eg: general living expenses, rent, education fee support)

4. Did you receive ANY payments from Centrelink?

☐ Yes ☐ No

If YES, you must provide your latest Centrelink Income Statement **and** Payment History showing all previous payments in the last 12 months.

Payment Type:

Date Payment Granted:

Date Payment Ceased:

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5. Did you receive income from any other source?

☐ Yes ☐ No

If YES, please list details below and provide evidence of GROSS (before tax) payments (eg: superannuation distribution, child support/maintenance, scholarship, overseas pension, bank interest, salary sacrifice/allowance etc)

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*Please note declarations of ZERO income must be supported by a statutory declaration available from the Property Manager.

I acknowledge upon signing this document that I have disclosed all income sources for the 12 months prior to the date of my application and that all information is true and correct.

I agree that by signing my signature electronically, I accept to be bound to this declaration and any terms and conditions mentioned in this agreement.

FULL NAME

DATE

SIGNATURE

Please attach all required documents (as listed above) with your application

ADULT GUARANTEE

To Whom It May Concern

I, _____ (*parent/guardian's name*), the parent/guardian of

_____ (*applicant/tenant*) confirm that I have been
providing him/her with monthly support payments of \$ _____

I confirm that the information provided herein is true and correct.

Parents/Guardian Details

Name:

Signature:

Date: