

RESIDENT INTAKE FORM

RESIDENT'S INFORMATION

Name

Phone Number

Date of Birth

Email

Type of ID Provided

Copy Attached?

Yes

No

RESIDENT'S REPRESENTATIVE INFORMATION

Name

Phone Number

Email

Address

REQUIRED INFORMATION

Room:

Main

Other

Food Provided:

Yes

No

Notices may be given to:

Resident

Resident's Representative

BREAKDOWN OF RENT - WEEKLY

	Main Room	Other Room
Accommodation	\$237.50	\$237.50
Furnishing	\$95.00	\$80.00
Electricity	\$10.25	\$10.25
Water	\$10.25	\$10.25
Other services	\$7.50	\$7.50
Food - optional	\$100.00	\$100.00

INCLUSIONS:

List of Furniture or other household goods to be included with the premises:
Fridge/Freezer, Washing Machine, Microwave, Television, Entertainment Unit, Lounge Set, Dining Set, Bed, Mattress, Bedside Table/s, Kitchenware – Including cutlery, pots, pans, appliances; bins.

OFFICE USE ONLY

ACCOMODATION INFORMATION

Property Address:

Room:

Rent per Week:

Food Provided:

Lease Start Date:

Lease Length:

Payment Reference:

Bond: