



New Landlord & Leasehold Property Form

Property Address:

Landlord Details

Landlord/s Name:

Contact Phone/s:

Landlord Postal Address:

Landlord Email/s:

Property Details

Preferred term of agreement: 12 Months / 24 months

Weekly Rent:

Bedrooms:

Property Available for letting from date:

The residential premises include;

Garage/Carport: Y/ N

Heating Type:

Hot Water Type:

Cooling Type:

Bathrooms

Maximum No. Of occupants:

Utilities

Will the tenant be required to pay separately for water usage?

Is electricity supplied to the premises from an imbedded network?

Is Gas supplied to the premises from an embedded network?

Smoke alarms

Are the Smoke alarms in the premises: Hard Wired / Battery Operated

If battery operated - Are the batteries the kind that a tenant could replace? Yes / No

If Hardwired – Are the backup batteries the kind a tenant could replace? Yes / No

Specify the type of Back up battery required:

Annual Smoke Alarm Compliance Checks – Please choose one option

Owner attending (sign declaration)

SCH attending (Review bulk pricing/sign declaration)

Landlord Banking details

Account Name:

BSB:

Account No:

Nominated Tradespeople for urgent repairs

Electrical repairs – Contractor Name:

Phone:

Plumbing repairs – Contractor Name:

Phone:

Other Repairs – Contractor Name:

Phone:

Public Liability & Building Insurance

Insurance Provider:

Policy #

Renewal Date:

Additional information

Do you consent to electronic delivery of notices: Yes / No

Specify email address for electronic delivery of notices:

Pets Allowed: Yes (seek approval first) / No

Office Use - Document Checklist

	Executed Residential Tenancy Agreement
	Executed Management Agreement
	Annual Smoke Alarm Compliance Authority/Declaration
	Certificate of currency - Public Liability and Building Insurance