

URBANEST APPLICATION FORM



Please complete the below form in **English** in **BLOCK CAPITALS** and return to Reception or email to centralleasing@urbanest.com.au with the property name in the subject line. Please be aware that the room cannot be guaranteed until the application has been approved and the applicable bond has been paid to urbanest.

APPLICANT DETAILS

First Name/s: _____ Family Name: _____

Preferred Name: _____ Gender: Female Male

Email: _____ Mobile: _____

Nationality: _____ Date of Birth: _____

Current Address: _____

Suburb: _____ State: _____

Country: _____ Postcode/ZIP: _____

EDUCATION INFORMATION

Educational Institution: _____

Name of Course: _____

Year of Graduation: _____ Current Year of Study: 1st 2nd 3rd 4th

MEDICAL & EMERGENCY CONTACT

Title: _____ First Name/s: _____ Family Name: _____

Relationship to Student: _____ Phone/Mobile: _____

Current Address: _____

Email: _____

Please list any medical conditions we should be aware of: _____

BOOKING INFORMATION & PREFERENCES

Preferred Property:

1. _____

2. _____

Preferred Room Type (please select Standard or Premium if applicable):

1. _____

2. _____

Room share preference: Female only Male only Mixed gender

Length of Stay: 12 month 6 month* 44 week* 18 month*

Budget (per week): _____ Disability Access: Yes No

Preferred contract start date#: _____ Preferred contract end date#: _____

Rental payment frequency: Fortnightly (in advance) Quarterly (in advance) On reservation (all rent in advance)

Additional comments: _____