

**Type of rental required:**

1 Bedroom Apartment (Ensuite, Window)	\$415/week
Wheelchair Accessible Studio Apartment (Ensuite, Window)	\$415/week
1 Bedroom sharing in a 3 Bedroom Apartment (Ensuite, Large Balcony)	\$325/week
1 Bedroom sharing in a 2 Bedroom Apartment (Ensuite, Balcony)	\$315/week
1 Bedroom sharing in a 3 Bedroom Apartment (Ensuite, Balcony)	\$315/week
1 Bedroom sharing in a 2 Bedroom Apartment (Ensuite, Window, Additional Shared Toilet)	\$315/week
1 Bedroom sharing in a 2 Bedroom Apartment (Ensuite, Window)	\$305/week
1 Bedroom sharing in a 5 Bedroom Apartment (Ensuite, Window)	\$295/week
1 Bedroom sharing in a 4 Bedroom Apartment (Ensuite, Window)	\$295/week
1 Bedroom sharing in a 3 Bedroom Apartment (Ensuite, Window)	\$295/week
1 Bedroom sharing in a 3 Bedroom Apartment (Shared Bathroom, Window, Additional Shared Toilet)	\$285/week
1 Bedroom sharing in a 2 Bedroom Apartment (Shared Bathroom, Window, Additional Shared Toilet)	\$285/week
1 Bedroom sharing in a 3 Bedroom Apartment (Shared Bathroom, Balcony)	\$285/week
1 Bedroom sharing in a 3 Bedroom Apartment (Shared Bathroom, Window)	\$265/week

**Referred by an agency/institution (please specify the agency name):** \_\_\_\_\_

**Type of lease required:**                      6 months                      12 months                      Other (please specify): \_\_\_\_\_

**Preferred move in date for lease:**

\_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_

**Applicant details:**

Family/last name: _____	Given/first names: _____
English name: _____	Date of birth: _____
Student ID no: _____	Country: _____
Passport no/drivers lic: _____	Gender (Female/Male): _____
Expiry date: _____	Religion: _____
Mobile: _____	Occupation: _____
Course to be studied: _____	University/School: _____
Start date at course/job: _____	
Email: _____	
Address: _____	

**Emergency contact (parent or guardian only):**

Family/last name: _____	Given/first names: _____
Relationship to you: _____	Phone number: _____
Email: _____	
Address: _____	

**References/previous rental property contacts (if applicable):**

Agency: _____	Phone number: _____
Contact name: _____	

**IDENTIFICATION (PASSPORT, DRIVER'S LICENSE) - COPY TO BE ATTACHED OR EMAILED**  
**STUDENT VISA – COPY TO BE ATTACHED OR EMAILED**

**\*CAPITAL STUDENT STAYS DOES NOT ACCEPT RENTAL ARREARS\***  
**RENT MUST BE PAID 1 WEEK (ROOMING HOUSE AGREEMENT) /**  
**2 WEEKS (RESIDENTIAL TENANCY AGREEMENT) IN ADVANCE**

### Terms of agreement:

Please read the following information carefully and tick each box if you agree, followed by your signature at the bottom of the page. If you do not understand this, you are required to get an interpreter to translate for you.

This is not a binding contract or lease agreement but must be **COMPLETED IN FULL** and emailed to CSS up to **48 hours prior to arriving to the complex. This is a confirmation of the terms if your application is successful.**

I /We the Applicant/Applicants, acknowledge and agree to the terms and conditions regarding application for an apartment/bedroom managed by Capital Student Stays.

I/We acknowledge and agree that upon being accepted for the property, will be required to pay **one week (Rooming House Agreement) / two weeks (Residential Agreement) rent in advance.**

**Rent is paid weekly.** Therefore, at least one weeks rent will be paid prior to or on the date of taking possession of the property. Arrangements for weekly payments will be arranged during your induction.

I/We, acknowledge and agree that upon being accepted for the property, I/We, will be required to **pay a Bond amount equivalent to two (2) (Rooming House Agreement) or four weeks (Residential Tenancy Agreement) rent** based on the weekly rate of the apartment. This will be lodged directly with CBS (Consumer and Business Services in South Australia).

I/We acknowledge that under special circumstances where a bond is not required, the holding of credit card details for any damages/cleaning charges will be enforced.

I/We acknowledge and agree to the terms and conditions as set out by the Residential Tenancies Act 1995.

I/We acknowledge and agree that prior to the expiration of the lease, we may ask permission to sign on for a further term.

I/We authorise Capital Student Stays to conduct any independent reference checks required.

I/We agree that this application is accepted subject to the availability of the premises on the commencement date and no action will be taken against the Landlord/Agent should the premises not be ready for occupation on that date.

I/We acknowledge that there is a minimum notice period enforced by CSS and the application for accommodation may be denied if it has been emailed less than 48 hours prior to arriving to the complex.

### Applicant:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: This application is **NOT confirmation of acceptance.** Capital Student Stays will process this application form and advise you in writing of approval. Availability is strictly based on receipt of application and payment.

**Please return this application form directly to: [enquiries@capitalstudentstays.com.au](mailto:enquiries@capitalstudentstays.com.au) or in person at reception.**