capital student stays

Application Form

Student Accommodation
8 Capital Street, Mawson Lakes – South Australia

Type of rental required (please select one):

☐ 1 Bedroom Apartment (Ensuite, Window)	$400/week
☐ Wheelchair Accessible Studio Apartment (Ensuite, Window)	$400/week
☐ 1 Bedroom sharing in a 3 Bedroom Apartment (Ensuite, Large Balcony)	$310/week
☐ 1 Bedroom sharing in a 2 Bedroom Apartment (Ensuite, Balcony)	$300/week
☐ 1 Bedroom sharing in a 3 Bedroom Apartment (Ensuite, Balcony)	$300/week
☐ 1 Bedroom sharing in a 2 Bedroom Apartment (Ensuite, Window, Additional Shared Toilet)	$300/week
☐ 1 Bedroom sharing in a 2 Bedroom Apartment (Ensuite, Window)	$290/week
☐ 1 Bedroom sharing in a 5 Bedroom Apartment (Ensuite, Window)	$280/week
☐ 1 Bedroom sharing in a 4 Bedroom Apartment (Ensuite, Window)	$280/week
☐ 1 Bedroom sharing in a 3 Bedroom Apartment (Ensuite, Window)	$280/week
☐ 1 Bedroom sharing in a 3 Bedroom Apartment (Shared Bathroom, Window, Additional Shared Toilet)	$270/week
☐ 1 Bedroom sharing in a 2 Bedroom Apartment (Shared Bathroom, Window, Additional Shared Toilet)	$270/week
☐ 1 Bedroom sharing in a 3 Bedroom Apartment (Shared Bathroom, Balcony)	$270/week
☐ 1 Bedroom sharing in a 3 Bedroom Apartment (Shared Bathroom, Window)	$250/week

☐ **Referred by an agency (please specify the agency name):** _____

Type of lease required: ☐ 6 months ☐ 12 months ☐ Other (please specify): _____

14-day self-isolation required: ☐ Yes ☐ No

Preferred move in date for lease:

_____ /_____/20____ to _____ /_____/20____ (Start date is the date you arrive at CSS)

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), four (4) or six (6) 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.

Special terms regarding Covid-19:

- ☐ I /We acknowledge that where 14-day self-isolation is required, it is separate to this agreement and at an additional cost which can be undertaken in an off-site apartment and is subject to availability.
- ☐ I /We acknowledge that if there is no availability in a CSS off-site apartment to undertake self-isolation, I/We will need to make own arrangements for the 14 days prior to moving into CSS.
- ☐ I/We acknowledge the **self-isolation requirements** set out by the SA Government and have completed any pre-arrival requirements to arrive in Adelaide.

Applicant 1:		Applicant 2:	
Print Name:	_____	Print Name:	_____
Signature:	_____	Signature:	_____
Date:	_____	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 or in person at reception.