

## Lease Application Form

To complete this form you will need to locate and attach the following documents relating to your organisation:

- ☐ Certificate of Incorporation (for incorporated organisations only)
- ☐ Constitution / Association Rules
- ☐ Current ABN Record Extract
- ☐ ASIC Search Register Business Name / Associations Summary
- ☐ Public Liability Insurance Certificate
- ☐ Evidence of Financial Standing (eg. audited financial statements)  
*Please include information relating to operational funding sources*

Please include a **covering letter** including details relating to your organisation under the following headings:

- Organisational description
- Details of services provided
- Target user group for the services provided
- Explanation as to why the services are needed in the proposed location
- Qualifications and experience of key personnel

### Property Details

Are you requesting to lease:

- ☐ Vacant land- with intention to develop
- ☐ An entire property including all buildings and land
- ☐ A building only
- ☐ Rooms within or a portion of a building

Property name:

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Street address:

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Suburb:

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Do you require exclusive use of any of the following:

- ☐ Courtyard/paved area
- ☐ Out building/shed/patio
- ☐ Playground
- ☐ Car park
- ☐ Other (Please specify): \_\_\_\_\_

**Organisation details:**

Organisation name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

**Contact details:**

Main contact person: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Is the organisation:  
(can select more than  
one)

- ☐ Not for profit/incorporated
- ☐ A company limited by guarantee
- ☐ Registered with Australian Charities and Not-for-profits Commission(ACNC)
- ☐ A government body
- ☐ A business/ commercial entity

What is your organisation's intended use of the venue?  
eg. office space, consultation rooms, club premises etc.

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How many employees will you have at the venue on a daily basis? \_\_\_\_\_

What is the expected number of clients your services would provide for each day/week?

\_\_\_\_\_ per day  
\_\_\_\_\_ per week

Please indicate your anticipated hours of operation at the leased premises:

<input type="checkbox"/> Monday	Hours of operation:	_____
<input type="checkbox"/> Tuesday	Hours of operation:	_____
<input type="checkbox"/> Wednesday	Hours of operation:	_____
<input type="checkbox"/> Thursday	Hours of operation:	_____
<input type="checkbox"/> Friday	Hours of operation:	_____
<input type="checkbox"/> Saturday	Hours of operation:	_____
<input type="checkbox"/> Sunday	Hours of operation:	_____

**Previous Rent History:**

Property leased: \_\_\_\_\_

Address: \_\_\_\_\_

Property manager or lessor's name: \_\_\_\_\_

Phone: \_\_\_\_\_

Property manager or lessor's email: \_\_\_\_\_

Leased from: \_\_\_\_\_ to \_\_\_\_\_

Property leased: \_\_\_\_\_

Address: \_\_\_\_\_

Property manager or lessor's name: \_\_\_\_\_

Phone: \_\_\_\_\_

Property manager or lessor's email: \_\_\_\_\_

Leased from: \_\_\_\_\_ to \_\_\_\_\_

**Declaration of applicant**

I, \_\_\_\_\_ (name)  
, \_\_\_\_\_ (position) of  
\_\_\_\_\_ (organisation) do  
\_\_\_\_\_ hereby

declare that I am authorised on behalf of the organisation to sign this declaration and the information supplied is, to the best of my knowledge, accurate and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Witnessed by: \_\_\_\_\_ Position: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit your application (including the covering letter and all attachments) to the Corporate Services - City Properties team.

In person:

City of Rockingham Administration Building  
Civic Boulevard  
Rockingham WA 6168

By mail:

Corporate Services – City Properties  
City of Rockingham  
PO Box 2142  
Rockingham DC WA 6967

By email: [customer@rockingham.wa.gov.au](mailto:customer@rockingham.wa.gov.au)