



TENANCY APPLICATION FORM

Please be advised this application will only be processed once ALL details have been completed and ALL supporting documentation provided. Each applicant MUST submit an individual form. Giving false information or withholding information relating to previous rental history WILL affect the outcome of this application.

Have you had an internal inspection of the property YES/NO

Date and time of inspection: ___/___/___ am/pm

If applying for multiple properties you only need to complete one application form, however please list references

Property Address: _____

Commencement Date: _____ Rent Per Week: _____ Bond: _____ Lease Term: _____

Names of ALL occupants over 18: _____

PERSONAL DETAILS

Full Name:	DOB:	
Have you been known by another name:		
Contact Number/s: Home	Mobile	Work
Email Address:		
Driver's License Number:	Licensed State:	Passport Number:
Number of cars:	Registration:	Are all vehicles registered: YES/NO
Other vehicles to be kept on the premises: BOAT/TRAILER/VAN/MOTORBIKE/OTHER (Please specify)-		
Number of Dependants:	Age of Dependants:	
Name of all Dependants:		
Pets: (check with agent)	YES/NO (See attached pet application)	Smoker: YES/NO

CURRENT ACCOMODATION DETAILS

Address:	RENTED \$	per week/OWNED
Name of Agent /Landlord:	Phone:	
Period of occupancy: / / TO / /	Reason to Leave:	
Do you expect the bond to be refunded in full: YES/NO	If NO, why:	

PREVIOUS ACCOMODATION DETAILS

Address:	RENTED \$	per week/OWNED
Name of Agent /Landlord:	Phone:	
Period of occupancy: / / TO / /	Reason to Leave:	
Do you expect the bond to be refunded in full: YES/NO	If NO, why:	

PREVIOUS ACCOMODATION DETAILS 2

Address:	RENTED \$	per week/OWNED
Name of Agent /Landlord:	Phone:	
Period of occupancy: / / TO / /	Reason to Leave:	
Do you expect the bond to be refunded in full: YES/NO	If NO, why:	

OFFICE USE ONLY:

Received By: _____

Date Received: ___/___/___

Time: _____ AM/PM

NEXT OF KIN

Full Name:		Relationship:
Address:		Email Address:
Contact Number/s: Home	Mobile	Work

EMERGENCY CONTACT (Not living with you)

Full Name:		Relationship:
Address:		Email Address:
Contact Number/s: Home	Mobile	Work

PERSONAL REFERENCE (MUST provide three)

Full Name:		Relationship:
Address:		Email Address:
Phone:		
Full Name:		Relationship:
Address:		Email Address:
Phone:		
Full Name:		Relationship:
Address:		Email Address:
Phone:		

INCOME

Employer:		Occupation:
Address:		Net weekly income:
Contact name (manager/payroll):		Direct phone number:
Period of employment:	Status: FULL TIME/PART TIME/CASUAL (hrs/wk)	
Previous Employer (if less than 6 months):		Occupation:
Address:		Net weekly income:
Contact name (manager/payroll):		Direct phone number:
Period of employment:	Status: FULL TIME/PART TIME/CASUAL (hrs/wk)	

CENTRELINK

Type of payment:	Total income per fortnight:
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STUDENT INFORMATION

Place of Study (Name of college, TAFE or university):		
Overseas Student: YES/NO	Visa expiry date:	Student ID Number:

SELF EMPLOYMENT DETAILS

Company Name:		Business Type:
Business Address:		
ABN:		Position Held:
Accountant Name:		Phone:
Accountant Address:		

Do you have any other source of income: YES/NO	If YES, what:
Attached correspondence for proof:	
Do you have any other debts/loans/etc. with other organisations: YES/NO	If YES, how much:
If YES, please describe:	

PRIVACY DISCLOSURE STATEMENT

We are an independently owned and operated business. We are bound by the National Privacy Principles. We collect personal information about you in this form to assess your application for a residential tenancy. We may need to collect information about you from previous landlords or letting agents, your current or previous employer, next of kin and your referees. Your consent to us collecting this information is set out below. We may disclose personal information about you to the owner of the property to which this application relates. If this application is successful we may disclose your details to service providers relevant to the tenancy relationship including maintenance contractors and owners insurers. We may also send personal information about you to the owners of any other properties at your request. You have the right to access personal information that we hold about you by contacting our office. If you do not complete this form or do not sign the consent below then your application for a residential tenancy may not be considered by the owner of the relevant property or, if considered may be rejected. You can also correct this information if it is inaccurate, incomplete or out of date. If the information in this offer, option or the lease is not provided, the agents may not be able to process Application for Tenancy properly or manage the tenancy properly.

CONSENT

I the Applicant acknowledge that I have read the Privacy Disclosure Statement. I authorise the Agent to collect information about me from:

1. My previous letting agents and/or landlords;
2. My personal referees, emergency contact and next of kin;
3. Any Tenancy Default Database which may contain personal information about me, I also authorize the Agent to disclose details about any defaults by me under the tenancy to which this application relates to any tenancy default database to which it subscribes including Tenancy information Centre of Australia (TICA), National tenancy Database (NTD) an/or Trading Reference Australia (TRA).

I authorize the Agent to disclose the personal information collected about me to the owner of the property even if the owner is resident outside Australia and to any third parties – valuers, contractors, sales people, insurance companies, body corporate, other agents and tenancy default databases.

I have read, agreed to and understood all of the above terms and conditions that are relevant to me.

_____ / _____ / _____
 Applicants Name Applicants Signature Date

DECLARATION

Please declare the following by selecting either TRUE or FALSE

I, the applicant, _____ (Full Name)

1. Have never been evicted by an agent/lessor TRUE/FALSE
2. Have no know reasons that would affect my ability to pay rent TRUE/FALSE
3. Was refunded the full bond for my last left address TRUE/FALSE
If FALSE, please advise what deductions were made from your bond?

4. Have no outstanding debts to another agent/lessor TRUE/FALSE
If FALSE, why are you in debt to your past agent/lessor

_____ / _____ / _____
 Applicants Name Applicants Signature Date

100 POINT IDENTIFICATION CHECK – The following identification has been photocopied and is attached to this application (at least one form of photo ID) REQUIRED BEFORE ACCEPTING THE APPLICATION – 100 points of ID plus Proof of Income (Without this we not accept your application)

ITEM	POINTS	INITIAL	ITEM	POINTS	INITIAL
Passport	70		Full Birth Certificate	70	
Citizenship Certificate	70		Student ID	40	
Centrelink Card	40		Department of Veteran Affairs Card	40	
State/ Federal Government Phot ID	25		Telephone Account	25	
Motor Vehicle Registration	25		Tenancy Agreement	25	
Credit Card Statement	25		Rent Bond Receipts	25	
Medicare Card	25		Council Rates Notice	25	
Last Four Rent Receipts	25		Tenant History Ledger	25	
Bank Statement	25		Gas/Electricity Account	25	
Drivers License	40				
Proof of Income		INITIAL	Proof of Income		INITIAL
Wage Slips			Centrelink Statement		

PET APPLICATION

PET DETAILS	Pet 1	Pet 2
Type of pet/s		
Breed		
Name/s		
Age/s		
Desexed	YES/NO	YES/NO
Council Reg #		
Description		
Colour		
Photo Provide	YES/NO	YES/NO

EMERGENCY PER CARER		
Name:		
Address:		
Phone:	Mobile:	Work:

VETERINARIAN		
Name:		
Address:		
Phone:	Fax:	After hours:

TERMS AND CONDITIONS
<p>The Tenant acknowledges and agrees to the following terms:</p> <ol style="list-style-type: none"> 1. The Lessor has agreed to permit pet/s at the Premises as specified in the General Tenancy Agreement Pet Agreement. 2. Any pet/s other than the approved pet/s specified in the General Tenancy Agreement and this Pet Agreement must be first be requested by the Tenant in writing via a separate Pet Application giving full details and then ne approved in writing by the Lessor PIOR to the pet/s being allowed onto the Premises. Pet approval may be subject to specific criteria and must be complied with. Approval is NOT guaranteed. 3. The Tenant shall be liable for any damage or injury whatsoever caused by the pet/s on the Property, whether they are the Tenant's pet or their guest pets and regardless of their approval status. 4. The Tenant accepts full responsibility and indemnifies the Lessor for any claims by or injuries to third parties or their Property caused by, or as result of actions by their pet/s or their guests pet/s, and regardless of their approval status. 5. The Tenant agrees to arrange for Flea Fumigation at the end of the Tenancy or at a time during the Tenancy as required or requested by the Lessor /Lessor's Agent to be carried out by a Company complying with Australian Standards. 6. The pet/s are to be outside at all times, unless specified otherwise in the General Tenancy agreement or this Pet Agreement. Guide dogs are an exception. 7. If the pet is a dog, the Tenant agrees to restrain or remove the dog from the premises for the duration of inspections arranged by the Agent with the required notice given. 8. By signing below you are only asking for approval of the above-mentioned pet/s to be accepted at the Property for which you are applying. 9. If approved, you are required to, at the time of signing the General Tenancy Agreement and associated paperwork, sign the Tenant agreement section.

ACKNOWLEDGEMENT BY APPLICANT			
Applicant Name			
Signature		Date	