

Application for Residential Tenancy (One application to be completed per person)

	PART 1: RENTAL PROPERTY DETAILS
ITEM 1:	AGENT DETAILS
IIEWII.	AGENCY NAME:
	Smith Mengel Pty Ltd T/a The Real Estate People
	ADDRESS: 322 Ruthven Street
	SUBURB: TOOWOOMBA STATE: QLD POSTCODE: 4350
	PHONE: MOBILE: FAX: EMAIL:
	07 4633 8899 0448 955 912 07 4633 8898 mareederksen@therealestatepeople.com.au
ITEM 2:	PROPERTY DETAILS ADDRESS:
	ADDRESS.
	SUBURB: STATE: POSTCODE:
	Rent: \$ Rent period: \(\square weekly / fortnightly / monthly \) Bond: \$
	Tenancy Term: Periodic agreement Periodic agreement
	Starting on: Ending on:
	PART 2: APPLICANT DETAILS
ITEM 3:	CONTACT DETAILS
	FULL NAME: DATE OF BIRTH:
	Have you been known by any other name(s)?
	If Yes, what other name(s) have you been known by?
	WORK PHONE: MOBILE: HOME PHONE: EMAIL:
	Driver's Licence/passport number: State:
	Number of vehicles: Registration number(s):
ITEM 4:	DEPENDANTS De view hours and denoted a long of the lo
	Do you have any dependants? Yes No RELATIONSHIP TO APPLICANT: DEPENDANT DATE OF BIRTH:
	DEPENDANT FULL NAME(S): RELATIONSHIP TO APPLICANT: DEPENDANT DATE OF BIRTH:
ITEM 5:	SMOKING
	Are you or any of the dependants living with you a smoker?
ITEM 6:	PETS
	Do you intend to keep pets at the property? Yes No Number of pets:
	Type of Pet/s: Are your pets registered with a council? Yes No
	If Yes, please state which council:

ITEM 7:	APPLICANTS ADDRESS HISTORY					
	CURRENT RESIDENTIAL ADDRESS:					
	SUBURB: STATE: F	POSTCODE:				
	PERIOD OF OCCUPANCY: TYPE OF OCCUPANCY:	0010002.				
	Rent Owner Other: →					
	CURRENT AGENT/LESSOR (If renting): AGENT/LESSOR PHONE:					
	CURRENT RENT REASON FOR LEAVING:					
	\$Rent period:					
	PREVIOUS RESIDENTIAL ADDRESS:					
	SUBURB: STATE: F	POSTCODE:				
	PERIOD OF OCCUPANCY: TYPE OF OCCUPANCY:					
	Rent Owner Other: →					
	PREVIOUS AGENT/LESSOR: AGENT/LESSOR PHONE:					
	PREVIOUS RENT: REASON FOR LEAVING: \$ Rent period:					
	Nent period. Weekly / Totalightly / montally					
ITEM 8:	EMPLOYMENT DETAILS					
	Are you employed? Yes No (if no, please provide details of previous employer, if any)					
	Employment status: Full time Part time Casual Contract Self employed					
	OCCUPATION: NET INCOME (per week)					
	\$					
	DATE COMMENCED EMPLOYMENT (approx.) DATE TERMINATED EMPLOYMENT (if ar	y):				
	EMPLOYER/BUSINESS NAME:	PHONE:				
	ADDRESS:					
	SUBURB: STATE: POSTCODE: POSTCODE:					
	IF SELF EMPLOYED, ACCOUNTANT'S NAME:	PHONE:				
ITEM 9:	CENTRELINK PAYMENTS					
	Are you receiving any regular Centrelink payments? Yes No					
	DESCRIPTION OF PAYMENT(S):					
	TOTAL INCOME (PER WEEK): DATE PAYMENTS COMMENCED:					
	\$					
ITEM 40						
ITEM 10:	STUDENT DETAILS					
	Are you studying full time? Yes No					
	NAME OF EDUCATION INSTITUTION YOU ARE CURRENTLY ATTENDING: STUDENT IDENTIFICATION NUMBER:					
	Are you an overseas student? Yes No If yes, Visa expiry date:					

ITEM 11:	PERSONAL REFERENCES					
	Please do no REFEREE 1:	ot list relatives, another a	applicant or partners and pro	ovide business	s hours contact numbers.	RELATIONSHIP:
	ADDRESS: L			STATE:	POSTCODE:	_ _ PHONE/MOBILE: _
	REFEREE 2:			_	10010052.	RELATIONSHIP:
	ADDRESS: L			CTATE	POSTCODE:	_ _ PHONE/MOBILE:
	SOBOIND.			STATE:	POSTCODE:	
ITEM 12:	PERSONAL F	REPRESENTATIVE				
	i.e. preferred	person(s) to be contact	ed in the event of an emerge	ency.		
	REPRESENT	ATIVE 1:				RELATIONSHIP:
	ADDRESS:					_
	SUBURB:			STATE:	POSTCODE:	PHONE/MOBILE:
	REPRESENT.	ATIVE 2:				RELATIONSHIP:
	ADDRESS:					
	ADDRESS:					_
	SUBURB:			STATE:	POSTCODE:	_ PHONE/MOBILE: _ _
	PART 3:	SUPPORTING D	OCUMENTS			
ITEM 13:	IDENTIFICAT	ION				
	You are requ	uired to meet a 100 poin	t identification criterion upon			
	Ü	,, ,,	s you have provided with you			
	IMPORTAN'	T: At least one form of	Photo Identification MUST	be provided	.	
	70 Points					
	Passpor	t	Full birth certificate		Citizenship certificate	
	40 Points					
	Australia	an Driver's Licence	Student Photo ID		Department of Veterans A	Affairs card
	Centrelin	nk card	Proof of age card		State/Federal Governmen	it Photo I D
	25 Points					
	Medicar	e card	Council rates notice		Motor vehicle registration	
	Telepho	ne bill	Electricity bill		Gas bill	
	Tenancy	/ History Ledger	Bank statement		Credit card statement	
	Last FO	UR rent receipts	Rent bond receipt		Previous tenancy agreem	ent
ITEM 14:	PROOF OF IN	ICOME				
	You are also required to supply the Agent/Lessor with proof of your income upon submission of your application.					
	Employed: Last TWO pay slips.					
	Self employed: Bank statements, Group Certificate, Tax Return or Accountant's letter.					
	Not employ	ed: Centrelink statem	nent.			

PART 4: DECLARATION

PLEASE DECLARE THE FOLLOWING BY SELECTING EITHER TRUE or FALSE I, the Applicant 1. Have never been evicted by an Agent/Lessor True False 2. Have no known reasons that would affect my ability to pay rent False True 3. Was refunded the rental bond for my last address in full (if applicable) True False If false, please advise what deductions were made from your bond? True False Have no outstanding debt to another Agent/Lessor? If false, why are you in debt to your past Agent/Lessor? PART 5: ACKNOWLEDGEMENT PLEASE ACKNOWLEDGE THE FOLLOWING BY SELECTING EITHER YES or NO I, the Applicant Acknowledge that my personal contents insurance is not covered under any Lessor insurance Yes No policy/s and understand that it is my responsibility to insure my own personal belongings. Understand that you as the Agent/Lessor have collected this information for the purpose of determining whether I am a suitable tenant for the property - in particular to check my identification, No Yes my ability to care for the property, my character and my creditworthiness. for such purposes, I authorise you to contact the persons named in this application, and to undertake such enquiries and searches (including tenancy databases searches) Yes No as you consider reasonably necessary. in doing so, I understand that information provided by me may be disclosed to, and further information obtained from, referees named in this application and other relevant Yes No 3. Acknowledge and accept that if this application is denied, the Agent is not legally obliged to provide Yes No reasons as to why. Consent and understand that should my tenancy be accepted and upon commencement of the tenancy agreement, there may be cause for the Agent/Lessor to pass my details onto others which No Yes may include (but is not limited to) insurance companies, body corporates, contractors, other real estate agents, salespeople and tenancy default databases. 5. Acknowledge that I have received and reviewed the General Tenancy Agreement (Form 18a), Yes No the Standard Terms and any special terms before completing this application. Acknowledge that I have received or have available the Information Statement (Form 17a). 6. Yes body corporate by-laws (if applicable) before completing this application. Acknowledge that I have signed the agency's Privacy Notice and Consent. 7. Yes No Acknowledge that the Lessor and Applicant (tenant) are bound by this agreement immediately upon communication of either the lessor or agent's acceptance of the application. 8. Yes Consent to the use of email and facsimile in accordance with the provisions set out in Chapter 2 of the Electronic Transactions (Queensland) Act 2001 (Qld) and the Electronic Transactions Act 9 Yes 1999 (Cth). 10. Declare that the above information is true & correct and that I have supplied it of my own free will. Yes No Name of Applicant: Signature: Date:



REQUEST FOR RENTAL REFERENCE

To: The Property Management Department
Agency:
Double I Double and the second
Rental Property:
Tenant/s Name:
Period of Rental:Rent per week:
l/we:
hereby expressly consent to ,and irrevocably authorize , the agency whose name appears
above, providing The Real Estate People with the information requested herein, and without limitation, any further information, personal or otherwise ,that may be deemed relevant or
germane by them, at their sole and absolute discretion, in order for my/our tenancy application
to be assessed.
Tenant Signature/sDate:Date:
Are they currently on a fixed term lease at the above address?
When does the current lease expire?
During the tenancy was the applicant ever in arrears?YN
Has the applicant been issued with Remedy to Breach Notices?
Were breach notices issued for other than rent arrears:
Were periodic inspections carried out satisfactory?Y
Was the yard maintained satisfactorily?N
Was there a pet kept at the premises?N
Was there any money deducted from the bond?YN
Did you find the tenant co-operative during the tenancy?YN
Did the tenant request excessive/unnecessary maintenance?N
Reason for any monies deducted from bond:
Comments:
Would you rent to this applicant again?
Completed By:





Employer / Business Name:
Att: (Payroll officers name and direct contact details):
Applicants Name:
Occupation: Start Date:
I/we:
Applicants SignatureDate:Date:
Is the applicant a current employee? ☐ YES ☐ NO If no, when did the applicant cease employment:
When did the applicant commence employment:
Is the applicant a reliable / trustworthy employee: ☐ YES ☐ NO
What is the applicants annual income:
Is the applicants employment stable (ie continuing for the foreseeable future): \bigsim YES \bigsim NC
Comments:
Completed
ByDate:Date: