TENANT APPLICATION FORM

Office Location: 119 Brighton Road, Sandgate

Office Phone: (07) 3269 0022

Office Email: pm1@remaxps.com.au

The fellowing decrees what's		Please tick once
Preferred Lease Term:		
Preferred move in date:		
Date property was viewed:		
Rent Amount:	\$ per week	
Address of Property:		
Applicants Full Name:		

The following documentation must be submitted with application form:	Please tick once attached
Photocopy of Photo ID (Driver's licence, 18+ Card or passport)	
Photocopy of Medicare Card and Bank Card (eg eftpos or credit card)	
Photocopy of recent bank statement (within the last 3 months)	
Proof of Income (2 payslips, Centrelink statement or letter from accountant)	
Proof of current address (photocopy of telephone bill, electricity bill, phone bill etc)	

Please note that we will not process any application unless all documents above are provided. Please have all paperwork photocopied and finalised prior to submitting an application.

ALL EMAILED DOCUMENTS NEED TO BE PROPERLY SCANNED COPIES NOT PHOTOGRAPHS.

In most instances, we are able to process your application within 48 hours. If we are unable to contact referees, this process may take longer. If your application is approved, you will be required, within 24hours to pay your first two weeks rent. You will receive a copy of the lease documents prior to paying any monies. You will also be required to pay your bond prior to any keys being handed over. Your deposit is non-refundable after a 48 hour period.

The applicant has viewed the property in its current condition and agrees to take the premises as is with no alterations, additions or extras provided unless previously agreed in writing by all parties. The landlord retains the right to refuse any requests for improvements requested by the tenants.

Please note: Our office does not accept cash or offer eftpos facilities.

Signed: _	Date:

Applicant Details						
Full Name:						
Contact Details:		Home: Mobile:				
Date of Birth:		Email Address:				
Driver's Licence Numb	phor:					
Marital Status:	Jei.					
Car Rego, Make & Mo	del·					
Pets (Type, age & bree					Registered?	V / N
Tets (Type, age & bree	cuj.				registereu:	1 / 14
		Cur	rent Resid	dential Hist	tory	
Current Address:						
Type of Occupancy:	Rent	ing / Own Ho	me / Priv	vate Landlo	ord / Living with fa	mily (please circle)
Agency Details: (If renting privately, please provide landlords details)	Ager	ency Name: ency Phone Number: operty Manager Email:				
Resided at property:	Fron	າ: /	/	To:	/ /	
Reason for Leaving:						
		Prov	ious Rosi	dential His	tory	
Previous Address:		1100	ious itesi	aciitiai iiis	toi y	
Type of Occupancy:	Rent	ing / Own Ho	me / Priv	vate Landlo	ord / Living with fa	milv (please circle)
Agency Details: (If renting privately, please provide landlords details)	Ager Ager	ency Phone Number: pperty Manager Email:				
Resided at property:						
Reason for Leaving:						
		0:	ther Occu	ınant Detai	ile	
Occupants Full Name: Relationship to Applicant: Date of Birth:						
Occupants run runne.				relations	inp to Applicant.	Date of Birth.
Employment Details						
Company Name:			Occupation:			
		Phone: Email:				
Address:				10 11		
Net Income (per week): \$ Full Time / Part Time / Casual / (please circle)						
Date employment commenced:						
Accountants details (if self-employed): Name: Phone: Phone: Name: Phone:						
Do you receive Centrelink Benefits? Y / N If Yes, Amount per week: \$						
If you have been in your Surrent amplement loss Company Name: Occupation: Phone Number:				ation.		
current employment less						
than 6 months, please Date Employment Commenced:						
		Length of Employment:				
employment details: Net Income (per week): \$ Full Time/Part Time/Casual (please circ			t IIME/Casual (please circle)			

Next Of Kin Details		
Please provide details of someone we may contact in the event of an emergency who will not be residing at the property with you		
Full Name:	Relationship to you:	
Phone Number:	Address:	
-	•	

Personal Referees Please do not list relatives, another applicant or partners		
Full Name:		
Relationship to you:		
Address:		
Phone:		
Full Name:		
Relationship to you:		
Address:		
Phone:		

Declaration				
Please declare the following by circling either TRUE or FALSE				
I have never been evicted by an Agent/Lessor	TRUE / FALSE			
I have no known reasons that would affect my ability to rent	TRUE / FALSE			
I was refunded the bond for my last address in full (if applicable) If false, please advise what deductions were made:	TRUE / FALSE			
I have no outstanding debt to another Agent/Lessor	TRUE / FALSE			
If false, why are you in debt to another Agent/Lessor?				

If your application is not approved we are sorry, but are not under any legal obligation to advise you as to the reason.



REMAX PROPERTY SHOP

119 Brighton Road, Sandgate

Phone: (07) 3269 0022

Email: assist@remaxps.com.au

I hereby offer to rent the property from the owner under a lease to be prepared by the Agent. Should this application be accepted by the landlord I agree to enter Into a Residential Tenancy Agreement. I acknowledge that this application is subject to the approval of the owner/landlord. I acknowledge and accept that if the application is denied, the agent is not legally obliged to provide reasons as to why. I declare that all information contained in this application (including the reverse side) is true and correct and given of my own free will. I acknowledge and understand that my personal contents insurance is not covered under any Lessor insurance policy/s and understand that it is my responsibility to insure my own personal belongings. I declare that I have inspected the premises. I declare I am not bankrupt. I authorise the Agent to obtain personal Information from:

- (a) The owner or the Agent of my current or previous residence;
- (b) My personal referees and employer/s;
- (c) Any record listing or database of defaults by tenants such as NTD, TICA or TRA for the purpose of checking your tenancy history; I am aware that I may access my personal information by contacting:

NTD: 1300 563 826

TICA: 1902 220 346

TRA: (02) 9363 9244

If I default under a rental agreement, I agree that the Agent may disclose details of any such default to a tenancy default database, and to agents/landlords of properties I may apply for in the future.

I am aware that the Agent will use and disclose my personal information in order to:

- (a) Communicate with the owner and select a tenant
- (b) Prepare lease/tenancy documents
- (c) Allow tradespeople or equivalent organisations to contact me
- (d) Lodge/claim/transfer to/from a Bond Authority
- (e) Refer to Tribunals/Courts & Statutory Authorities (where applicable)
- (f) Refer to collection agents/lawyers (where applicable)

I am aware that if information is not provided or I do not consent to the uses to which personal information is put, the Agent cannot provide me with the lease/tenancy of the premises.

Full Name:	Signature:	Date:
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