## **Residential Tenancy Application**

# Applications will not be processed unless the following is provided:

- 1. **Photo ID** Passport / Driver's Licence / 18+ Card
- 2. Last 3 Months Bank Statements & Medicare Card
- 3. **Proof of Address** Phone / Gas/ Electric Bill
- 4. **Proof of Income 3** x Most Recent Pay Slips / Letter of Employment / Centrelink Statement
- **5. Rental/Owner History** Tenant Ledger or Council Rates / Notice & Home Loan Statements (Home Owners)

Place of Birth



### **AGENT DETAILS:**

Phone: (07) 3343 4001

**Fax:** (07) 3343 2004

Email: mtgravatt@gijay.com

Address: 1399 Logan Road

Mt Gravatt QLD 4122

Website: www.gijay.com

A: PROPERTY DETAIL	S							
Property address that you would like to rent?								
Lease commencement date?			T	erm of lease?				
Property rent per week?			Bond (4 x weekly rent):					
\$			\$	\$				
How many people will occupy th	e proper	ty?						
Adults: Children:			A	Ages of all occupants:				
Full names (inc. relations) of AL	L other p	persons to occupy the prop	ert	y:				
Details of any pet? (Photos of al	l pets m	ıst accompany applicatio	n -	- All pets must	be strictly outside	.)		
Breed / Type?		Number?		Are your pets registered with the council?				
B: PERSONAL DETAILS -	APPLI	CANT 1		PERSONAL	DETAILS - API	PLICANT 2		
Surname	Given	Names		Surname		Given Names		

Date of Birth

Place of Birth

Date of Birth

PLEASE PROVIDE YOUR CONTACT DETAILS				PLEASE PROVIDE YOUR CONTACT DETAILS					
Home phone no.	Mobi	le phone no.		Home phone no.	Mo	obile phone no.			
Work phone no.	Fax n	0.		Work phone no.	Fa	x no.			
Email				Email					
C: VEHICLES - APPLICA	NT 1			VEHICLE - APPLICA	NT 2				
Car Make / Model/Year/Colour		Registration	State	Car Make / Model/Year/C	Colour	Registration	State		
Additional Cars/Boats/Trailers				Additional Cars/Boats/Trailers					
Additional Cars/Boats/Trancis									
D: APPLICANT HISTORY	- APP	PLICANT 1		APPLICANT HISTOR	RY - APPI	ICANT 2			
What is your CURRENT addr	ess?			What is your CURREN	T address?				
The state of the s				What is your CORRENT address:					
Period of Occupancy?	Ren	t/Mortgage Paid	per Week?	Period of Occupancy?	R	ent/Mortgage Paid	per Week?		
Years Months	\$		-	Years M	Months \$		•		
Property Status (Please Select)				Property Status (Please Select)					
Name of Agent/Landlord		Phone Number		Name of Agent/Landlord		Phone Number	r		
Reason/s for Leaving?				Reason/s for Leaving?					
What was your PREVIOUS ac	dress &	& Landlord Pho	one No.?	What was your PREVIO	OUS addres	s & Landlord Ph	one No.?		
Danama familianina				Daggar/a fan Laggin 29					
Reason/s for Leaving?			Reason/s for Leaving?						
Was bond refunded in full?	Ifı	not, why?		Was bond refunded in ful	17	If not, why?			
vi us sona retanava in ran.		10t, Wily .		Was sond retailed in rai		11 1101, 1111 .			
E: PERSONAL REFEREN	CES (N	OT RELATE	ED TO YO	(J)					
Please provide 2 personal referen									
	ices wii	o can be contact	ed during bu						
*Reference - Full Name (i) ref:				*Reference - Full Name (i) ref:					
(1) 101.									
(ii) ref:				(ii) ref:					
	D -1	otionaliin to (				O alatianalain 4-	.9		
Contact Number (i)	Kel	ationship to you	<u>{</u>	Contact Number	<u>_</u>	Relationship to you	1!		
				(i)					
(ii)				(ii)					

F: EMPLOYMENT HISTOR	EMPLOYMENT HISTORY - APPLICANT 2					
Current Employment - Occupation	Current Employment - Occupation					
Employer's name/Centrelink detai Business name + ACN if self empl	Employer's name/Centrelink details or Business name + ACN if self employed					
Employer's Address		Employer's Address				
Contact Name	Phone no.	Contact Name		Phone no.		
Length of Employment	Net Income per week	Length of Employment		Net Income per week		
Years Months	\$		Months	\$		
(If Less Than Twelve Months) Previous Employers Name		(If Less Than Twelve Months) Previous Employers Name				
Employer's Address		Employer's Address				
Contact Name	Phone Number:	Contact Name		Phone Number:		
Length of Employment	Net Income per week	Length of Employment	]	Net Income per week		
Years Months	\$	Years	Months	\$		
IF SELF EMPLOYED - Please Accountants name and address	IF SELF EMPLOYED - Please provide business references Accountants name and address					
Accountant Contact Name	Accountant Phone Number	Accountant Contact Nan	ne .	Accountant Phone Number		
Business/Company Name and Ad	dress	Business/Company Nam	e and Add	dress		
Business/Company Director	Phone Number	Business/Company Direct	ctor	Phone Number		
G: NEXT OF KIN/EMERGE	ENCY CONTACT DETAILS					
Name	Contact Number	Name		Contact Number		
Relationship To You	Relationship To You					

## TENANT ACKNOWLEDGEMENT

	J:	Please acknowledge the following by tick either Yes or No: I/we, the applicants,				
1.		Has at least one of the applicants physically inspected the property?	Y	es		No
2.		Has either applicant ever been evicted by, or been in debt to, any landlord or Agent?	☐ Y	es		No
3.		Has either applicant ever had a tenancy terminated by a landlord or agent?	Y	es [		No
4.		Does either applicant have any other applications pending on other properties?	Y	es		No
5.		Has either applicant ever been refused a property by a landlord or agent?	Y	es		No
6.		Does either applicant intend to run any type of business from the property?		es		No
7.		Are you or any of the occupants living with you, a smoker?	☐ Y	es		No
8.		Acknowledge that my/our personal contents insurance is not covered under any Lessor/s insurance policy/s and understand that it is my/our responsibility to insure my/our own personal belongings	Y	es [		No
9.		Understand that you as the agent/Lessor/s have collected this information for the purpose of determining whether I/we are a suitable tenant for the property—in particular to check my/our identification, my/our ability to care for the property, my/our character and my/our credit worthiness	Y	es [		No
10	-	For such purposes, I/we authorise you to contact the persons named in this application, and to undertake such enquiries and searches (including tenancy databases searches) as you consider reasonably necessary.	☐ Y	es [		No
11		In doing so, I/we understand that information provided by me/us may be disclosed to, and further information obtained from, referee/s named in this application and other relevant third parties.	Y	es		No
12		Acknowledge that I/we have been made aware of the agency's Privacy Policy (refer to www.GiJay.com)	☐ Y	es [		No
13		Acknowledge that the Lessor/s and applicant/s (tenant/s) are bound by this agreement immediately once payment of the bond and the first two weeks rent has been made after the applicant has received either a verbal or written approval of this application from the Lessor/s or agents.	☐ Y	es [		No
14		Acknowledge that unless the property is newly constructed, and/if the phone line has been removed from the property, I/we will be liable for the reconnection costs quoted by provider.	☐ Y	es		No
	<u>Te</u>	nant Declaration				
	The sub	e, the Applicant/s, declare that the information provided is true and correct and that I/we have supplied it of my/our applicant/s acknowledge that this is an application to lease the property nominated on this application and that the ject to the registered Lessor/s approval and the availability of the premises on the due date. No action will be taken sor/s or agent should the premises not be ready for occupation on the due date or if my application is not successful.	applica against	atior	ı is	
	I/We acknowledge that the processing of this application can take up to two working days and in some circumstances longer. Unless contacted earlier by the Lessor/s, I/we will expect a response in this time frame. I/we acknowledge that the Lessor/s and agent will reply on the truth of my answers in accessing this application for tenancy. I/we hereby offer to rent the property from the Lessor/s under a Tenancy Agreement prepared by the agent in accordance of the Residential Tenancies and Rooming Accommodation Act 2008 and acknowledge that I/we will be required to pay rental bond.					
Na	ame	of Applicant/s				
Αį	ppli:	cant/s Signature				

#### L: PREVIOUS LESSOR/AGENT REFERENCE

To:	Em	nail/Fax No:	
From:	GiJay Estate Agents Date		
	to advise that tenant/s as listed below have submitted an appation please complete the following and return via email or it	-	e. To enable our office to process the
	Email: mtgravatt@gijay	y.com / Fax: 07 3343	2004
Name o	of Tenant/s:		
Address	S:		
Please c	confirm the above tenant/s were/are approved occupants at the	the above mentioned property	
Date ten	nancy agreement commenced:	Length of tenancy:	
Please c	confirm the weekly rent paid: \$	Was rent paid on time:	YES NO
Was the	ere any Notice to Remedy Breaches given? YES No	ю	
If YES,	how many times were Notice of Remedy Breaches issued of	during the tenancy?	
Please a	advise reason/s if breach notices were given for other than re	ent arrears:	
Were th	ne premises maintained in accordance with their tenancy agr	reement?	YES NO
	e yard maintained to a satisfactory standard?	coment.	YES NO
Comme			<del></del>
•	receive any complaints during the tenancy?		YES NO
Comme			
	tenant keep any pets on the property? y receive a full bond refund?		YES NO
-	you rent a property to the tenant again?		YES NO
	uld appreciate it if you would supply the Tenant/s Rent Lea	dger	YES NO
	onal Comments:		
Name o	of Property Manager:	Date:	
	Thank you from GiJay Estate A	Agents Property Managen	nent Team
	PRIVACY ACT A	CKNOWLEDGEMENT	
In acco	ordance with Section 18n(1)(b) of the Privacy Act		e Agents to give information to and
	information from the tenant database named on the fi	•	
	nces named in this application. I/we understand this car	• •	• • •
	history or credit capacity. I/we understand this informa		-
Applica	eant Name:		
	cant Signature:		

Telephone: 07 3343 4001 Fax: 07 3343 2004 Email: mtgravatt@gijay.com Website: gijay.com

**Agency Address:** 1399 Logan Rd, Mount Gravatt QLD 4122