

|          | Application for Residential Tenancy<br>(One application to be completed per person)                                     |  |  |  |  |  |
|----------|---|--|--|--|--|--|
|          | PART 1: RENTAL PROPERTY DETAILS   |  |  |  |  |  |
| ITEM 1:  | AGENT DETAILS   |  |  |  |  |  |
|          |   |  |  |  |  |  |
|          | RE/MAX IGNITE<br>ADDRESS: PO BOX 461  |  |  |  |  |  |
|          | PO BOX 461  |  |  |  |  |  |
|          | SUBURB: MOUNT OMMANEY STATE: QLD POSTCODE: 4074   |  |  |  |  |  |
|          | PHONE: MOBILE: FAX: EMAIL:  |  |  |  |  |  |
|          | 07 3063 1203 0421046826 katylightwood@remax.com.au  |  |  |  |  |  |
| ITEM 2:  | PROPERTY DETAILS  |  |  |  |  |  |
|          | ADDRESS:  |  |  |  |  |  |
|          | SUBURB: STATE: POSTCODE:  |  |  |  |  |  |
|          |   |  |  |  |  |  |
|          |   |  |  |  |  |  |
|          | Tenancy Term:        Fixed term 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)?       Yes       No         If Yes, what other name(s) have you been known by? |  |  |  |  |  |
|          | Number of vehicles:     Registration number(s):   |  |  |  |  |  |
| ITEM 4:  | DEPENDANTS  |  |  |  |  |  |
|          | Do you have any dependants? Yes No  |  |  |  |  |  |
|          | 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:   |  |  |  |  |  |
|          |   |  |  |  |  |  |
|          |   |  |  |  |  |  |
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## ITEM 7: APPLICANTS ADDRESS HISTORY

|          | CURRENT RESIDENTIAL ADDRESS:   |                |                              |               |           |   |                  |           |
|----------|--|----------------|------------------------------|---------------|-----------|---|------------------|-----------|
|          | SUBURB:<br>PERIOD OF OCCUPANCY:  |                | F OCCUPANCY:                 | Owner         |           | Other: →                                      | STATE:           | POSTCODE: |
|          | CURRENT AGENT/LESSOR (If renting)  |                |                              |               |           | Other. 7                                      |                  |           |
|          | AGENT/LESSOR PHONE:  | FAX:           |                              | EMA           | IL:       |   |                  |           |
|          | CURRENT RENT \$Rent period:  | :              | ← weekly / fortnightly / n   |               |           | REASON FOR                                    | LEAVING:         |           |
|          | PREVIOUS RESIDENTIAL ADDRESS:  |                |                              |               |           |   |                  |           |
|          | SUBURB:  |                |                              |               |           |   | STATE:           |           |
|          | PERIOD OF OCCUPANCY:   |                | PF OCCUPANCY:                | Owner         |           | Other: $\rightarrow$                          |                  |           |
|          | AGENT/LESSOR PHONE:  | FAX:           |                              | EMA           | IL:       |   |                  |           |
|          | PREVIOUS RENT: \$Rent period:  | :              | ← weekly /                   | fortnightly / | ' monthly | REASON FOR                                    | R LEAVING:       |           |
| ITEM 8:  | EMPLOYMENT DETAILS   |                |                              |               |           |   |                  |           |
|          | Are you employed?       Yes         Employment status:       Full ti         OCCUPATION: |                | o (if no, please<br>art time | provide det   |           | vious employe<br>Contract<br>NET INCOME<br>\$ | Self employe     | ed        |
|          | DATE COMMENCED EMPLOYMENT (  | approx.)       |                              |               |           | DATE TERMI                                    | NATED EMPLOYMENT | (if any): |
|          | EMPLOYER/BUSINESS NAME:  |                |                              |               |           |   |                  |           |
|          | ADDRESS:   |                |                              |               |           |   |                  |           |
|          | SUBURB:<br>PHONE:  | FAX:           |                              | EMA           | IL:       | _ STATE:                                      | POSTCODE:        |           |
|          | IF SELF EMPLOYED, ACCOUNTANT'S   | 3 NAME:        |                              |               |           |   |                  | PHONE:    |
| ITEM 9:  | CENTRELINK PAYMENTS  |                |                              | . —           |           |   |                  |           |
|          | Are you receiving any regular Centr<br>DESCRIPTION OF PAYMENT(S):                        | elink payment: | s? 📋 \                       | /es           | No        |   |                  |           |
|          | TOTAL INCOME (PER WEEK): \$  | DATE P         | PAYMENTS COMM                | MENCED:       |           |   |                  |           |
| ITEM 10: | STUDENT DETAILS  |                |                              |               |           |   |                  |           |
|          | Are you studying full time?<br>NAME OF EDUCATION INSTITUTION                             |                |                              | No<br>DING:   | STUDEN    | T IDENTIFICAT                                 | ION NUMBER:      |           |
|          | Are you an overseas student?   | Y              | ′es 🗌 N                      | 10            | lf yes, V | isa expiry date                               | :                |           |
|          |  |                |                              |               |           |   |                  |           |

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| ITEM 11: | PERSONAL REFERENCES   |                                |                      |                         |               |  |  |
|----------|---|--------------------------------|----------------------|-------------------------|---------------|--|--|
|          | Please do not list relatives, anothe<br>REFEREE 1:  | RELATIONSHIP:                  |                      |                         |               |  |  |
|          | ADDRESS:  |                                |                      |                         |               |  |  |
|          | SUBURB:   |                                | STATE:               | POSTCODE:               | PHONE/MOBILE: |  |  |
|          | REFEREE 2:  |                                |                      |                         | RELATIONSHIP: |  |  |
|          | ADDRESS:  |                                |                      |                         |               |  |  |
|          | SUBURB:   | STATE:                         | POSTCODE:            | PHONE/MOBILE:           |               |  |  |
| ITEM 12: | PERSONAL REPRESENTATIVE   |                                |                      |                         |               |  |  |
|          | i.e. preferred person(s) to be conta  | cted in the event of an emerge | ncy.                 |                         |               |  |  |
|          | REPRESENTATIVE 1:   | RELATIONSHIP:                  |                      |                         |               |  |  |
|          | ADDRESS:  |                                |                      |                         |               |  |  |
|          |   |                                |                      |                         | PHONE/MOBILE: |  |  |
|          | SUBURB:<br>REPRESENTATIVE 2:  |                                | STATE:               |                         | RELATIONSHIP: |  |  |
|          | ADDRESS:  | PHONE/MOBILE:                  |                      |                         |               |  |  |
|          |   |                                |                      |                         |               |  |  |
|          | PART 3: SUPPORTING  | DOCUMENTS                      |                      |                         |               |  |  |
| ITEM 13: | IDENTIFICATION  |                                |                      |                         |               |  |  |
|          | You are required to meet a 100 point identification criterion upon submission of your application.<br>The Agent/Lessor may photocopy any item and retain as part of your application. |                                |                      |                         |               |  |  |
|          | Please tick the identifying docume  |                                |                      |                         |               |  |  |
|          | IMPORTANT: At least one form of   |                                |                      |                         |               |  |  |
|          | 70 Points   |                                |                      |                         |               |  |  |
|          | Passport  | Full birth certificate         | Citiz                | enship certificate      |               |  |  |
|          | 40 Points Australian Driver's Licence   | Student Photo ID               |                      | artment of Veterans Aff | fairs card    |  |  |
|          | Centrelink card   |                                | e/Federal Government |                         |               |  |  |
|          | 25 Points   |                                |                      |                         |               |  |  |
|          | Medicare card   | Council rates notice           | Mot                  | or vehicle registration |               |  |  |
|          | Telephone bill  | Electricity bill               | Gas                  | bill                    |               |  |  |
|          | Tenancy History Ledger Bank statement   |                                | Cre                  | dit card statement      |               |  |  |
|          | Last FOUR rent receipts   | Rent bond receipt              | Prev                 | vious tenancy agreeme   | nt            |  |  |
| ITEM 14: | PROOF OF INCOME   |                                |                      |                         |               |  |  |
|          | You are also required to supply the   | cation.                        |                      |                         |               |  |  |
|          | Employed: Last TWO pay  |                                |                      |                         |               |  |  |
|          | Self employed: Bank statement   |                                |                      |                         |               |  |  |

Not employed: Centrelink statement.

## 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   | True     | False    |  |  |  |
| 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?  |          |          |  |  |  |
|  |  |          |          |  |  |  |
|  |  |          |          |  |  |  |
| 4.   | Have no outstanding debt to another Agent/Lessor?<br>If false, why are you in debt to your past Agent/Lessor?  | True     | False    |  |  |  |
|  | in laise, why are you in debt to your past Ageni/Lessor?   |          |          |  |  |  |
|  |  |          |          |  |  |  |
|  |  |          |          |  |  |  |
| PA   | RT 5: TENANCY DATABASES  |          |          |  |  |  |
| The  | Agency may use the following tenancy databases to check the rental history of the Applicant/s:   |          |          |  |  |  |
|  |  |          |          |  |  |  |
|  |  |          |          |  |  |  |
| PA   | RT 6: ACKNOWLEDGEMENT  |          |          |  |  |  |
| PLE  | ASE ACKNOWLEDGE THE FOLLOWING BY SELECTING EITHER YES or NO  |          |          |  |  |  |
| 1.   | I, the Applicant<br>Acknowledge that my personal contents insurance is not covered under any Lessor insurance  | _        |          |  |  |  |
| 1.   | policy/s and understand that it is my responsibility to insure my own personal belongings.   | Yes      | No       |  |  |  |
| 2.   | 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.               | Yes      | No       |  |  |  |
|  | my ability to care for the property, my character and my creditworthiness.   | 103      |          |  |  |  |
|  | 2.1 for such purposes, I authorise you to contact the persons named in this application,<br>and to undertake such enquiries and searches (including tenancy databases searches)                                  | Yes      | No       |  |  |  |
|  | as you consider reasonably necessary.  | 103      |          |  |  |  |
|  | 2.2 in doing so, I understand that information provided by me may be disclosed to, and<br>further information obtained from, referees named in this application and other relevant                               | Yes      | No       |  |  |  |
|  | third parties.   | 163      |          |  |  |  |
| 3.   | Acknowledge and accept that if this application is denied, the Agent is not legally obliged to provide reasons as to why.  | Yes      | No       |  |  |  |
| 4.   | 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 may include (but is not limited to) insurance companies, body corporates, contractors, other real                | Yes      | No       |  |  |  |
|  | estate agents, salespeople and tenancy default databases.  |          |          |  |  |  |
| 5.   | Acknowledge that I have received and reviewed the General Tenancy Agreement (Form 18a), the Standard Terms and any special terms before completing this application.   | Yes      | No       |  |  |  |
| 6.   | Acknowledge that I have received or have available the Information Statement (Form 17a),   |          |          |  |  |  |
|  | body corporate by-laws (if applicable) before completing this application.   | Yes      | No       |  |  |  |
| 7.   | Acknowledge that I have signed the agency's Privacy Notice and Consent.  | Yes      | No       |  |  |  |
| 8.   | Acknowledge that the Lessor and Applicant (tenant) are bound by this agreement immediately upon  | Yes      | No       |  |  |  |
| 6  | communication of either the lessor or agent's acceptance of the application.   |          |          |  |  |  |
| 9.   | Consent to the use of email and facsimile in accordance with the provisions set out in Chapter 2<br>of the <i>Electronic Transactions (Queensland) Act 2001 (Qld)</i> and the <i>Electronic Transactions Act</i> | Yes      | No       |  |  |  |
|  | 1999 (Cth).  | <u> </u> | <b>—</b> |  |  |  |
| 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:   |          |          |  |  |  |

Signature:

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## Annexure A

Do you accept the property in its current condition: Please tick yes or no

[ ] Yes [ ] No

If no was selected please explain why: