

|          | Application for Residential Tenancy<br>(One application to be completed per person)                                     |     |
|----------|---|-----|
|          | PART 1: RENTAL PROPERTY DETAILS   |     |
| ITEM 1:  | AGENT DETAILS   |     |
|          | AGENCY NAME:  |     |
|          | Kent Soutphort Realty Pty Ltd/Shores Realty ADDRESS: 403/1 Como Cresent   |     |
|          | 403/1 Como Cresent  |     |
|          | SUBURB: SOUTHPORT STATE: QLD POSTCODE: 4215   |     |
|          | PHONE: MOBILE: FAX: EMAIL:  |     |
|          | 07 5588 4888 yuliya@shoresrealty.com.au   |     |
| ITEM 2:  | PROPERTY DETAILS ADDRESS:   |     |
|          |   |     |
|          | SUBURB: STATE: POSTCODE:  |     |
|          | Rent: \$ Rent period: $\leftarrow$ weekly / fortnightly / monthly Bond: \$  |     |
|          | 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 BIR  | TH: |
|          |   |     |
|          |   |     |
|          |   |     |
| 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?   |     |
|          | Type of Pet/s: Are your pets registered with a council? Yes No  |     |
|          | If Yes, please state which council:   |     |
|          |   |     |
|          |   | ,   |
| INITIALS | S (Note: initials not required if signed with Electronic Signature) 000030416443  | 2   |
|          | 000030416443  | ,   |

## ITEM 7: APPLICANTS ADDRESS HISTORY

|          | CURRENT RESIDENTIAL ADDRESS:                                       |   |  |
|----------|--|---|--|
|          | SUBURB:<br>PERIOD OF OCCUPANCY:                                    |   |  |
|          | CURRENT AGENT/LESSOR (If renting)                                  |   |  |
|          | AGENT/LESSOR PHONE:  | FAX: EMAIL:   |  |
|          | CURRENT RENT \$Rent period:  | REASON FOR LEAVING:   |  |
|          | PREVIOUS RESIDENTIAL ADDRESS:                                      |   |  |
|          | SUBURB:<br>PERIOD OF OCCUPANCY:                                    | TYPE OF OCCUPANCY:  |  |
|          | PREVIOUS AGENT/LESSOR:   | Rent Owner Other: ->  |  |
|          | AGENT/LESSOR PHONE:  | FAX: EMAIL:   |  |
|          | PREVIOUS RENT: \$Rent period:                                      | REASON FOR LEAVING:   |  |
| ITEM 8:  | EMPLOYMENT DETAILS   |   |  |
|          | Are you employed? Yes  | No (if no, please provide details of previous employer, if any)   |  |
|          | Employment status: Full tin<br>OCCUPATION:                         | ne Part time Casual Contract Self employed NET INCOME (per week) \$   |  |
|          | DATE COMMENCED EMPLOYMENT (  | approx.) DATE TERMINATED EMPLOYMENT (if a   | ny):   |
|          | EMPLOYER/BUSINESS NAME:  |   |  |
|          |  |   |  |
|          | ADDRESS:   |   |  |
|          | SUBURB:  | STATE: POSTCODE:  |  |
|          | PHONE:   | FAX: EMAIL:   |  |
|          | IF SELF EMPLOYED, ACCOUNTANT'S                                     | NAME:   | PHONE:   |
| ITEM 9:  | CENTRELINK PAYMENTS  |   |  |
|          | Are you receiving any regular Centro<br>DESCRIPTION OF PAYMENT(S): | elink payments? Yes No  |  |
|          | TOTAL INCOME (PER WEEK): \$  | DATE PAYMENTS COMMENCED:  |  |
| ITEM 10: | STUDENT DETAILS  |   |  |
|          | Are you studying full time?<br>NAME OF EDUCATION INSTITUTION       | Yes No<br>YOU ARE CURRENTLY ATTENDING: STUDENT IDENTIFICATION NUMBER:   | EMAIL:       REASON FOR LEAVING:         trightly / monthly       STATE:         Owner       Other: →         EMAIL: |
|          | Are you an overseas student?                                       | TYPE OF OCCUPANCY:       STATE:       POSTCODE:         Rent       Owner       Other: →         EMAIL:       EMAIL: |  |
|          |  |   |  |

INITIALS (Note: initials not required if signed with Electronic Signature)

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| ITEM 11: PERSONAL REFERENCES  |   |   |                                       |                           |               |  |
|-------------------------------|---|---|---------------------------------------|---------------------------|---------------|--|
|                               | Please do not list relatives, another<br>REFEREE 1:   | r applicant or partners and pro                                     | ovide business ho                     | ours contact numbers.     | RELATIONSHIP: |  |
|                               | ADDRESS:  |   |                                       |                           | PHONE/MOBILE: |  |
|                               | SUBURB:   |   | STATE:                                | POSTCODE:                 | -             |  |
|                               | REFEREE 2:  |   |                                       |                           | RELATIONSHIP: |  |
|                               | ADDRESS:  |   |                                       |                           |               |  |
|                               | SUBURB:   |   | STATE:                                | POSTCODE:                 |               |  |
| ITEM 12:                      | PERSONAL REPRESENTATIVE   |   |                                       |                           |               |  |
|                               | i.e. preferred person(s) to be conta  | cted in the event of an emerg                                       | ency.                                 |                           |               |  |
|                               | REPRESENTATIVE 1:   |   |                                       |                           | RELATIONSHIP: |  |
|                               | ADDRESS:  |   |                                       |                           |               |  |
|                               |   |   |                                       |                           |               |  |
|                               | SUBURB:<br>REPRESENTATIVE 2:  |   | STATE:                                | POSTCODE:                 | RELATIONSHIP: |  |
|                               | REFRESENTATIVE 2.   |   |                                       |                           |               |  |
|                               | ADDRESS:  |   |                                       |                           |               |  |
|                               |   |   |                                       |                           | PHONE/MOBILE: |  |
|                               | SUBURB:   |   | STATE:                                | POSTCODE:                 |               |  |
|                               | PART 3: SUPPORTING  | DOCUMENTS   |                                       |                           |               |  |
| ITEM 13:                      | IDENTIFICATION  |   |                                       |                           |               |  |
|                               | You are required to meet a 100 poi<br>The Agent/Lessor may photocopy a  | int identification criterion upon<br>any item and retain as part of | submission of yo<br>your application. | our application.          |               |  |
|                               | Please tick the identifying documents you have provided with your application.                                  |   |                                       |                           |               |  |
|                               | IMPORTANT: At least one form of Photo Identification MUST be provided.  |   |                                       |                           |               |  |
|                               | 70 Points   |   |                                       |                           |               |  |
|                               | Passport  | Full birth certificate  | Ci                                    | tizenship certificate     |               |  |
|                               | 40 Points   |   |                                       |                           |               |  |
|                               | Australian Driver's Licence   | Student Photo ID  |                                       | epartment of Veterans Af  | fairs card    |  |
|                               | Centrelink card   | Proof of age card   | St                                    | ate/Federal Government    | Photo ID      |  |
|                               | 25 Points   |   |                                       |                           |               |  |
|                               | Medicare card   | Council rates notice  | M                                     | otor vehicle registration |               |  |
|                               | Telephone bill  | Electricity bill  | Ga                                    | as bill                   |               |  |
|                               | Tenancy History Ledger  | Bank statement  |                                       | redit card statement      |               |  |
|                               | Last FOUR rent receipts   | Rent bond receipt   | Pr                                    | evious tenancy agreeme    | ent           |  |
| ITEM 14:                      | PROOF OF INCOME   |   |                                       |                           |               |  |
|                               | You are also required to supply the Agent/Lessor with proof of your income upon submission of your application. |   |                                       |                           |               |  |
| Employed: Last TWO pay slips. |   |   |                                       |                           |               |  |
|                               |   | s, Group Certificate, Tax Retu                                      | urn or Accountant                     | t's letter.               |               |  |
|                               |   |   |                                       |                           |               |  |

Not employed: Centrelink statement.

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## PART 4: DECLARATION

| PLE | ASE 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 |
| 5.  | If false, please advise what deductions were made from your bond?  | Inde | Faise |
|     | in laise, please auvise what deductions were made norm your bond?  |      |       |
|     |  |      |       |
| 4.  | Have no outstanding debt to another Agent/Lessor?  | True | False |
|     | If false, why are you in debt to your past Agent/Lessor?   |      |       |
|     |  |      |       |
|     |  |      |       |
| PA  | RT 5: TENANCY DATABASES  |      |       |
| The | Agency may use the following tenancy databases to check the rental history of the Applicant/s:   |      |       |
|     |  |      |       |
| DΔ  | RT 6: ACKNOWLEDGEMENT  |      |       |
|     | ASE ACKNOWLEDGE THE FOLLOWING BY SELECTING EITHER YES or NO  |      |       |
|     | I, the Applicant   |      |       |
| 1.  | Acknowledge 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.   | 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, my ability to care for the property, my character and my creditworthiness.  | Yes  | No No |
|     | 2.1 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) as you consider reasonably necessary.   | Yes  | No No |
|     | 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<br>third parties.   | Yes  | No No |
| 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 estate agents, salespeople and tenancy default databases. | Yes  | No No |
| 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 communication of either the lessor or agent's acceptance of the application.   | Yes  | No    |
| 9.  | Consent to the use of email and facsimile in accordance with the provisions set out in Chapter 2 of the <i>Electronic Transactions (Queensland) Act 2001 (Qld)</i> and the <i>Electronic Transactions Act 1999 (Cth)</i> .   | Yes  | No No |
| 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:   |      |       |

**INITIALS** (Note: initials not required if signed with Electronic Signature)