



TENANCY APPLICATION INFORMATION

All applications must be submitted in FULL for processing. Failure to sign all sections of this application and to produce supporting documentation will result in this application being refused.

Important information for all Tenants

- **Emu Park Real Estate property management department is open Monday to Friday 8.30 – 5.00 pm**
- **One application to be completed for each person over 18 years of age**
- **All documents must be signed and monies paid in clear before the release of keys**
- **An internal inspection of the property must be carried out before been approved**
- **We are a cashless office. We do have credit card facilities but fees apply**
- **We do not do bond transfers**
- **If approved, all tenants must be present to sign the tenancy agreement at the same time. If there is shared arrangements in relation to the bond or bond loans, please advise the property manager**
- **If approved, you will be required to pay the bond within 48 hours to secure the property or it will remain on the rental list**
- **The first 2 weeks rent will need to be paid prior to collecting keys**

Application for Residential Tenancy

(One application to be completed per person)

PART 1: RENTAL PROPERTY DETAILS

ITEM 1: AGENT DETAILS

AGENCY NAME:

EDMAK PTY LTD T/AS EMU PARK REAL ESTATE

ADDRESS: Shop 3/30 Pattison Street

SUBURB: Emu Park

STATE: QLD

POSTCODE: 4710

PHONE:

0749396588

MOBILE:

0499178150

FAX:

EMAIL:

reception@emuparkrealestate.com.au

ITEM 2: PROPERTY DETAILS

ADDRESS:

SUBURB:

STATE:

POSTCODE:

Rent:

\$

Rent period:

← 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?

WORK PHONE:

MOBILE:

HOME PHONE:

EMAIL:

Driver's Licence/passport number:

State:

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?

 Yes

 No

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:

INITIALS (Note: Initials are required if signed with Electronic Signature)

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ITEM 7: APPLICANTS ADDRESS HISTORY

CURRENT RESIDENTIAL ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

PERIOD OF OCCUPANCY: _____ TYPE OF OCCUPANCY: Rent Owner Other: → _____

CURRENT AGENT/LESSOR (If renting): _____

AGENT/LESSOR PHONE: _____ FAX: _____ EMAIL: _____

CURRENT RENT \$ _____ Rent period: _____ ← weekly / fortnightly / monthly REASON FOR LEAVING: _____

PREVIOUS RESIDENTIAL ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

PERIOD OF OCCUPANCY: _____ TYPE OF OCCUPANCY: Rent Owner Other: → _____

PREVIOUS AGENT/LESSOR: _____

AGENT/LESSOR PHONE: _____ FAX: _____ EMAIL: _____

PREVIOUS RENT: \$ _____ Rent period: _____ ← weekly / fortnightly / monthly 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 time Part time Casual Contract Self employed

OCCUPATION: _____ NET INCOME (per week) \$ _____

DATE COMMENCED EMPLOYMENT (approx.) _____ DATE TERMINATED EMPLOYMENT (if any): _____

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 Centrelink payments? Yes No

DESCRIPTION OF PAYMENT(S): _____

TOTAL INCOME (PER WEEK): \$ _____ DATE PAYMENTS COMMENCED: _____

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: _____

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

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ITEM 11: PERSONAL REFERENCES

Please do not list relatives, another applicant or partners and provide business hours contact numbers.

REFEREE 1:	RELATIONSHIP:
_____	_____
ADDRESS: _____	PHONE/MOBILE: _____
SUBURB: _____ STATE: _____ POSTCODE: _____	_____
REFEREE 2:	RELATIONSHIP:
_____	_____
ADDRESS: _____	PHONE/MOBILE: _____
SUBURB: _____ STATE: _____ POSTCODE: _____	_____

ITEM 12: PERSONAL REPRESENTATIVE

i.e. preferred person(s) to be contacted in the event of an emergency.

REPRESENTATIVE 1:	RELATIONSHIP:
_____	_____
ADDRESS: _____	PHONE/MOBILE: _____
SUBURB: _____ STATE: _____ POSTCODE: _____	_____
REPRESENTATIVE 2:	RELATIONSHIP:
_____	_____
ADDRESS: _____	PHONE/MOBILE: _____
SUBURB: _____ STATE: _____ POSTCODE: _____	_____

PART 3: SUPPORTING DOCUMENTS

ITEM 13: IDENTIFICATION

You are required to meet a 100 point identification criterion upon submission of your application. The Agent/Lessor may photocopy any item and retain as part of your 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

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Passport | <input type="checkbox"/> Full birth certificate | <input type="checkbox"/> Citizenship certificate |
|-----------------------------------|---|--|

40 Points

- | | | |
|--|--|--|
| <input type="checkbox"/> Australian Driver's Licence | <input type="checkbox"/> Student Photo ID | <input type="checkbox"/> Department of Veterans Affairs card |
| <input type="checkbox"/> Centrelink card | <input type="checkbox"/> Proof of age card | <input type="checkbox"/> State/Federal Government Photo ID |

25 Points

- | | | |
|--|---|---|
| <input type="checkbox"/> Medicare card | <input type="checkbox"/> Council rates notice | <input type="checkbox"/> Motor vehicle registration |
| <input type="checkbox"/> Telephone bill | <input type="checkbox"/> Electricity bill | <input type="checkbox"/> Gas bill |
| <input type="checkbox"/> Tenancy History Ledger | <input type="checkbox"/> Bank statement | <input type="checkbox"/> Credit card statement |
| <input type="checkbox"/> Last FOUR rent receipts | <input type="checkbox"/> Rent bond receipt | <input type="checkbox"/> Previous tenancy agreement |

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.
- Self employed:** Bank statements, Group Certificate, Tax Return or Accountant's letter.
- Not employed:** Centrelink statement.

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

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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? True False

If false, why are you in debt to your past Agent/Lessor?

PART 5: TENANCY DATABASES

The Agency may use the following tenancy databases to check the rental history of the Applicant/s:

PART 6: ACKNOWLEDGEMENT

PLEASE 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
 - 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
 - 2.2 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 third parties. Yes 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
- 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 Electronic Transactions (Queensland) Act 2001 (Qld) and the Electronic Transactions Act 1999 (Cth). Yes 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)

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Form 2

CAPRICORN COAST RENTAL ASSOCIATION INCORPORATED

NOTICE TO RESIDENTIAL TENANCY APPLICANTS

Applicant 1 (.....)
Surname, Christian names, D.O.B., handwritten by applicant

Applicant 2 (.....)
Surname, Christian names, D.O.B., handwritten by applicant

Date/...../20....

Name of your agency is a member of the Capricorn Coast Rental Association Incorporated (CCRAI).

Name of your agency hereby wishes to advise you, in making application to rent a property managed by Name of your agency, of the following;

- If you are issued a breach notice under the Residential Tenancies Act, and said breach is not rectified or corrected in the nominated time frame, your details will be forwarded to the other members of the CCRAI.

- If you vacate the rental property without making prior arrangements with Name of agency to remedy any damage, rental arrears, or breach of contract, your details will be forwarded to the other members of the CCRAI.

* I / We, the undersigned, understand and except these conditions as outlined above.

Signed,

.....
Applicant 1

.....
Applicant 2

.....
Witness

(* Delete if not applicable)