

TENANCY APPLICATION FORM

Please be advised this application will only be processed once ALL details have been completed an ALL supporting documentation provided. Each applicant MUST submit an individual form. Giving false information or withholding information relating to previous rental history WILL affect the outcome of this application.

Have you had an internal inspection of the property YES/NO

Date and time of inspection _____ am/pm

If applying for multiple properties you only need to complete one application form, however please list references

Property Address: _____

Commencement Date: _____ Rent: _____ Bond: _____ Lease Term: _____

PERSONAL DETAILS

Full Name:	DOB:	
Have you been known by another name:		
Contact Number/s: Home	Mobile	Work
Email Address:		
Driver's License Number:	Licensed State:	Passport Number:
Number of cars:	Registration:	Are all vehicles registered: YES/NO
Other vehicles to be kept on the premises: BOAT/TRAILER/VANMOTORBIKE/OTHER (Please specify)-		
Number of Dependants:	Age of Dependants:	
Name of all Dependants:		
Pets: (check with agent)	YES/NO (See attached pet application)	Smoker: YES/NO

CURRENT ACCOMODATION DETAILS

Address:	RENTED \$	per week/OWNED
Name of Agent Landlord:	Phone:	
Period of occupancy:	Reason to Leave:	
Do you expect the bond to be refunded in full, YES/NO	If NO, why:	

PREVIOUS ACCOMODATION DETAILS

Address:	RENTED \$	per week/OWNED
Name of Agent Landlord:	Phone:	
Period of occupancy:	Reason to Leave:	
Do you expect the bond to be refunded in full: YES/NO	If NO, why:	

PREVIOUS ACCOMODATION DETAILS 2

Address:	RENTED \$	per week/OWNED
Name of Agent /Landlord:	Phone:	
Period of occupancy: //	Reason to Leave:	
Do you expect the bond to be refunded in full: YES/NO	If NO, why:	

NEXT OF KIN

Full Name:		Relationship:
Address:		Email Address:
Contact Number/s: Home	Mobile	Work

EMERGENCY CONTACT (Not living with you)

Full Name:		Relationship:
Address:		Email Address:
Contact Number/s: Home	Mobile	Work

PERSONAL REFERENCE (MUST provide three)

Full Name:		Relationship:
Address:		Email Address:
Full Name:		Relationship:
Address:		Email Address:
Full Name:		Relationship:
Address:		Email Address:

INCOME

Employer:		Occupation:
Address:		Net weekly income:
Contact name (manager/payroll):		Direct phone number:
Period of employment:	Status, • FULL TIME/PART TIME/CASUAL (hrs/wk)
Previous Employer (if less than 6 months):		Occupation:
Address:		Net weekly income:
Contact name (manager/payroll):		Direct phone number:
Period of employment:	Status, • FULL TIME/PART TIME/CASUAL (hrs/wk)

CENTRELINK

Type of payment:	Total income per fortnight:
------------------	-----------------------------

STUDENT INFORMATION

Place of Study (Name of college, TAFE or university):		
Overseas Student: YES/NO	Visa expiry date:	Student ID Number:

SELF EMPLOYMENT DETAILS

Company Name:		Business Type:
Business Address:		
ABN:	Position Held:	
Accountant Name:	phone:	
Accountant Address:		

Do you have any other source of income: YES/NO	If YES, what:
Attached correspondence for proof:	
Do you have any other debts/loans/etc with other organisations: YES/NO	If YES, how much:
If YES, please describe:	

ITEM

	PO*NTS	*NITIAL	ITEM	POINTS	INITIAL	POINTS	INITIAL
Passport	70		Full Birth Certificate			70	
Citizenship Certificate	70		Student ED			40	
Centrelink Card	40		Department of Veteran Affairs Card			40	
State/ Federal Government Phot ID	25		Telephone Account			25	
Motor Vehicle Registration	25		Tenancy Agreement			25	
Credit Card Statement	25		Rent Bond Receipts			25	
Medicare Card	25		Council Rates Notice			25	
Last Four Rent Receipts	25		Tenant History Ledger			25	
Bank Statement	25		Gas/Electricity Account			25	
Driver's License Proof of Income	40						
Wage Slips		INITIAL	Proof of Income Centre link Statement				INITIAL

ACKNOWLEDGEMENT BY APPLICANT

Applicant Name			
Signature		Date	

PET APPLICATION

PET DETAILS	Pet 1	Pet 2
Type of pet/s		
Breed		
Name/s		
Age/s		
Desexed	YES/NO	YES/NO
Council Reg #		
Description		
Colour		
Photo Provide	YES/NO	YES/NO
EMERGENCY PER CARER		
Name:		
Address:		
Phone:	Mobile:	Work:
VETERINARIAN		
Name:		
Address:		
Phone:	Fax:	After hours:
TERMS AND CONDITIONS		
<p>The Tenant acknowledges and agrees to the following terms:</p> <ol style="list-style-type: none"> 1. The Lessor has agreed to permit pet/s at the Premises as specified in the General Tenancy Agreement Pet Agreement. 2. Any pet/s other than the approved pet/s specified in the General Tenancy Agreement and this Pet Agreement must be first be requested by the Tenant in writing via a separate Pet Application giving full details and then be approved in writing by the Lessor PRIOR to the pets being allowed onto the Premises. Pet approval may be subject to specific criteria and must be complied with. Approval is NOT guaranteed, 3. The Tenant shall be liable for any damage or injury whatsoever caused by the pet/s on the Property, whether they are the Tenant's pet or their guest pets and regardless of their approval status. 4. The Tenant accepts full responsibility and indemnifies the Lessor for any claims by or injuries to third parties or their Property caused by, or as result of actions by their pet/s or their guests pet/s, and regardless of their approval status. 5. The Tenant agrees to arrange for Flea Fumigation at the end of the Tenancy or at a time during the Tenancy as required or requested by the Lessor /Lessor's Agent to be carried out by a Company complying with Australian Standards. 6. The pet/s are to be outside at all times, unless specified otherwise in the General Tenancy agreement or this Pet Agreement. Guide dogs are an exception. 7. If the pet is a dog, the Tenant agrees to restrain or remove the dog from the premises for the duration of inspections arranged by the Agent with the required notice given. 8. By signing below you are only asking for approval of the above-mentioned pet/s to be accepted at the Property for which you are applying. 9. If approved, you are required to. at the time of signing the General Tenancy Agreement and associated paperwork, sign the Tenant agreement section. 		

ACKNOWLEDGEMENT BY APPLICANT			
Applicant Name			
Signature		Date	



OFFICE USE ONLY:

Received By:

Date:

Time:

Email: rentals@therealestatepeople.com.au

Phone Number: 07 4633 8899