

Application for Residential Tenancy

(One application to be completed per person)



PART 1: RENTAL PROPERTY DETAILS

TO BE COMPLETED BY THE LANDLORD/AGENT

Item 1: OWNER DETAILS

ADDRESS:					
SUBURB		STATE:		POSTCODE	
PHONE:		MOBILE:		EMAIL:	

Item 2: PROPERTY DETAILS

ADDRESS					
SUBURB:		STATE:		POSTCODE:	
RENTAL PER WEEK:		PER FORTNIGHT:		PER CALENDAR MONTH:	
AMOUNT: \$		\$		\$	
TENANCY TERM:	PERIODIC AGREEMENT	<input type="checkbox"/>	FIXED TERM AGREEMENT		<input type="checkbox"/>
			(If fixed, specify term (months):		
TENANCY START DATE:			TENANCY END DATE:		

PART 2: APPLICANT DETAILS

TO BE COMPLETED BY APPLICANT

Item 3: CONTACT DETAILS

FULL NAME:	MR/MS/MRS		
Have you been known by any other names?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, what other name(s) have you been known by?			
HOME PHONE:		EMAIL:	
WORK PHONE:		DATE OF BIRTH:	/ /
MOBILE NUMBER:		DRIVERS LICENCE NUMBER:	
PASSPORT NUMBER:		NUMBER OF VEHICLES:	
VEHICLE REGISTRATION (S):		VEHICLE REGISTRATION (S):	
VEHICLE REGISTRATION (S):		VEHICLE REGISTRATION (S):	

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Item 4: DEPENDANTS

Do you have any dependants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DEPENDANTS FULL NAME (S):	RELATIONSHIP TO APPLICANT:	DEPENDANT DATE OF BIRTH:
1.		
2.		
3.		
4.		

Item 5: SMOKING

Are you or any of the dependants living with you a Smoker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Item 6: PETS

Do you intend to keep pets at the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
TYPE OF PET(S):		NUMBER OF PET(S)	
Are your pets registered with the Council?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please state which council?			

Item 7: APPLICANTS ADDRESS HISTORY

CURRENT RESIDENTIAL ADDRESS					
SUBURB:		STATE:		POSTCODE:	
TYPE OF OCCUPANCY:	RENT <input type="checkbox"/>	OWNER <input type="checkbox"/>	OTHER <input type="checkbox"/>		
If other, please specify:					
RENTAL AMOUNT:	PER WEEK:	PER FORTNIGHT:	PER CALENDAR MONTH:	BOND AMOUNT:	\$
	\$	\$	\$		
Name of current Landlord/Agent					
Contact number of Landlord/Agent					
Email address of Landlord/Agent					
How long at this address?	Years:	Months:			
Reason for leaving current address?					

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PREVIOUS RESIDENTIAL ADDRESS					
SUBURB:		STATE:		POSTCODE:	
TYPE OF OCCUPANCY:		RENT <input type="checkbox"/>		OWNER <input type="checkbox"/>	
				OTHER <input type="checkbox"/>	
If other, please specify:					
RENTAL AMOUNT:		PER WEEK:	PER FORTNIGHT:	PER CALENDAR MONTH:	BOND AMOUNT:
		\$	\$	\$	\$
Name of previous Landlord/Agent					
Contact number of Landlord/Agent					
Email address of Landlord/Agent					
How long at this address?		Years:		Months:	
Reason for leaving previous address?					

Item 8: EMPLOYMENT DETAILS

Are you employed?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		(If No, Please provide details of previous employer, if any)	
EMPLOYMENT STATUS		Part Time		Full Time		Casual	
OCCUPATION:							
NET INCOME (per week) \$				OTHER NET INCOME (per week)e.g. investments \$			
RENTAL AMOUNT:		PER WEEK:	PER FORTNIGHT:	PER CALENDAR MONTH:	BOND AMOUNT:	\$	
		\$	\$	\$			
Date commenced employment			Date terminated employment (if any):				
Employer / Business Name							
Address							
Suburb		State		Post Code			
Name of contact person :				Phone:			
If Self Employed, Accountant's Name				Phone:			

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EMPLOYMENT DETAILS continued.

Name of Previous Employer:					
How long employed there:	Years		Months		
Address of previous employer:					
Suburb		State		Post Code	
Name of contact Person :				Phone:	

Item 9: CENTERLINK PAYMENTS

Are you receiving any regular Centrelink payments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DESCRIPTION OF PAYMENT(S):		
TOTAL INCOME (PER WEEK)	\$	DATE PAYMENTS COMMENCED:

Item 10: PERSONAL REFERENCES

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

REFEREE (1) NAME:					
RELATIONSHIP TO APPLICANT:					
REFEREE ADDRESS:					
SUBURB		STATE		POSTCODE	
HOME PHONE:				MOBILE:	

REFEREE (2) NAME :					
RELATIONSHIP TO APPLICANT:					
REFEREE ADDRESS:					
SUBURB		STATE		POSTCODE	
HOME PHONE:				MOBILE:	

Item 11: PERSONAL REPRESENTATIVE (preferred person(s) to be contacted in the event of an emergency).

REPRESENTATIVE (1) NAME:					
RELATIONSHIP TO APPLICANT:					
REPRESENTATIVE ADDRESS:					
SUBURB		STATE		POSTCODE	

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HOME PHONE:		MOBILE:	
REPRESENTATIVE (2) NAME:			
RELATIONSHIP TO APPLICANT:			
REPRESENTATIVE ADDRESS:			
SUBURB:		STATE	
			POSTCODE
HOME PHONE:		MOBILE:	

PART 3: SUPPORTING DOCUMENTS

Item 12: 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"/>		<input type="checkbox"/>	Citizenship Certificate
40 POINTS			
<input type="checkbox"/>	Australian Driver's Licence	<input type="checkbox"/>	Student Photo ID
<input type="checkbox"/>		<input type="checkbox"/>	Department of Veterans Affairs card
<input type="checkbox"/>	Centrelink Card	<input type="checkbox"/>	Proof of Age card
<input type="checkbox"/>		<input type="checkbox"/>	State/Federal Government Photo ID
25 POINTS			
<input type="checkbox"/>	Medicare Card	<input type="checkbox"/>	Council Rates Notice
<input type="checkbox"/>		<input type="checkbox"/>	Motor Vehicle Registration
<input type="checkbox"/>	Telephone Bill	<input type="checkbox"/>	Electricity Bill
<input type="checkbox"/>		<input type="checkbox"/>	Gas Bill
<input type="checkbox"/>	Tenancy History	<input type="checkbox"/>	Bank Statement
<input type="checkbox"/>		<input type="checkbox"/>	Credit Card Statement
<input type="checkbox"/>	Last 4 rent receipts	<input type="checkbox"/>	Rent Bond Receipt
<input type="checkbox"/>		<input type="checkbox"/>	Previous Tenancy Agreement

Item 13: PROOF OF INCOME

You are required to supply the Agent/Lessor with proof of your income upon submission of your application.

Employed:	Last THREE payslips
Self Employed:	Bank Statements, Group Certificate, Tax Return or Accountant's Letter
Not Employed:	Centrelink Statement

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PART 4: DECLARATION

PLEASE DECLARE THE FOLLIWNG BY SELECTING EITHER TRUE OR FALSE.

I, The Applicant

1.	Have never been evicted by an Agent/Lessor	<input type="checkbox"/> True	<input type="checkbox"/> False
2.	Have no known reasons that would affect my ability to pay rent.	<input type="checkbox"/> True	<input type="checkbox"/> False
3.	Was refunded the rental bond for my last address in full (if applicable)	<input type="checkbox"/> True	<input type="checkbox"/> False
	If false, please advise what deductions were made from your bond.		
4.	Have no outstanding debt to another Agent/Lesser	<input type="checkbox"/> True	<input type="checkbox"/> False
	If false, why are you in debt to your past Agent/Lesser?		

PART 5: TENANCY DATABASES

The Agency may use the National Tenancy Database to check my tenancy history and other applicable records.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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PART 6: ACKNOWLEDGEMENT

PLEASE ACKNOWLEDGE THE FOLLOWING BY SELECTING EITHER YES or NO.

I, the Applicant

1.	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 credit worthiness.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1.1.	For such purposes, I authorise you to contact the persons named in this application, and to undertake such enquires and searches (including tenancy database searches) as you consider reasonably necessary.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1.2.	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.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

2.	Declare that the above information is true and correct and that I have supplied it of my own free will.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Name of Applicant:			
Signature of Applicant:	_____	Date:	____ / ____ / ____