OFFICE USE ONLY

Date Received: / / Initials

Time Received: am/pm

RENTAL TENANCY APPLICATION FORM

ONE APPLICATION PER PERSON – PLEASE REFER TO THE TERMS AND CONDITIONS BEFORE MAKING APPLICATION.
INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.



274Ross River Road Aitkenvale QLD 4814 Phone: 07 4789 7000 Fax: 07 4789 7099

Our office is open Monday-Friday 8:30-5:00 Saturday: 9:00-12:00

In most instances, we are able to process your application within 48 hours and advise you by telephone. If we are unable to contact all of your referees &/or the owner, this process may take longer. Your application will not be processed if all documents are not given. Securing of property: Once the application has been approved please pay a minimum of two week's rent to secure the property. This must be paid in cleared funds (bank cheque, direct deposit or money order). Personal cheques will not be accepted. The property will be secured when the money is received and all parties have signed the tenancy related documents.

•	PROPERTY APPLYING FOR:
•	HAVE YOU INSPECTED THE PROPERTY: YES/WILL BE/APPLYING SIGHT UNSEEN
•	REQUESTED COMMENCEMENT DATE OF TENANCY:
•	TERM OF TENANCY (6 or 12 month lease):
•	RENTAL AMOUNT PER WEEK \$
•	Will you be using defence tenancy clause: YES / NO
•	Will you be using a bond loan: YES / NO

100 POINTS OF IDENTIFICATION REQUIRED

(Clear copies of documents to be provided with application)

Driver licence showing current address	60 points	Passport	60 points
Recent utilities account showing current address	30 points	Last 4 rent receipts or mortgage payments	40 points
Birth Certificate	20 points	Medicare Card	10 points
Student Identification	20 points	Student Visa	30 points
Credit card with signature	20 points	Bank cards with signature	20 points

If you are unable to meet the 100-point criterion listed above, please speak with the Property Manager.

*I agree to provide proof of income as part of this Application such as recent income verification
pay slip, accountant letter and or Centrelink statement*

pay snp, accountant letter and or centremik statement				
Full Name of Applicant:	Date of Birth:			
Business Hours Phone:	Mobile:			
Email Address:	License/Passport number:			
Current Residential Address:				
Contact details to confirm current	<u>t</u> living arrangements (please circ	cle) OWNER / REAL ESTATE / PRIVATE		
Name of Real Estate currently ren	ting through/ Private Landlord na	ime:		
Phone/Mobile:	Amount paid per week: \$	Period of time rented:		
Previous Residential Address:				
Contact details to confirm previous living arrangement (please circle) OWNER / REAL ESTATE / PRIVATE				
Name of Real Estate currently renting through/Private Landlord name:				
Phone/Mobile:	Amount paid per week: \$	Period of time rented:		

Number of Occupants who will reside at the property: Adults:	Children:			
Full name and Age of Adults and Children residing at property:				
	Date of Birth:			
Name:	Date of Birth:			
Name:	Date of Birth:			
Name:				
Name:				
Name:	Date of Birth:			
Is anyone applying or going to reside at the property a smoker?				
Breed:				
Number of Pets: Ross Real Estate	Pet Agreement filled out? YES/NO			
Registered with council? YES/NO Registration numbers	mber:			
PERSONAL REFERENCES: ** Cannot be anyone listed elsewhere	on this application **			
1. Name:				
Business Hours Phone (must be contactable during 9am	-5pm):			
Occupation:				
2. Name:				
Business Hours Phone (must be contactable during 9am	-5pm):			
Occupation:				
NEXT OF KIN: (contact in case of emergency or extenuating circu	umstances)			
Name:	·			
Phone/Mobile:				
Occupation:				
Postal Address:				
EMPLOYMENT: CURRENT EMPLOYER/BUSINESS NAME:				
Your Position: Supervisors n				
Supervisors contact number to confirm employment:				
(please indicate by circling) Part Time/Full Time/Contractor/Cast				
Length of current employment: Years:	Months:			
Currently I am paid: Weekly/fortnight/monthly. Amount: \$				
Total annual income \$				
IF SELF EMPLOYED: *supply of business income required*				
Name of Business:				
ABN:Business	s phone number:			
Name of Business Accountant:	·			
ANY OTHER DEBTS/LOANS CURRENTLY OWING (list weekly pay				
1 Car Loan \$				
2 Personal Loan \$				
3 Credit Card \$				
4 Any other loans \$				
IF A STUDENT (please circle) NAME OF UNIVERSITY/TAFE/	COLLEGE/Other:			
Course Studying:				
Student ID number: Internation	onal student: YES/NO			
Visa Number:Visa Expir				
Other Benefit Income (eg. Scholarship): \$				
Austudy Income: \$				
ARE YOU AN AUSTRALIAN CITIZEN? YES/NO				
If No, please provide details of VISA or residency status as part of	of the application			
, it is a part of the part of the part of	TIME TO STORY			

I understand that should my application be accepted, that the Agency (on behalf of the lessor) will require a General Tenancy Agreement signed and monies rent and/or bond) paid within a reasonable time frame (in most cases within 24 hours of acceptance). I understand that all required Tenancy documents will be given to me prior to monies being taken upon acceptance.

I consent to the use of email or fax before the tenancy commences and during the tenancy (if the application is accepted by the lessor)

— I understand that the tenancy agreement and required tenancy information may be emailed or faxed to me if I am unable to attend
the office at an agreed Appointment time. (If you do not consent to the use of email or fax, please cross this term out and initial the
paragraph plus insert the date)

I understand that should my application be denied by the lessor, that there is not a legal requirement to disclose reasons as to why. I also understand that my application and personal information will be disposed of accordingly having regard to the Privacy Act and the Agency Privacy Policy. (If you would like a copy of the agency privacy policy, please request one from our staff)

I understand that if I have any questions about the Tenancy or the Application process, that the Agency welcomes and encourages enquiries prior to applications being made. I further understand that I can request a copy of the General Tenancy Agreement including all standard terms and special terms (Form 18a) and Tenancy Information Statement (Form 17a) prior to making the application. A copy shall be provided if the tenancy application is successful before any monies (rent or bond are taken). The agreement contains the standard terms of a General Tenancy Agreement plus special terms which include carpet cleaning requirement and may include pest control and water charging.

I understand that I will be required to pay a full bond of 4 weeks rent and 2 weeks rent prior to commencing the tenancy. Pre-moving in costs are to be paid by BANK CHEQUE OR MONEY ORDER prior to keys being given at commencement of tenancy.

ITEM	CALCULATION	\$ PAYABLE	IMPORTANT NOTES	
Rent – first 2 weeks rent	2 x \$	= \$	Must be paid BEFORE lease commences	
Bond – 4 times weekly rent. If rent is over	4 x \$	=\$	Full bond or part bond equivalent to 2 weeks rent	
\$500pw bond is as specified on rent list			must be paid within 24 hours of application approval	
	Total Pre-moving	in cost \$		

I provide consent for the Agency as part of application processing to contact all necessary people (such as referees, other agents, tenancy databases) to verify the Application information provided and understand that all Federal Privacy Act requirements and the

Australian Privacy Principles will be adhered to by the Agency.

I consent to my personal information being passed on during the tenancy (should it commence) and after the tenancy if required to other third parties which include however are not limited to tradespeople/contractors, salespeople, bodies corporate, tenancy databases and other relevant parties in full compliance with the Federal Privacy Act and any other relevant information. The Lessor of the property will be provided all relevant information as the tenancy agreement is between the lessor and the tenant; the agency manages the property on behalf of the lessor. The agreement should it commence is a contract between the lessor and the tenant; personal information will be passed onto the lessor as the owner of the property.

I understand that if the application is not accepted, the application form and all information collected shall be disposed of within 4 weeks in accordance with the Privacy Act guidelines. I have an opportunity to collect my personal information prior to the information being destroyed by written request to the Agency. To review our agency privacy policy, please contact our office to request a copy.

By signing this form, I have read and understood clearly all of the information outlined above

Please Note: page four also has to be signed by the Applicant

Name of Applicant:	
Signature:	Date:

Our aim is to under promise and over deliver. We will endeavour to exceed your expectations by processing the application within one business day. This will depend on named referee availability and lessor response. We shall be in contact as soon as we can to advise you of the application outcome.

PLEASE ENSURE YOUR BEST CONTACT DETAILS ARE NOTED ON PAGE 1 OF THIS APPLICATION

Contact by our Agency may be made via phone, SMS or email.

URGENT RENTAL REFERENCE

OUR AGENCY: ROSS REAL ESTATE FAX NUMBER: 07 4789 7099

EMAIL: travis@rossre.com.au



THIS DOCUMENT WILL BE SENT TO YOUR CURRENT AND OR PREVIOUS AGENCY

NAME OF RENTAL AGENCY:	FAX	NUMBER:
NAME OF APPLICANT:		
PROPERTY ADDRESS:		
Please confirm that the Applicant named above was a named tenant on the	YES	NO
lease?		
When is their rent paid to?		
Amount paid per week:	\$	
Period of time rented:		
Were inspections carried out?	YES	NO
Were inspections satisfactory?	YES	NO
Were Notice to Remedy Breaches issued during the tenancy?	YES	NO
If yes, What were they for?		
Was rent paid on time?	YES	NO
Was there a pet kept at the premises?	YES	NO
If Yes, were there any concerns or problems in relation to the pet kept?	YES	NO
IF yes, please provide details:		
If a final inspection has been carried out, was the property returned satisfactorily?	YES	NO
If no, please provide details:		
Was the bond refunded in full?	YES	NO
IF no, please provide details:		
Would your Agency rent to this applicant again?	YES	NO
Additional Comments:		
Completed by: Position:		Date:

Please provide tenant ledger and any other comments or information that is important when assessing the application, Thank you

I provide consent for the Agency as part of application processing to contact all necessary people (including previous or current Agents) to verify the application and understand that all Privacy Act requirements will be adhered to by the Agency.

SIGNATURE OF APPLICANT:

DATE:

Thank you for completing this tenancy reference form and returning to our Agency within 24 hours.

ROSS REAL ESTATE PROPERTY MANAGEMENT DEPARTMENT