

# Application for Residential Tenancy

(One application to be completed per person)

## PART 1: RENTAL PROPERTY DETAILS

### ITEM 1: AGENT DETAILS

AGENCY NAME:

Professionals Cleveland

ADDRESS: 3/100 Bloomfield Street

SUBURB: Cleveland

STATE: QLD

POSTCODE: 4163

PHONE:

30887000

MOBILE:

0411797661

FAX:

EMAIL:

cleveland@profession

### 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 not 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: \_\_\_\_\_

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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**

- Passport  Full birth certificate  Citizenship certificate

**40 Points**

- Australian Driver's Licence  Student Photo ID  Department of Veterans Affairs card  
 Centrelink card  Proof of age card  State/Federal Government Photo ID

**25 Points**

- Medicare card  Council rates notice  Motor vehicle registration  
 Telephone bill  Electricity bill  Gas bill  
 Tenancy History Ledger  Bank statement  Credit card statement  
 Last FOUR rent receipts  Rent bond receipt  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.

## 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.
  - 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: \_\_\_\_\_

SIGN  
HERE

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

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