

Application for Residential Tenancy (One application to be completed per person)

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	PART 1: RENTAL PROPERTY DETAILS					
ITEM 1:	AGENT DETAILS					
	AGENCY NAME:					
	ADDRESS: P O Box 36					
	Mooloolaba Post Office					
	SUBURB: Mooloolaba	STATE: Queens POSTCOE	DE: 4557			
	PHONE: MOBILE: FAX: 0433313565 0433313565	EMAIL:				
		susan@palmpm.com.au				
ITEM 2:	PROPERTY DETAILS ADDRESS:					
	ADDRESS					
	SUBURB:	STATE: POSTCOE	DE:			
	Rent: \$ Rent period:	← weekly / fortnightly / monthly Bond: \$				
	(as advertised)	(maximum of 4	weeks' rent)			
	NOTE TO APPLICANT: The Agent/Lessor cannot legally accep advertised price or to pay rent more than 1 month in advance.	t an offer from you to pay an amount of rent greater than	the			
	<u>_</u>	t Poriodic agreement				
	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)?	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: Re	gistration number(s):				
ITEM 4:	DEPENDANTS					
11 2.0. 4.	Do you have any dependants? Yes No					
	DEPENDANT FULL NAME(S):	RELATIONSHIP TO APPLICANT: DE	EPENDANT DATE OF B I RTH:			
	(- /					
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:					
			INITIAL			

ITEM 7:	APPLICANTS ADDRESS HISTORY					
	CURRENT RESIDENTIAL ADDRESS:					
	SUBURB:				STATE:	POSTCODE:
	PERIOD OF OCCUPANCY:	TYPE OF OCCUPANCY:	O	Othow		
	CURRENT AGENT/LESSOR (If renting):	Rent	Owner	Other: →		
	5 ,					
	AGENT/LESSOR PHONE:	FAX:	EMA I L:			
	CURRENT RENT	← weekly / fortnightly / monthly		REASON FOR		
	\$ Rent period:					
	PREVIOUS RESIDENTIAL ADDRESS:					
	SUBURB:	TYPE OF OCCUPANCY:			STATE:	POSTCODE:
	PERIOD OF OCCUPANCY:	TYPE OF OCCUPANCY:	Owner	Other: →		
	PREVIOUS AGENT/LESSOR:	Kent	Owner	Other.		
	AGENT/LESSOR PHONE:	FAX:	EMA I L:			
	PREVIOUS RENT:			REASON FOR	LEAVING:	
	\$Rent period:	← weekly / fo	rtnightly / monthly			
ITEM 8:	EMPLOYMENT DETAILS					
	Are you employed? Yes	No (if no, please pr	ovide details of pre	evious employer	r, if any)	
	Employment status: Full tir	ne Part time	Casual	Contract	Self employe	2d
	OCCUPATION:	Tartume	Casaai	NET INCOME		.u
	COOCI ATION.			\$	(per week)	
	DATE COMMENCED EMPLOYMENT (approx.) DATE TERMINATED EMPLOYMENT				NATED EMPLOYMENT	(if any):
	EMPLOYER/BUSINESS NAME:					
	ADDRESS:					
	SUBURB:			_ STATE:	POSTCODE:	
	PHONE:	FAX:	EMA I L:			
	IF SELF EMPLOYED, ACCOUNTANT'S	NAME	_			PHONE:
	IF SELF EINIFLOTED, ACCOUNTANT S	IVAWE.				FHONE.
ITEM 9:	CENTRELINK PAYMENTS					_
II EIVI 9.		Nink navments?	s No			
	Are you receiving any regular Centrelink payments? Yes No DESCRIPTION OF PAYMENT(S):					
	DESCRIPTION OF PATMENT(S).					
	TOTAL INCOME (PER WEEK):	DATE PAYMENTS COMME	NCED:			
	\$		_			
ITEM 10:	STUDENT DETAILS					
	Are you studying full time?	Yes No				
	NAME OF EDUCATION INSTITUTION Y		G: STUDEN	NT IDENTIFICATI	ON NUMBER:	
	Are you an overseas student?	Yes No	I f yes, ∖	/isa expiry date:	:	

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



ITEM 11:	PERSONAL REFERENCE	CES				
	Please do not list relat REFEREE 1:	tives, another a	pplicant or partners and pro	ovide business l	nours contact numbers.	RELATIONSHIP:
	ADDRESS:					PHONE/MOBILE:
	SUBURB:			STATE:	POSTCODE:	
	REFEREE 2:					RELATIONSHIP:
	ADDRESS:					PHONE/MOBILE:
	SUBURB:			STATE:	POSTCODE:	
ITEM 12:	PERSONAL REPRESEI	NTATIVE				
	i.e. preferred person(s	s) to be contacte	ed in the event of an emerg	ency.		
	REPRESENTATIVE 1:					RELATIONSHIP:
	ADDRESS:					PHONE/MOB I LE:
	SUBURB:			STATE:	POSTCODE:	
	REPRESENTATIVE 2:					RELATIONSHIP:
	ADDRESS:					PHONE/MOBILE:
	SUBURB:			STATE:	POSTCODE:	
	PART 3: SUPP	ORTING D	OCUMENTS			
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 identify	ying documents	you have provided with you	ur app l ication.		
	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 A				Department of Veterans Af	fairs card
	Centrelink card		Proof of age card		· State/Federal Government	Photo ID
	25 Points					
	Medicare card	Medicare card Council rates notice Motor vehicle registration		Motor vehicle registration		
	Telephone bill Electricity bill			Gas bill		
	Tenancy History Ledger Bank statement		Credit card statement			
					Previous tenancy agreeme	nt
ITEM 14:	PROOF OF INCOME					
	You are also required	to supply the A	gent/Lessor with proof of yo	our income upo	n submission of your applic	cation.
	Employed: Last TWO pay slips.					
	Self employed: Bank statements, Group Certificate, Tax Return or Accountant's letter.					
	Not employed: Centrelink statement.					

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PART 4: DECLARATION

PLE/	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 yo	our 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:						
PAI	ART 6: ACKNOWLEDGEMENT					
PLE	EASE ACKNOWLEDGE THE FOLLOWING BY SELECTING	EITHER YES or NO				
1.	I, the Applicant Acknowledge that my personal contents insurance is not contents.	overed under any Losser insurance				
1.	policy/s and understand that it is my responsibility to insure		Yes	☐ No		
2.	Understand that you as the Agent/Lessor have collected th determining whether I am a suitable tenant for the property my ability to care for the property, my character and my cre	/ - in particular to check my identification,	Yes	☐ No		
	2.1 for such purposes, I authorise you to contact the pers and to undertake such enquiries and searches (includes as you consider reasonably necessary.		Yes	☐ No		
	2.2 in doing so, I understand that information provided by further information obtained from, referees named in t third parties.	me may be disclosed to, and this application and other relevant	Yes	☐ No		
3.	Acknowledge and accept that if this application is denied, t reasons as to why. $ \\$	he Agent is not legally obliged to provide	Yes	☐ No		
4.	Consent and understand that should my tenancy be acceptenancy agreement, there may be cause for the Agent/Lesmay include (but is not limited to) insurance companies, be estate agents, salespeople and tenancy default databases	sor to pass my details onto others which ody corporates, contractors, other real	Yes	☐ No		
5.	Acknowledge that I have received and reviewed the Gener the Standard Terms and any special terms before completi		Yes	☐ No		
6.	Acknowledge that I have received or have available the Inf body corporate by-laws (if applicable) before completing th		Yes	☐ No		
7.	Acknowledge that I have signed the agency's Privacy Notice	ce and Consent.	Yes	☐ No		
8.	Acknowledge that the Lessor and Applicant (tenant) are be communication of either the lessor or agent's acceptance of		Yes	☐ No		
9.	Consent to the use of email and facsimile in accordance w of the <i>Electronic Transactions (Queensland) Act 2001 (Qld 1999 (Cth).</i>	ith the provisions set out in Chapter 2 () and the <i>Electronic Transactions Act</i>	Yes	☐ No		
10.	Declare that the above information is true & correct and that	at 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)