

# APPLICATION FOR TENANCY

THIS APPLICATION MUST BE COMPLETED IN FULL AND SIGNED BY ALL APPLICANTS TO BE PROCESSED.

RENTAL PROPERTY: \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT THE RENTAL PROPERTY?  To let sign  Rental list  Phone

GENERAL INFORMATION			
Are there additional Applicants for Tenancy forms being submitted for this tenancy? <input type="checkbox"/> Yes (please attach) <input type="checkbox"/> No			
How many tenants wish to reside in the property? _____ Adults _____ Children			
List the names of the tenants to be applicants (Signing Agreement):			
List full names of requested approved applicants wishing to reside at the property & ages of children (if applicable):			
How many cars will be kept at the property?		Make and model	
Will a <input type="checkbox"/> Boat <input type="checkbox"/> Trailer <input type="checkbox"/> Caravan <input type="checkbox"/> Motor Home <input type="checkbox"/> Motorbike be kept at the property?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any applicants have pets? (Check with agent for approval)			
<input type="checkbox"/> Cats No. _____ <input type="checkbox"/> Dogs No. _____ Breed/Type _____			
<input type="checkbox"/> Birds No. _____ Breed/Type _____ No. of cages _____			
<input type="checkbox"/> Fish No. of tanks _____ <input type="checkbox"/> Other _____ (List No. & Breed Type)			
Are Pets (if applicable) registered with the council?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do any applicants smoke?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have contents insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If the property has a pool – Have any of the applicants cared for a pool previously?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have any of the applicants wishing to reside in the property been evicted or are in debt to another owner or agent?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:			

### APPLICANT ONE DETAILS

First Name		D.O.B	/	/
Last Name				
Are you known by another name				
Home Phone		Work Phone		
Mobile Phone		Fax No.		
Email Address				
Car Registration		Driver's License No.		
Passport No.		18+ Card No.		

### APPLICANT ONE: CURRENT ACCOMMODATION DETAILS

<input type="checkbox"/> Rented \$ _____ per week		<input type="checkbox"/> Owned	
Address 1		Address 2	
Name of Real Estate Agency, Owner or Sales Agent (if property sold)			
Period of Occupancy	/	/	to / /
	[	] years	and/or [ ] months
Reason for leaving			
Do you expect the bond to be refunded in full	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, please state reason			

### APPLICANT ONE: PREVIOUS ACCOMMODATION DETAILS

<input type="checkbox"/> Rented \$ _____ per week		<input type="checkbox"/> Owned	
Address 1		Address 2	
Name of Real Estate Agency, Owner or Sales Agent (if property sold)			
Period of Occupancy	/	/	to / /
	[	] years	and/or [ ] months
Reason for leaving			
Was the bond to be refunded in full	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, please state reason			

### APPLICANT ONE: INCOME DETAILS – All income is net or take home “per week”

Occupation		Period of employment	/	/	to / /	
Employer						
Address						
Phone No.						
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual [ ] hours per week						
Next Weekly Wage \$						
If less than six months list Previous Employer						
Occupation		Period of employment	/	/	to / /	
Employer						
Address						
Phone No.						
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual [ ] hours per week						
Other	<input type="checkbox"/> Student (Name of College, TAFE, Uni)				AUSTUDY \$	
Student Identification No.						
Overseas Student	<input type="checkbox"/> Yes <input type="checkbox"/> No		Visa Expiry Date	/	/	to / /

<input type="checkbox"/> Pensioner Type	Allowance \$		
<input type="checkbox"/> Unemployment Benefit	Allowance \$		
<input type="checkbox"/> Self-Employed (Name of Business)	Wage \$		
Address			
Phone No.		How long established	
ABN No.			
Accountant Name		Phone No.	
<input type="checkbox"/> Other Type of Income (i.e. Savings/Investments)	Other Income \$		

APPLICANT ONE: PERSONAL REFERENCES – Does not include relatives (Must be completed in full)			
Contact 1			
First Name		Address 1	
Last Name		Address 2	
Phone No.		Relationship	
Contact 2			
First Name		Address 1	
Last Name		Address 2	
Phone No.		Relationship	
Next of Kin (not living with you) or other person to contact in case of an emergency			
First Name		Address 1	
Last Name		Address 2	
Phone No.		Relationship	

**CONDITION OF PROPERTY**

I, the applicant, accept the property in its present condition.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(A detailed Condition Report will be completed prior to you taking possession)*

If no, please provide details.

OFFICE USE ONLY	
Application signed and all details are complete <input type="checkbox"/>	
Photocopy Tenant's ID <input type="checkbox"/> 100-Point Check <input type="checkbox"/>	
Tenant Database Check: Listed <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Payslips/Statement <input type="checkbox"/> Employment checked	
# of Occupants :	Pets :
Process Application -PM	
Lessor Approved <input type="checkbox"/> Yes <input type="checkbox"/> No / Contact Tenant <input type="checkbox"/>	
Name:	
Date/time:	

### APPLICANT TWO DETAILS

First Name		D.O.B	/	/
Last Name				
Are you known by another name				
Home Phone		Work Phone		
Mobile Phone		Fax No.		
Email Address				
Car Registration		Driver's License No.		
Passport No.		18+ Card No.		

### APPLICANT TWO: CURRENT ACCOMMODATION DETAILS

<input type="checkbox"/> Rented \$ _____ per week		<input type="checkbox"/> Owned	
Address 1		Address 2	
Name of Real Estate Agency, Owner or Sales Agent (if property sold)			
Period of Occupancy	/	/	to / /
	[	] years	and/or [ ] months
Reason for leaving			
Do you expect the bond to be refunded in full	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, please state reason			

### APPLICANT TWO: PREVIOUS ACCOMMODATION DETAILS

<input type="checkbox"/> Rented \$ _____ per week		<input type="checkbox"/> Owned	
Address 1		Address 2	
Name of Real Estate Agency, Owner or Sales Agent (if property sold)			
Period of Occupancy	/	/	to / /
	[	] years	and/or [ ] months
Reason for leaving			
Was the bond to be refunded in full	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, please state reason			

### APPLICANT TWO: INCOME DETAILS – All income is net or take home “per week”

Occupation		Period of employment	/	/	to / /	
Employer						
Address						
Phone No.						
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual [ ] hours per week						
Next Weekly Wage \$						
If less than six months list Previous Employer						
Occupation		Period of employment	/	/	to / /	
Employer						
Address						
Phone No.						
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual [ ] hours per week						
Other <input type="checkbox"/> Student (Name of College, TAFE, Uni)	AUSTUDY \$					
Student Identification No.						
Overseas Student	<input type="checkbox"/> Yes <input type="checkbox"/> No		Visa Expiry Date	/	/	to / /

<input type="checkbox"/> Pensioner Type	Allowance \$		
<input type="checkbox"/> Unemployment Benefit	Allowance \$		
<input type="checkbox"/> Self-Employed (Name of Business)	Wage \$		
Address			
Phone No.		How long established	
ABN No.			
Accountant Name		Phone No.	
<input type="checkbox"/> Other Type of Income (i.e. Savings/Investments)	Other Income \$		

APPLICANT TWO: PERSONAL REFERENCES – Does not include relatives (Must be completed in full)			
Contact 1			
First Name		Address 1	
Last Name		Address 2	
Phone No.		Relationship	
Contact 2			
First Name		Address 1	
Last Name		Address 2	
Phone No.		Relationship	
Next of Kin (not living with you) or other person to contact in case of an emergency			
First Name		Address 1	
Last Name		Address 2	
Phone No.		Relationship	

**CONDITION OF PROPERTY**

I, the applicant, accept the property in its present condition.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(A detailed Condition Report will be completed prior to you taking possession)*

If no, please provide details.

\_\_\_\_\_

OFFICE USE ONLY	
Application signed and all details are complete <input type="checkbox"/>	
Photocopy Tenant's ID <input type="checkbox"/> 100-Point Check <input type="checkbox"/>	
Tenant Database Check: Listed <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Payslips/Statement <input type="checkbox"/> Employment checked	
# of Occupants :	Pets :
Process Application -PM	
Lessor Approved <input type="checkbox"/> Yes <input type="checkbox"/> No / Contact Tenant <input type="checkbox"/>	
Name:	
Date/time:	