

Application for Residential Tenancy

(One application to be completed per person)

PART 1: RENTAL PROPERTY DETAILS

ITEM 1: AGENT DETAILS

AGENCY NAME:

DSB Property Management

ADDRESS: 434 Esplanade

SUBURB: Torquay

STATE: QLD POSTCODE: 4655

PHONE:

07 4128 9919

MOBILE:

0403991001

FAX:

EMAIL:

diane@dsbpm.com.au

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:

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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.

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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 | <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/Lessor? | <input type="checkbox"/> True | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Acknowledge and accept that if this application is denied, the Agent is not legally obliged to provide reasons as to why. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | Acknowledge that I have signed the agency's Privacy Notice and Consent. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | Consent to the use of email and facsimile in accordance with the provisions set out in Chapter 2 of the <i>Electronic Transactions (Queensland) Act 2001 (Qld)</i> and the <i>Electronic Transactions Act 1999 (Cth)</i> . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | Declare that the above information is true & correct and that I have supplied it of my own free will. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Name of Applicant: _____

Signature: _____ Date: _____

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