

## Ray White Bribie Island bribieisland.qld@raywhite.com 3186 4525



## Application for Residential Tenancy (One application to be completed per person) PART 1: RENTAL PROPERTY DETAILS ITEM 1: **AGENT DETAILS** AGENCY NAME: Ray White Bribie Island ADDRESS: 30 Benabrow Ave Bongaree SUBURB: Bribie Island POSTCODE: 4507 STATE: QLD PHONE: MOBILE: FAX: EMAIL: 3186 4525 bribieisland.qld@raywhite.com ITEM 2: **PROPERTY DETAILS** ADDRESS: SUBURB: STATE: POSTCODE: Rent: Rent period: WEEKLY weekly/fortnightly/monthly Bond: \$ Tenancy Term: Fixed term agreement Periodic agreement MONTHS Ending on: Starting on: **PART 2: APPLICANT DETAILS** CONTACT DETAILS ITEM 3: 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): **DEPENDANTS** ITEM 4: Do you have any dependants? Yes DEPENDANT FULL NAME(S): RELATIONSHIP TO APPLICANT: DEPENDANT DATE OF BIRTH: ITEM 5: 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 INITIALS (Note: initials not required if signed with Electronic Signature)

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TEM 7: A	APPLICANTS ADDRESS HISTORY					
C	CURRENT RESIDENTIAL ADDRESS:					
					STATE:	POSTCODE:
r	SUBURB: PERIOD OF OCCUPANCY:	TYPE OF OCCUPA	ANCY:			
, <u>-</u>	LINDS OF GOOD AND L	Rent	Owner [	Other: →		
(	CURRENT AGENT/LESSOR (If renting):					
1 7	AGENT/LESSOR PHONE:	FAX:	EMAIL:			
	CURRENT RENT \$ Rent period:	ę w	REASON FOR	R LEAVING:		
	PREVIOUS RESIDENTIAL ADDRESS:					
	SUBURB:	-			STATE:	POSTCODE:
9	PERIOD OF OCCUPANCY:	TYPE OF OCCUP	ANCY: Owner	Other: →		
	PREVIOUS AGENT/LESSOR:				-	
	AGENT/LESSOR PHONE:	FAX:	EMAIL:			
5	PREVIOUS RENT:  \$ Rent period:		eekly / fortnightly / mon	REASON FO	R LEAVING:	
ITEM 8:	EMPLOYMENT DETAILS					
	Are you employed?	No (if no, p	lease provide details of	previous employe	r, if any)	
	Employment status: Full ti	me 🔲 Part time	Casual	Contract	Self employ	yed =
	OCCUPATION:	-		NET INCOM	E (per week)	
	DATE COMMENCED EMPLOYMENT	арргох.)		DATE TERM	INATED EMPLOYMEN	T (if any):
	EMPLOYER/BUSINESS NAME:					
	ADDRESS:					
	SUBURB:			STATE:	POSTCODE:	
	PHONE:	FAX:	EMAIL:	_		
	IF SELF EMPLOYED, ACCOUNTANT	S NAME:				PHONE:
ITEM 9:	IF SELF EMPLOYED, ACCOUNTANT	S NAME:				PHONE:
ITEM 9:	-		Yes No			PHONE:
ITEM 9:	CENTRELINK PAYMENTS  Are you receiving any regular Cent	relink payments?	Yes No			PHONE:
ITEM 9:	CENTRELINK PAYMENTS  Are you receiving any regular Cent DESCRIPTION OF PAYMENT(S):	relink payments?				PHONE:
ITEM 9:	CENTRELINK PAYMENTS  Are you receiving any regular Cent DESCRIPTION OF PAYMENT(S):  TOTAL INCOME (PER WEEK):	relink payments?  DATE PAYMEN	TS COMMENCED:			PHONE:
	CENTRELINK PAYMENTS  Are you receiving any regular Cent DESCRIPTION OF PAYMENT(S):  TOTAL INCOME (PER WEEK):  \$ STUDENT DETAILS  Are you studying full time?	DATE PAYMENT	TS COMMENCED:			PHONE:
170000000000000000000000000000000000000	CENTRELINK PAYMENTS  Are you receiving any regular Cent DESCRIPTION OF PAYMENT(S):  TOTAL INCOME (PER WEEK):  \$  STUDENT DETAILS	DATE PAYMENT	TS COMMENCED:	UDENT IDENTIFICA	TION NUMBER:	PHONE:
	CENTRELINK PAYMENTS  Are you receiving any regular Cent DESCRIPTION OF PAYMENT(S):  TOTAL INCOME (PER WEEK):  \$ STUDENT DETAILS  Are you studying full time?	DATE PAYMENT	TS COMMENCED:  No  ATTENDING: ST			PHONE:

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ITEM 11:	PERSONAL REF	ERENCES					
	Please do not list relatives, another applicant or partners and provide business hours contact numbers. REFEREE 1:					RELATIONSHIP:	
	ADDRESS:					PHONE/MOBILE:	
	REFEREE 2:			STATE:	POSTCODE:	RELATIONSHIP:	
	ADDRESS:						
	SUBURB:			STATE:	POSTCODE:	PHONE/MOBILE:	
ITEM 12:	PERSONAL REP	RESENTATIVE					
	i.e. preferred pe		cted in the event of an emerg	jency.		RELATIONSHIP:	
	ADDRESS:					PHONE/MOBILE:	
	SUBURB: REPRESENTATIV	/E 2:		STATE:	POSTCODE:	RELATIONSHIP:	
	ADDRESS:					TESTIONS III	
	SUBURB:			STATE:	POSTCODE:	PHONE/MOBILE:	
	DADT 2. CI	IDDODTINO	DOCUMENTS		=(		
		PPORTING	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 ic	fentifying documen	ts you have provided with you	ur application.			
		t least one form o					
	70 Points Passport		Cull birth southt-				
	40 Points		Full birth certificate	c	itizenship certificate		
	Australian D	river's Licence	Student Photo ID	D	epartment of Veterans Affa	airs card	
	Centrelink ca	ard	Proof of age card	s	ate/Federal Government i	Photo ID	
	25 Points						
	Medicare car	ď	Council rates notice	M	otor vehicle registration		
	Telephone bi	II	Electricity bill	G	as bill		
	Tenancy Hist	tory Ledger	Bank statement	Ci	edit card statement		
	Last FOUR re	ent receipts	Rent bond receipt	Pr	evious tenancy agreemen	t	
ITEM 14:	PROOF OF INCOM	IE					
	You are also requ	ired to supply the	Agent/Lessor with proof of yo	ur income upon	submission of your applica	ation.	
	Employed:						
	Self employed:						
	Not employed:	Centrelink staten					

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

## **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?		
PA	RT 5: TENANCY DATABASES		
The	Agency may use the following tenancy databases to check the rental history of the Applicant/s: CA		
PA	RT 6: ACKNOWLEDGEMENT		
PLE	ASE ACKNOWLEDGE THE FOLLOWING BY SELECTING EITHER YES OF NO		
	I, the Applicant		F-7
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.	Yes	☐ 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.	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:	) <del></del>	<del></del>

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