

# TENANCY APPLICATION FORM

**Please complete this application form in full and attach a photocopy of all supporting documentation prior to submission.**

## PLEASE NOTE:

- Any person who is over the age of 18 must submit an application if they wish to reside in the property.
- Applicants must inspect the property prior to submitting an application.
- Applications will not be processed until all applications are received together and are completed in full with the required identification.

## Identification:

- A minimum of 100 points of identification must be attached to all applications
- Points for each form of identification are indicated

Form of Identification	Number of Points
<input type="checkbox"/> Australian Drivers Licence	60
<input type="checkbox"/> Passport	60
<input type="checkbox"/> 18+ Card	30
<input type="checkbox"/> Other photo ID (Student Card etc.)	20
<input type="checkbox"/> Pay Slips	20
<input type="checkbox"/> Medicare Card	20
<input type="checkbox"/> Bill or Statement to Previous Address	20
<input type="checkbox"/> Rent Receipts (Max 4)	10
<input type="checkbox"/> Credit or Debit Cards	20

## Submitting Applications

- Applications can be submitted by:
  - In person at our Office at 497 Lutwyche Road, Lutwyche, QLD 4030
  - Email at [lutwyche.rentals@raywhite.com](mailto:lutwyche.rentals@raywhite.com)

## Processing of Applications

- We aim to process applications within 24 hours, subject to availability of referees
- Applicants will be advised of the outcome of application as soon as reasonably possible
- Rejected applications will be destroyed, as per the requirements of the Privacy Act Guidelines.

## Notification of Acceptance

- Once we have received your verbal acceptance, we will email you a copy of the Lease Agreement and other necessary documents.
- If you agree with the documents, a payment equivalent to two (2) weeks rent is required within 24 hours of receiving the documents. **Please Note: Deposits are only accepted in cash, bank cheque or online transfer. The Office does not have EFTPOS facilities. Deposits are non-refundable if change your mind or circumstances change.**

## APPLICATION FOR RESIDENTIAL TENANCY

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Property: \_\_\_\_\_  
Date Tenancy Start: \_\_\_\_\_  
Rent Per Week: \_\_\_\_\_

### APPLICANT ONE

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Smoker: Yes / No  
Drivers Licence/Passport Number: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_  
Registration Number of Vehicle/s: \_\_\_\_\_ Number of Vehicles: \_\_\_\_\_  
NUMBER OF PEOPLE TO RESIDE AT THE PROPERTY: \_\_\_\_\_  
Name of any children residing at the property and their ages: \_\_\_\_\_  
Do you have any Pets? Yes / No (If No, please skip this section)  
Type of Pet: \_\_\_\_\_ Number of Pets: \_\_\_\_\_  
Are your pets registered with the Council? Yes / No Which Council? \_\_\_\_\_

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Your current address: \_\_\_\_\_  
Current Agent/Lessor: \_\_\_\_\_ Rent per Week: \_\_\_\_\_  
Phone Number of Agent/Lessor: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Period of Time Rented: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Previous Property Rented: \_\_\_\_\_  
Previous Agent/Lessor: \_\_\_\_\_ Rent per Week: \_\_\_\_\_  
Phone Number of Agent/Lessor: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Period of Time Rented: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Are you employed? Yes / No (If No, please skip this section)  
Full Time / Casual / Part Time / Centrelink / Contract / Other

Occupation: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Net Weekly Income: \_\_\_\_\_

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Are you self employed? Yes / No (If No, please skip this section)

Business Name: \_\_\_\_\_ ABN: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
Length of Self Employment: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Accountants Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Are you currently studying? Yes / No (If No, please skip this section)

What University/TAFE do you attend? \_\_\_\_\_  
Course Enrolled in: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Are you an overseas Student? Yes / No

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Next of Kin (Must be someone who is not living with you)

Name: \_\_\_\_\_ Relation to You: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Personal References (Please not list Partners or Relatives)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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## Privacy Disclosure Statement of MGM 1 Pty Ltd T/A Ray White Lutwyche

We are an independently owned and operated business. We are bound by the National Privacy Principles. We collect personal information about you in this form to assess your application for Residential Tenancy. We may need to collect information about you from previous landlords or letting agents, your current employer and your referees. We will also check whether any details of the tenancy defaults by you are held on a tenancy default database. We use the default database operated by TICA default Tenancy Control Pty Ltd. You can find out more information about this database at its website at [www.tica.com.au](http://www.tica.com.au). Your consent to us collecting information is set out below.

PRIVACY CONSENT: I, the applicant, declare that the above information is true and correct. I have supplied the information at my own free will, and I also acknowledge that the Agent/Lessor have collected this information for the purpose of determining whether I am suitable tenant for the property – in particular to check my ability to care for the property, my identification, my credit worthiness and my character. For these such purposes, I authorise Ray White Lutwyche to contact the persons named in this application, and to undertake searches (including Tenancy Database searches) and also that information provide by me may be disclosed to, and further information obtained from, referees names in this application and other third parties. I understand that if this application is not approved, the agent is not legally obliged to provide reasons as to why. I also consent and understand that should my application be accepted and upon commencement of the Tenancy Agreement, there may be cause for the Agent/Lessor to pass my details onto other which may include (but not limited to) insurance companies, body corporate, contractors, other real estate agents, salespeople and tenancy default databases.

Application (1) Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### OFFICE USE ONLY

### RENTAL REFERENCE REQUEST

Agency Name: \_\_\_\_\_ Email: \_\_\_\_\_

Please complete the questions below and email back to our Office at [lutwyche.rentals@raywhite.com](mailto:lutwyche.rentals@raywhite.com).

#### PLEASE INCLUDE COPY OF TENANT LEDGER.

Is the above applicant the actual lessee at the provided address?	Y [ ]	N [ ]
Did your office terminate the tenancy?	Y [ ]	N [ ]
During the tenancy was the applicant ever in arrears?	Y [ ]	N [ ]
During the tenancy did the applicant ever receive arrears notices?	Y [ ]	N [ ]
During the tenancy did the applicant receive remedy to breach?	Y [ ]	N [ ]
During the tenancy did the applicant receive a termination notice?	Y [ ]	N [ ]
Were periodic inspections carried out?	Y [ ]	N [ ]
Were there causes to complain over periodic inspections?	Y [ ]	N [ ]
Was there cause to report any defaults to a tenancy database?	Y [ ]	N [ ]
Were pets kept on the premises?	Y [ ]	N [ ]
Were there any deductions from the bond?	Y [ ]	N [ ]
Would you rent to them again?	Y [ ]	N [ ]
Was the property ready to rent out straight away?	Y [ ]	N [ ]

**It would be greatly appreciated if you could have this returned to us today.  
Thank you in advance for your co-operation.**

## APPLICATION FOR RESIDENTIAL TENANCY

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Property: \_\_\_\_\_  
Date Tenancy Start: \_\_\_\_\_  
Rent Per Week: \_\_\_\_\_

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### APPLICANT TWO

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Smoker: Yes / No  
Drivers Licence/Passport Number: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_  
Registration Number of Vehicle/s: \_\_\_\_\_ Number of Vehicles: \_\_\_\_\_  
NUMBER OF PEOPLE TO RESIDE AT THE PROPERTY: \_\_\_\_\_  
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Length of Employment: \_\_\_\_\_ Net Weekly Income: \_\_\_\_\_

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Are you self employed? Yes / No (If No, please skip this section)

Business Name: \_\_\_\_\_ ABN: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
Length of Self Employment: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Accountants Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Address: \_\_\_\_\_  
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Application (2) Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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