

## **Application for Residential Tenancy** (One application to be completed per person) PART 1: RENTAL PROPERTY DETAILS ITEM 1: AGENT DETAILS AGENCY NAME: Pacific Realty ADDRESS: Level 9, 39/445 Upper Edward Street, Spring Hill, QLD 4000 Level 15, 2 Corporate Ct, Bundall QLD 4218 SUBURB: SPRING HILL STATE: QLD POSTCODE: 4000 MOBILE: 07 3839 8528 0412720036 07 3839 6519 jewel@pacificrealty.com.au ITEM 2: PROPERTY DETAILS ADDRESS: POSTCODE: SUBURB: Rent period: ← weekly / fortnightly / monthly Periodic agreement Tenancy Term: Fixed term agreement 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)? If Yes, what other name(s) have you been known by? WORK PHONE: MOBILE: HOME PHONE: FMAII . Driver's Licence/passport number: State: Number of vehicles: Registration number(s): ITEM 4: **DEPENDANTS** Do you have any dependants? Yes 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? ITEM 6: Do you intend to keep pets at the property? Yes Number of pets: Type of Pet/s: Are your pets registered with a council? Yes

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If Yes, please state which council:

ITEM 7:	APPLICANTS ADDRESS HISTORY						
	CURRENT RESIDENTIAL ADDRESS:						
	SUBURB: STATE: _	POSTCODE:					
	Rent Owner Other: →						
	CURRENT AGENT/LESSOR (If renting):						
	AGENT/LESSOR PHONE: FAX: EMAIL:						
	CURRENT RENT REASON FOR LEAVING:	REASON FOR LEAVING:					
	\$ Rent period: \( \square\ weekly \ \ fortnightly \ \ monthly \)						
	PREVIOUS RESIDENTIAL ADDRESS:						
	SUBURB: STATE:	POSTCODE:					
	PERIOD OF OCCUPANCY: TYPE OF OCCUPANCY:	POSTCODE.					
	Rent Owner Other: →						
	PREVIOUS AGENT/LESSOR:						
	AGENT/LESSOR PHONE: FAX: EMAIL:						
	PREVIOUS RENT: REASON FOR LEAVING:						
	\$ Rent period: <i>\leftarrow weekly / fortnightly / monthly</i>						
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						
Lin IV	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:						

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:REFEREE 2:			STATE:	POSTCODE:	RELATIONSHIP:		
	ADDRESS:							
	SUBURB:			STATE:	POSTCODE:	PHONE/MOBILE:		
ITEM 12:	PERSONAL REPRESE							
			n the event of an emerg	ency.				
	REPRESENTATIVE 1:					RELATIONSHIP:		
	ADDRESS:					PHONE/MOBILE:		
	SUBURB:			STATE:	POSTCODE:			
	REPRESENTATIVE 2:					RELATIONSHIP:		
	ADDRESS:					PHONE/MOBILE:		
	SUBURB:			STATE:	POSTCODE:			
	PART 3: SUPP	PORTING DO	CUMENTS					
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 identif	fying documents yo	<mark>u ha</mark> ve provi <mark>ded wit</mark> h you	ur application.				
	IMPORTANT: At least	st one form of Pho	to Identific <mark>ation MUS</mark> T	be provided.				
	70 Points							
	Passport		Full birth certificate	Ci	tizenship certificate			
	40 Points							
	Australian Driver'	's Licence	Student Photo ID	De	epartment of Veterans Aff	airs card		
	Centrelink card		Proof of age card	St	ate/Federal Government	Photo ID		
	25 Points							
	Medicare card		Council rates notice	Me	otor vehicle registration			
	Telephone bill		Electricity bill	G	as bill			
	Tenancy History	Ledger	Bank statement	Cr	edit card statement			
	Last FOUR rent r	receipts	Rent bond receipt	Pr	evious tenancy agreeme	nt		
ITEM 14:	PROOF OF INCOME							
	You are also required	ou are also required to supply the Agent/Lessor with proof of your income upon submission of your application.						
	Employed: La	ployed: Last TWO pay slips.						
	Self employed: Ba	If employed: Bank statements, Group Certificate, Tax Return or Accountant's letter.						
	Not employed: Ce	entrelink 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	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?  If false, why are you in debt to your past Agent/Lessor?	True	False			
	in talse, why are you in dest to your past / igenizeessor.					
DΛ	RT 5: TENANCY DATABASES					
	Agency may use the following tenancy databases to check the rental history of the Applicant/s:					
	rigino, may use the remaining termino, administration to the remaining terminology					
PA	RT 6: ACKNOWLEDGEMENT					
PLE	ASE ACKNOWLEDGE THE FOLLOWING BY SELECTING EITHER YES OF NO					
1.	I, the Applicant  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 <i>Electronic Transactions (Queensland) Act 2001 (Qld)</i> and the <i>Electronic Transactions Act</i> 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:	-				

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