

OFFICE USE ONLY:	Date: / /
<input type="checkbox"/> Application signed and all details complete <input type="checkbox"/> Photocopy Tenants ID <input type="checkbox"/> Approved Agent: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Landlord: <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICATION FOR COMMERCIAL TENANCY

The 4 pages of this application **must be completed in full** and **signed** otherwise your application will not be processed.

PLEASE USE BLOCK LETTERS THROUGHOUT THE WHOLE APPLICATION.

E.G **JOHN SMITH** ✓ is correct. **john smith** x is incorrect.

RENTAL PROPERTY:

APPLICANT'S DETAILS

Name		D.O.B
Contact No. (H)	(B)	(M)
Email Address @		(F)
Drivers License No.	ABN	ACN
Current Address		
Use of Property		
Terms & Options		Rental
Commencement Date		Rental Commencement Date
Rental Review		Outgoings
GST		Security Bond

FIRST GUARANTOR DETAILS

Family Name		Given Name	D.O.B
Contact No. (H)	(B)	(M)	
Email Address @		(F)	
Drivers License No.	Car Rego	Make & Model	
Current Address			
Occupation			

EMPLOYMENT DETAILS

Employer's Name

Address		Phone
Length of Employment	Weekly Income	

If employed for less than six months, fill in your previous employment details

Employer's Name		
Address		Phone
Length of Employment	Weekly Income	

FOR SELF EMPLOYED

Business Name	
Industry	ABN
Address	Personal Weekly Income
Accountant Name	Accountant Phone Number

RENTAL HISTORY (Current Landlord / Agent)

Name		Contact Number	
Address Rented			Rent Paid per Week
Period Rented	Bond Refunded? (Yes or No)	If not, why?	

RENTAL HISTORY (Previous Landlord / Agent)

Name		Contact Number	
Address Rented			Rent Paid per Week
Period Rented	Bond Refunded? (Yes or No)	If not, why?	

SECOND GUARANTOR DETAILS

Family Name		Given Name		D.O.B
Contact No. (H)	(B)			(M)
Email Address			@	(F)
Drivers License No.	Car Rego		Make & Model	
Current Address				
Occupation				

EMPLOYMENT DETAILS

Employer's Name	
Address	Phone

Length of Employment	Weekly Income
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If employed for less than six months, fill in your previous employment details

Employer's Name	
Address	Phone
Length of Employment	Weekly Income

FOR SELF EMPLOYED

Business Name	
Industry	ABN
Address	Personal Weekly Income
Accountant Name	Accountant Phone Number

RENTAL HISTORY (Current Landlord / Agent)

Name		Contact Number	
Address Rented			Rent Paid per Week
Period Rented	Bond Refunded? (Yes or No)	If not, why?	

RENTAL HISTORY (Previous Landlord / Agent)

Name		Contact Number	
Address Rented			Rent Paid per Week
Period Rented	Bond Refunded? (Yes or No)	If not, why?	

TERMS AND CONDITIONS

AUTHORITY AND PRIVACY DISCLAIMER

Applicant's Name:

I the said applicant(s), so solemnly and sincerely declare that the information contained in this application is true and correct and that all of the information was given of my/our own free will. I/we further consent to the lessor/agent contacting and or conducting any inquiries and or searches with regard to the information and references supplied in this application.

IMPORTANT PRIVACY NOTICE: The information provided in this application is used for the purpose of determining if the applicant will be a suitable tenant. If you have any concerns regarding your privacy please refer to the Property Manager.

APPLICANT(S) SIGNATURE x

DATE / /

Agent to Witness x

DATE / /
