

RESIDENTIAL TENANCY APPLICATION FORM

PROPOSED PROPERTY ADDRESS: _____ RENT P/W: \$ _____

LENGTH OF TENANCY: ☐ 6 MONTHS ☐ 12 MONTHS ☐ OTHER: _____ COMMENCING: _____

FIRST NAME: _____ MIDDLE NAME: _____

FAMILY/LAST NAME: _____ PREVIOUS FAMILY/LAST NAME (IF APPLICABLE): _____

DATE OF BIRTH: _____ MARITAL STATUS: _____ 18+ CARD No.: _____

DRIVERS LICENSE No.: _____ STATE: _____ VEHICLE REGO. No.: _____ STATE: _____

NO. OF CARS/BIKES TO BE PARK ON PREMISE: _____ CAR/S ☐ BIKE'S ☐

MAKE, MODEL AND COLOUR: _____

CURRENT ADDRESS: _____

HOME PHONE No.: _____ WORK No.: _____

MOBILE No.: _____ EMAIL ADDRESS: _____

OCCUPATION: _____ MEDICARE No.: _____

ARE YOU OR ANY OF THE DEPENDENTS RESIDING WITH YOU, SMOKERS? ☐ Yes ☐ No

**THE PROPERTIES MANAGED BY THIS OFFICE MAY BE PROTECTED BY THE
BARCLAY MIS PROTECT & COLLECT PLAN.**

RENT @ \$ _____. ____ PAYABLE _____ FOR A TERM OF _____ MONTHS, COMMENCING _____

PAYMENT DETAILS: RENT (2 WEEKS IN ADVANCE) FROM ____/____/____ TO ____/____/____ \$ _____. ____

BOND (EQUIVALENT TO NO LESS THAN 4 WEEKS RENT) \$ _____. ____

TOTAL AMOUNT PAYABLE ON OR BEFORE ____/____/____ \$ _____. ____

NB: WEEKLY RENT REPRESENTS _____ % OF TOTAL INCOME.

BEFORE ANY APPLICATION WILL BE CONSIDERED, YOU MUST ACHIEVE A MINIMUM OF 100 POINTS

TYPE OF I.D.	No. OF POINTS	COPY ATTACHED
COPY OF RATES NOTICE (IF OWNED PROPERTY) OR RENT LEDGER FROM CURRENT MANAGING AGENT *MUST SUPPLY ONE	50	<input type="checkbox"/> POINTS VALUE ____
DRIVERS LICENSE	40	<input type="checkbox"/> POINTS VALUE ____
PHOTO I.D. (18+ CARD)	30	<input type="checkbox"/> POINTS VALUE ____
PASSPORT	30	<input type="checkbox"/> POINTS VALUE ____
CURRENT CAR/BIKE REGISTRATION PAPERS	10	<input type="checkbox"/> POINTS VALUE ____
COPY OF PHONE, ELECTRICITY AND/OR GAS ACCOUNTS	10 EACH	<input type="checkbox"/> POINTS VALUE ____
MEDICARE CARD	10	<input type="checkbox"/> POINTS VALUE ____
PROOF OF INCOME - IF EMPLOYED LAST 2 X PAYSLEIPS. IF SELF-EMPLOYED BANKS STATEMENT; ACCOUNTANTS DETAILS; TAX RETURN FOR PREVIOUS YEAR. IF UNEMPLOYED OR ON BENEFITS COPY OF CURRENT CENTERLINK STATEMENT AND HEALTH CARE CARD. *MUST SUPPLY		<input type="checkbox"/> RELEVANT COPIES OF DOCUMENTATION ATTACHED.

EMPLOYMENT DETAILS

IF YOU ARE EMPLOYED ARE YOU FULL TIME ☐ PART TIME ☐ CASUAL ☐ CONTRACT ☐

COMPANY NAME: _____ CONTACT PERSON: _____

ADDRESS: _____ PHONE NUMBER: _____

HOW LONG HAVE YOU WORKED THERE: _____ NETT WEEKLY INCOME (EXCL. OVER TIME): \$ _____

IF EMPLOYED LESS THAN 6 MONTHS PLEASE PROVIDE PREVIOUS EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER: _____

LENGTH OF EMPLOYMENT: _____ POSITION HELD: _____

IF YOU ARE SELF-EMPLOYED

REGISTERED NAME OF BUSINESS: _____ ABN: _____

ADDRESS: _____ TYPE OF BUSINESS: _____

PHONE NUMBER: _____ PERSONAL NETT INCOME P/WEEK: \$ _____

NAME OF ACCOUNTANT: _____ PHONE NUMBER: _____

LENGTH OF TIME IN BUSINESS: _____ LIST ONE MAJOR CREDITOR: _____

IF YOU ARE A STUDENT ARE YOU ☐ FULL TIME ☐ PART TIME

ARE YOU AN OVERSEAS STUDENT ☐ YES ☐ NO IF YES VISA EXPIRY DATE IS : ____/____/____

NAME OF LEARNING INSTITUTION: _____ DEPARTMENT: _____

STUDENT UNION NUMBER: _____ STUDENT ID NUMBER: _____

INCOME SOURCE: _____ CONTACT: _____ NETT WKL INCOME: _____

IF YOU RECEIVE A CENTERLINK PAYMENT TOTAL AMOUNT RECEIVED WEEKLY (TOTAL PAYMENTS): \$ _____

TYPE OF PAYMENT: _____ CRN NUMBER: _____ COPY OF CARD ATTACHED ☐

YOUR RENTAL HISTORY

CURRENT AGENT/LANDLORD: _____ PHONE: _____

ADDRESS OF RENTED PROPERTY: _____ DATE VACATED: ____/____/____

RENT PER WEEK: \$ _____ PERIOD OF TENANCY: _____ REASON FOR LEAVING: _____

WAS THE BOND REFUNDED IN FULL ☐ YES ☐ NO IF NO WHY: _____

PREVIOUS AGENT/LANDLORD: _____ PHONE: _____

ADDRESS OF RENTED PROPERTY: _____ DATE VACATED: ____/____/____

RENT PER WEEK: \$ _____ PERIOD OF TENANCY: _____ REASON FOR LEAVING: _____

WAS THE BOND REFUNDED IN FULL ☐ YES ☐ NO IF NO WHY: _____

EMERGENCY CONTACT (NOT RESIDING WITH YOU)

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

REFERENCES

PLEASE COMPLETE ALL 5 REFERENCES REQUESTED BELOW, PLEASE DO NOT USE THE SAME CONTACT TWICE AND DO NOT USE THE SAME PERSON AS YOUR EMERGENCY CONTACT. YOUR 5 REFERENCES SHOULD INCLUDE, PARENT OR GUARDIAN, FAMILY MEMBERS NOT LIVING WITH YOU, PERSONAL FRIENDS (MUST BE AUSTRALIAN RESIDENTS) AND IF SELF EMPLOYED AT LEAST ONE ESTABLISHED TRADE OR BUSINESS REFERENCE.

1. NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ KNOWN FOR: _____ YEARS/MONTHS
HM PHONE: _____ MOBILE: _____ RELATIONSHIP: _____
2. NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ KNOWN FOR: _____ YEARS/MONTHS
HM PHONE: _____ MOBILE: _____ RELATIONSHIP: _____
3. NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ KNOWN FOR: _____ YEARS/MONTHS
HM PHONE: _____ MOBILE: _____ RELATIONSHIP: _____
4. NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ KNOWN FOR: _____ YEARS/MONTHS
HM PHONE: _____ MOBILE: _____ RELATIONSHIP: _____
5. NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ KNOWN FOR: _____ YEARS/MONTHS
HM PHONE: _____ MOBILE: _____ RELATIONSHIP: _____

WILL DEPENDENTS RESIDE AT THE PROPERTY? ☐ YES ☐ NO IF YES HOW MANY: _____

PLEASE LIST THEIR NAMES AND AGES: _____

WILL THERE BE ANY OTHER PERSONS LIVING AT THE PROPERTY? ☐ YES ☐ NO

IF YES WHO: _____

HAVE THEY COMPLETED A TENANCY APPLICATION FORM? ☐ YES ☐ NO

IF NO WHY? _____

DO YOU HAVE ANY PETS? ☐ YES ☐ NO - IF YES HOW MANY AND WHAT TYPE: _____

IF YOU INTEND TO HAVE PETS RESIDING AT THE PROPERTY PLEASE COMPLETE A SEPARATE PET APPLICATION FORM AND ATTACH HEREWITH.

DO YOU OWN A LAWNMOWER? ☐ YES ☐ NO IF NO HOW DO YOU INTEND TO CARE FOR THE LAWNS? _____

DISCLAIMER / AUTHORITY

I, THE SAID APPLICANT, DO 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 OWN FREE WILL. I FURTHER CONSENT TO THE LESSOR/AGENT CONTACTING AND /OR CONDUCTING ANY ENQUIRIES AND/OR SEARCHES WITH REGARD TO THE INFORMATION AND REFERENCES SUPPLIES IN THIS APPLICATION.

I, THE SAID APPLICANT, DO SOLEMNLY AND SINCERELY DECLARE THAT I AM OVER 18 YEARS OF AGE AND HAVE READ AND UNDERSTAND THE CONTENTS OF THIS AGREEMENT AND HAVE THE COMPETENCE AND CAPACITY TO ENTER INTO THIS AGREEMENT. I FURTHER DECLARE THAT I HAVE INSPECTED THE PROPERTY LOCATED AT _____.

1. I HAVE, OF MY OWN ACCORD, DECIDED THAT I WISH TO RENT THE AFOREMENTIONED PROPERTY COMMENCING ____/____/____ FOR A PERIOD OF ____ MONTHS.
2. I HAVE BEEN INFORMED, UNDERSTAND AND AGREE THAT THE RENTAL FOR THE SAID PROPERTY IS TO BE \$_____ PER WEEK AND IS WITHIN MY MEANS.
3. (i) I HAVE BEEN INFORMED, UNDERSTAND AND AGREE THAT THE RENTAL FOR THE SAID PROPERTY IS TO BE PAID EVERY _____ AND IS TO BE PAID BY THE DUE DATE AT ALL TIMES.
(ii) I HAVE BEEN INFORMED, UNDERSTAND AND AGREE THAT THE LESSOR/AGENT WILL CARRY OUT AN INSPECTION ON THE PROPERTY ON A _____ BASIS AND I FURTHER WARRANT THAT I WILL COOPERATE FULLY TO ALLOW THIS INSPECTION TO BE CARRIED OUT.
4. I HAVE BEEN INFORMED, UNDERSTAND AND AGREE THAT THE ACCEPTANCE OF MY APPLICATION IS SUBJECT TO A SATISFACTORY REPORT BEING OBTAINED FROM INFORMATION SUPPLIED ON THE FULLY COMPLETED TENANCY APPLICATION SUBMITTED BY ME. I FURTHER CONSENT TO THE AGENT CARRYING OUT ANY ENQUIRIES NECESSARY TO PROCESS MY APPLICATION FOR TENANCY.
5. I HAVE BEEN INFORMED, UNDERSTAND AND AGREE THAT SHOULD THE LANDLORD BE PUT TO ANY EXPENSE OR EXPEND ANY MONEYS DURING THE CURRENCY OF THE TENANCY AGREEMENT OR AT THE EXPIRATION OF THE TENANCY AGREEMENT AS A CONSEQUENCE OF A BREACH BY ME IN THE PERFORMANCE AND OBSERVANCE OF MY OBLIGATIONS UNDER THE TENANCY AGREEMENT (INCLUDING BUT NOT LIMITED TO : EVICTIONS, PAYMENT OF RENT, MAINTENANCE OF THE PREMISES, MAKING GOOD ANY DAMAGE TO THE PREMISES), THAT ALL AND ANY SUCH MONEYS EXPENDED BY THE LANDLORD SHALL BE RECOVERABLE FROM ME AND PAYABLE BY ME, INCLUDING, BUT NOT LIMITED TO, LEGAL FEES, MERCANTILE AGENTS FEES, ACCOUNTANTS FEES, ETC..
6. I FURTHER CONSENT TO THE AGENT DISCLOSING ALL PERSONAL INFORMATION THAT THEY MAY HOLD FOR THE PURPOSE OF:
 - LISTING MY NAME WITH A DATABASE AS A RESULT OF A TRIBUNAL ORDER
 - ENFORCING A TRIBUNAL ORDER
 - COMMENCING RECOVERY ACTION IN RELATION TO ANY DEBT OWED AS A RESULT OF OUTSTANDING RENT, REPAIRS AND/OR DAMAGE THAT OCCURRED OR OCCURS DURING MY PERIOD OF TENANCY.
7. I HAVE BEEN INFORMED AND UNDERSTAND THAT THIS PROPERTY MAY BE COVERED BY THE BARCLAY MIS PROTECT & COLLECT PLAN AND IN THIS CASE, I FURTHER CONSENT TO THE AGENT SUPPLYING MY PERSONAL INFORMATION TO BARCLAY MIS PROTECT & COLLECT PTY LTD.
8. I HAVE BEEN INFORMED, UNDERSTAND AND AGREE THAT SHOULD THIS APPLICATION NOT BE ACCEPTED, THE AGENT IS NOT REQUIRED OR OBLIGED TO DISCLOSE WHY OR SUPPLY ANY REASON FOR THE REJECTION OF THIS APPLICATION UNLESS THE APPLICATION IS DECLINED AS A RESULT OF MY NAME BEING LISTED WITH A TENANCY DATA BASE.
9. I HAVE BEEN INFORMED, UNDERSTAND AND CONSENT TO THE AGENT SUPPLYING ALL NECESSARY INFORMATION, AS MAY BE REQUIRED, TO ANY TENANCY DATA BASE/S THAT THEY USE, SUBJECT TO THE TENANCY DATA BASE/S COMPLYING WITH THE PROVISIONS OF THE PRIVACY ACT. FURTHER MORE I HAVE READ, UNDERSTAND AND ACCEPT THE AGENTS PRIVACY STATEMENT.
10. I HAVE BEEN INFORMED, UNDERSTAND AND ACKNOWLEDGE THAT THE AGENT HAS THE CONTACT DETAILS FOR THE TENANCY DATA BASE/S THEY USE AND THAT THE AGENT WILL SUPPLY THESE CONTACTS SHOULD I REQUEST THEM.

* PLEASE INITIAL CLAUSES 5 & 6

APPLICANTS FULL NAME: _____

APPLICANTS SIGNATURE: _____ DATE: _____

RENTAL REFERENCE CHECK

IN ACCORDANCE WITH THE PRIVACY ACT, I THE UNDERSIGNED AUTHORISE THE RECIPIENT OF THIS FORM TO GIVE INFORMATION TO _____, REGARDING MY RENTAL HISTORY.

I FURTHER UNDERSTAND THIS INFORMATION WILL BE USED TO ASSESS MY APPLICATION FOR TENANCY.

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN WITH YOUR TENANCY APPLICATION FORM:-

APPLICANTS NAME: _____
PROPERTY APPLIED FOR: _____
CURRENT ADDRESS: _____
PERIOD OF TENANCY: _____ RENT PAID PER WEEK: \$ _____ NO. OF OCCUPANTS: _____
CURRENT AGENT/LANDLORD: _____ CONTACT: _____
AGENT/LANDLORD PHONE: _____ AGENT/LANDLORD FAX: _____
MANAGING AGENT EMAIL ADDRESS: _____

IN ORDER FOR US TO PROCESS YOUR APPLICATION WE WILL FAX THIS TO YOUR CURRENT MANAGING AGENT/LANDLORD FOR A REFERENCE CHECK.

PLEASE **DO NOT** COMPLETE THE SECTION BELOW, THIS WILL BE COMPLETED BY YOUR CURRENT MANAGING AGENT/LANDLORD.

DEAR AGENT/LANDLORD, PLEASE COMPLETE THE FORM BELOW AND RETURN TO OUR OFFICE TOGETHER WITH A COPY OF THE RENT LEDGER, VIA EMAIL OR FAX.
THANK YOU IN ADVANCE FOR YOUR ASSISTANCE.

NAME & POSITION OF PERSON COMPLETING THIS FORM: _____

LENGTH OF TENANCY: _____ RENT PER WEEK: \$ _____ BOND HELD: \$ _____

WAS RENT PAID ON TIME: ☐ YES ☐ NO IF NO DO YOU KNOW WHY? _____

WERE INSPECTIONS CARRIED OUT: ☐ YES ☐ NO DETAILS: _____

WERE THERE ANY PROBLEMS GAINING ACCESS: ☐ YES ☐ NO DETAILS: _____

RESULTS OF INSPECTIONS: _____

WHERE LAWNS AND GARDENS MAINTAINED: _____

DID THE TENANT HAVE PETS ☐ YES ☐ NO IF YES TYPE/NUMBER: _____

ANY DAMAGE CAUSED BY PETS: _____

WERE THE TENANTS CONSIDERATE OF NEIGHBOURS: _____

WERE ANY BREACH NOTICES ISSUED: ☐ YES ☐ NO TYPE: _____

REASON FOR LEAVING (IF KNOWN): _____

WAS THE BOND BE REFUNDED IN FULL: ☐ YES ☐ NO REASON: _____

WOULD YOU RENT TO THIS TENANT AGAIN: ☐ YES ☐ NO REASON: _____

SIGNATURE: _____ DATE: _____