



# TENANCY APPLICATION

274 Ross River Road Aitkenvale QLD 4814  
Phone 07 47255200 Fax 07 47255722

Our Agency welcomes your Application and any queries you may have.

The following information and checklist will assist you to complete the Tenancy Application so it can be processed as quickly as possible.

## Please read prior to completing your Application

- One Application is to be completed per person.
- Applicants are to supply their own photocopies of documentation required. This Application must be accompanied by copies of documents from those listed below for the 100 points Identification Check. PLEASE NOTE THIS MUST INCLUDE A DRIVER'S LICENCE, PASSPORT OR 18+ CARD. Your original driver's licence, passport or 18+ card will be required to be sighted at the time of handing in your application.

|                          |  |    |
|--------------------------|--|----|
| <input type="checkbox"/> | Drivers Licence                                    | 40 |
| <input type="checkbox"/> | Passport   | 40 |
| <input type="checkbox"/> | 18+ Card   | 40 |
| <input type="checkbox"/> | Birth Certificate                                  | 30 |
| <input type="checkbox"/> | Other Photo ID                                     | 30 |
| <input type="checkbox"/> | Current Wage Advice                                | 30 |
| <input type="checkbox"/> | Previous Tenancy Reference                         | 20 |
| <input type="checkbox"/> | Previous two rent receipts                         | 20 |
| <input type="checkbox"/> | Motor vehicle registration certificate             | 10 |
| <input type="checkbox"/> | Bank Statement, Phone Account, Electricity Account | 10 |
| <input type="checkbox"/> | ATM Card   | 10 |
| <input type="checkbox"/> | Medicare Card                                      | 10 |

### **TOTAL POINTS**

- This Application cannot be processed until it is complete with copies of supporting documents attached.
- Our Agency staff will contact you within 24-48 business hours. If the Application is approved, the General Tenancy Agreement will need to be signed by all approved lease holders and an amount, equal to 2 weeks rent, be paid by money order, bank cheque or cash within 24 hours of acceptance.

## **APPLICATION CHECKLIST**

### **Before I submit this Application, I have...**

- Attached photocopies of documents to meet 100 or more points of ID. Refer to list above.
- Inspected the Property both internally and externally.
- Completed all details in full on the Application form.
- Provided all contact details and documentation for confirmation of income source.
- Read and signed the Privacy Disclosure Statement, Privacy Consent and Marketing Consent – see Page 4

| <b>OFFICE USE ONLY – TO BE COMPLETED AT TIME OF APPLICATION BEING SUBMITTED WITH APPLICANT PRESENT</b> |                     |             |             |
|--|---------------------|-------------|-------------|
| <b>CHECKLIST</b>   | <b>STAFF MEMBER</b> | <b>DATE</b> | <b>TIME</b> |
| <input type="checkbox"/> Application received  |                     | / /         | AM/PM       |
| <input type="checkbox"/> Sighted original ID   |                     | / /         | AM/PM       |
| <input type="checkbox"/> Compared signatures to original   |                     | / /         | AM/PM       |
| <input type="checkbox"/> Checked ALL Consents signed   |                     | / /         | AM/PM       |
| <input type="checkbox"/> Checked Application is completed in full                                      |                     | / /         | AM/PM       |
| Name of nominated Applicant to contact in relation to application status                               | Name                | Phone       |             |

|   |   |  |  |                                       |
|---|---|--|--|---------------------------------------|
| <b>PROPERTY ADDRESS</b>   | Rent Per Week \$  |  |  |                                       |
| <b>How did you find out about this Property</b>                                     | <input type="checkbox"/> Newspaper  | <input type="checkbox"/> Website _____ | <input type="checkbox"/> For Rent Sign                               |                                       |
|   | <input type="checkbox"/> Walk-in  | <input type="checkbox"/> Referral      | <input type="checkbox"/> Other Agent                                 |                                       |
|   | <input type="checkbox"/> Other _____  |  |  |                                       |
| <b>Applicant's Full Name and Address</b>  | Name  |  |  |                                       |
|   | Address   |  |  |                                       |
| <b>Personal Details</b>   | Date of Birth / /   | Place of Birth                         |  |                                       |
|   | Drivers Licence No.   | Expiry Date                            |  |                                       |
|   | Passport No.  | Expiry Date                            |  |                                       |
| <b>Applicant's Contact Details</b>  | ☎ Home  | ☎ Business                             |  |                                       |
|   | ☎ Mobile  | Email                                  |  |                                       |
| <b>Current Rental Details</b>   | Rent per week \$  | Period of occupancy                    | Months Years   |                                       |
|   | Agent/Landlord  | ☎ Home                                 |  |                                       |
|   | Fax   | ☎ Business                             |  |                                       |
|   | Do you expect the Bond to be refunded in full   |  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No Why _____ |
| <b>Previous Address</b>   | Address   |  |  |                                       |
|   | Rent per week \$  | Period of occupancy                    | Months Years   |                                       |
|   | Agent/Landlord  | ☎ Home                                 |  |                                       |
|   | Fax   | ☎ Business                             |  |                                       |
| <b>Employment</b>   | Current Employer  |  | <input type="checkbox"/> Full Time <input type="checkbox"/> Casual   |                                       |
|   |   |  | <input type="checkbox"/> Part Time <input type="checkbox"/> Contract |                                       |
|   | Your Position   |  | Supervisor's Name  |                                       |
|   | Length of Employment  | Years                                  | Fax  |                                       |
|   |   | Months                                 | ☎ Business   |                                       |
|   | Total Annual Income (as declared to Australian Taxation Office)   |  | \$   |                                       |
| Currently I am paid on the _____ of each week / fortnight / month (circle relevant) |   |  |  |                                       |
| <b>If Self Employed</b>   | Company Name  |  | Trading As   |                                       |
|   | Address   |  |  |                                       |
|   | ABN   |  | Industry/ Nature of Business   |                                       |
|   | How long have you been self-employed?   |  | Years  | Months                                |
|   | Total Annual Income (as declared to Australian Taxation Office)   |  | \$   |                                       |
|   | Accountant  |  | ☎ Business   |                                       |
|   | Creditor  |  | ☎ Business   |                                       |
|   | Creditor  |  | ☎ Business   |                                       |
| <b>If a Student or Not Currently Employed</b>                                       | <b>VERIFICATION OF INCOME SOURCE MUST BE PROVIDED</b>   |  |  |                                       |
|   | Student ID # _____  | Institution _____                      | Faculty _____  |                                       |
|   | Course _____  |  | Duration _____   |                                       |
|   | <input type="checkbox"/> Currently not employed<br>Please indicate documents supplied with this Application to confirm your income source:<br><input type="checkbox"/> Parent / Guardian Letter <input type="checkbox"/> Centerlink Documents <input type="checkbox"/> Austudy Documents<br><input type="checkbox"/> Bank Statements <input type="checkbox"/> Other |  |  |                                       |
| <b>Australian Citizen</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No – copies of Passport and Visa attached   | Visa Expiry / /                        |  |                                       |
| <b>Vehicle Information</b>  | Total number of vehicles to be kept at the premises   |  |  |                                       |
|   | Registration No   | Model                                  |  |                                       |

|  |   |                       |                              |
|--|---|-----------------------|------------------------------|
|  | State   |                       | Owned / Hire Purchase        |
|  | Registration No<br>State  | Model                 | Owned / Hire Purchase        |
| <b>Occupancy Details</b><br>Full Names, Current Addresses and Ages of all People, Including Children, who will Reside at this Property | <b>Name</b>   | <b>Address</b>        | <b>Age</b>                   |
|  |   |                       |                              |
|  |   |                       |                              |
|  |   |                       |                              |
| <b>Pets</b>  | No <input type="checkbox"/> Yes <input type="checkbox"/>  | Type                  | Breed                        |
|  | Reg No Council  | Reference is attached | Yes <input type="checkbox"/> |
| <b>Emergency Contact</b><br>Details of Closest Relatives who will not be Residing with You   | Name  |                       | Name                         |
|  | Relationship  |                       | Relationship                 |
|  | Address   |                       | Address                      |
|  | t Home  |                       | t Home                       |
|  | t Work  |                       | t Work                       |
|  | t Mobile  |                       | t Mobile                     |
|  | <b>Personal References</b><br>(not relatives)<br>Please ensure each has agreed for you to nominate them as a Referee. | <b>Name</b>           | <b>Occupation</b>            |
|  |   |                       |                              |
|  |   |                       |                              |

**I confirm the following:**

- |  |  |  |               |
|--|--|--|---------------|
|  |  |  | <b>Detail</b> |
| 1. Have you ever been evicted by any Lessor or Agent?                                    | <input type="checkbox"/> No <input type="checkbox"/> Yes |  | _____         |
| 2. Have you been refused another Property by a Lessor or Agent?                          | <input type="checkbox"/> No <input type="checkbox"/> Yes |  | _____         |
| 3. Are you in debt to another Lessor or Agent?   | <input type="checkbox"/> No <input type="checkbox"/> Yes |  | _____         |
| 4. Is there any reason known to you that would affect your ability to pay rent when due? | <input type="checkbox"/> No <input type="checkbox"/> Yes |  | _____         |
| 5. Was your rental bond at your last address refunded in full?                           | <input type="checkbox"/> No <input type="checkbox"/> Yes |  | _____         |

**I confirm the following:**

During my inspection of the Property on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ I found it to be in a satisfactory condition  Yes  No  
If "No" I request the following items be attended to prior to my tenancy, subject to the Lessor's approval.

**Declaration**

I declare that the Application information provided is true and correct. I consent to this Application being verified and to the access of Tenancy Information Centre of Australia and National Tenancy Database records for information about my tenancy history if applicable. I apply for approval to rent the premises referred to in this form and acknowledge that my Application will be referred to the Lessor of the Property for consideration. I declare that I am not bankrupt or an undischarged bankrupt.

I have inspected the premises and apply for tenancy for a period of \_\_\_\_\_ months, at a rental of \$ \_\_\_\_\_ per week commencing on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

**I understand that if this Application is approved by the Lessor:**

- I, or the nominated Applicant, will be notified within 24-48 business hours of the application status.
- Arrangements must be made for all approved Applicants to sign the General Tenancy Agreement within 24 hours of the approval, as well as an amount paid to the Agent equal to 2 weeks rent.
- Pre-moving in costs as itemised below are to be paid by **CASH, BANK CHEQUE OR MONEY ORDER**.

I understand and agree that if this application is not accepted the agent is not required or obligated to disclose or supply any reason for the rejection for this application unless the decision was a result of my name being listed with a tenancy data base.

| ITEM   | CALCULATION | \$ PAYABLE | IMPORTANT NOTES   |
|--|-------------|------------|---|
| <b>Rent</b> – first 2 weeks rent   | 2 x \$      | = \$       | Must be paid BEFORE lease commences   |
| <b>Bond</b> – 4 times weekly rent<br>NB: If rent is over \$500pw, Bond is specified on rent list | 4 x \$      | = \$       | Full bond or part bond equivalent to 2 weeks rent must be paid within 24 hours of Application approval. |

**TOTAL PRE-MOVING IN COST**      \$ \_\_\_\_\_      Must be paid BEFORE lease commences

|   |  |             |  |
|---|--|-------------|--|
| <b>APPLICANT'S SIGNATURE</b>                |  | <b>Date</b> |  |
| <b>In Presence of Agency Representative</b> |  | <b>Date</b> |  |

**PRIVACY DISCLOSURE STATEMENT OF  
ROSS REAL ESTATE  
OF 274 ROSS RIVER ROAD, AITKENVALE QLD 4814  
07 47255200**

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 a residential tenancy. We may need to collect information about you from your previous Lessors or Letting Agents, your current employer and your referees. We will also check whether any details of tenancy defaults by you are held on a tenancy default database. We use databases operated by TICA Default Tenancy Control Pty Ltd (TICA) and National Tenancy Database (NTD). You can find out more information about these databases on their websites [www.tica.com.au](http://www.tica.com.au) and [www.ntd.net.au](http://www.ntd.net.au). Your consent to us collecting this information is set out below, in the Privacy Consent section.

**COLLECTION NOTICE**

The personal information you provide in this application or our Agency collects from other sources is necessary for **Ross Real Estate** to verify your identity, to process and evaluate the application and to manage the tenancy. If the application is successful, personal information collected about you in this application and during the course of your tenancy, may be disclosed for the purpose for which it was collected to other parties including the Lessor/s, referees, other Agents and third party operators of tenancy reference databases. Information already held on tenancy databases may also be disclosed to **Ross Real Estate** and/or the Lessor. If you enter into a Residential Tenancy Agreement and if you fail to comply with your obligations under this agreement, the facts and other relevant personal information collected about you during the course of your tenancy may also be disclosed to the Lessor, third party operators of tenancy databases and/or other Agents.

You have the right to access personal information that we hold about you by contacting our Privacy Officer. You can also correct this information if it is inaccurate, incomplete or out of date. If your application is not successful it will be stored securely for a period of one month only. If you decide not to collect your application **Ross Real Estate** will destroy your documents to comply with privacy legislation.

If you do not complete this form or do not sign the consent below then your application for residential tenancy may not be considered by the owner of the relevant Property or, if considered, may be rejected, due to insufficient information to assess the application.

**PRIVACY CONSENT**

I, the Applicant acknowledge that I have read the above Privacy Disclosure Statement and Collection Notice of **Ross Real Estate**. I authorise **Ross Real Estate** to collect information about me from:

- My previous letting Agents and/or Lessors;
- My personal referees, employers and all other references on this application;
- Any Tenancy Default Database (including TICA & NTD) which may contain personal information about me. I also authorise **Ross Real Estate** to disclose details about any defaults by me under the tenancy to which this application relates to, any tenancy default database to which it subscribes to include TICA and NTD.

I authorise **Ross Real Estate** to refer my name and contact details to an arranger or service provider including tradespeople (to attend to work required at this Property), salespeople (primary and secondary Agents), valuers, the Lessor, other Agents, database operators, other Property Managers, body corporate offices, insurance companies, financial services (to assist with home loan applications, if required in the future) and to authorities as required by law.

I agree to be contacted by electronic and or SMS methods.

**MARKETING CONSENT**

I, the Applicant understand that the Agency may need to contact me about Property related information eg properties for rent or for sale or other services which may interest me. I am the telephone account holder or nominated person by the account holder and agree **Ross Real Estate** to use the phone details provided below to contact me for marketing purposes until I advise otherwise.

Period of Contact  Indefinite – Until advised in writing otherwise  
 Other - \_\_\_\_\_

**APPLICANT TO COMPLETE SECTION BELOW**

|                                 |   |                                 |
|---------------------------------|---|---------------------------------|
| <b>Applicant Name</b>           |   |                                 |
| <b>Applicant Phone Number/s</b> | <input type="checkbox"/> As detailed in this Application Form | <input type="checkbox"/> Other: |
| <b>Applicant Signature</b>      |   |                                 |
| <b>Date</b>                     |   |                                 |
| <b>Time</b>                     |   |                                 |