

Residential Tenancy Application

A: AGENT DETAILS

Name: James Dean Residential
 Address: 1050 Manly Road
 Tingalpa, Qld 4173
 Phone: (07) 3907 9600 Fax: (07) 3390 6483
 Email: rentals@jdre.com.au

Applications will not be processed unless the following is provided:

1. **Photo Id** - Passport/ Driver's Licence/ 18+ Card
2. **Last 3 Months Bank Statements**
3. **Proof of Address** – Phone / Gas / Electricity Bill
4. **Proof of Income** – Payslip / Letter of Employment/ Centrelink Statement
5. **Rental History** – Tenant Ledger or Council Rates Notice for Current Home Owner's

B: PROPERTY DETAILS

1. Property Address that you would like to rent?

--

2. Lease commencement date?

Term of lease?

/ /	6 months / 12 months
-----	----------------------

3. Property rent per week?

Bond (4 x weekly rent)

\$	\$
----	----

4. How many people will occupy the property?

Adults:	Children:	Ages:
---------	-----------	-------

5. Names of ALL other persons to occupy the property?

--

6. Details of any pet? (All pets must be STRICTLY OUTSIDE)

Breed / Type?	Number?	Are your pets registered with the council? Yes / No
---------------	---------	--

C: PERSONAL DETAILS – APPLICANT 1

PERSONAL DETAILS – APPLICANT 2

7.

Surname	Given Names

Surname	Given Names

Date of Birth	Car Registration / State
/ /	

Date of Birth	Car Registration / State
/ /	

D/Licence Number / 18+ Card	Driver's Licence State

D/Licence Number / 18+ Card	Driver's Licence State

Passport Number	Passport Country

Passport Number	Passport Country

8. Please provide your contact details

Home phone no.	Mobile phone no.

Please provide your contact details

Home phone no.	Mobile phone no.

Work phone no.	Fax no.

Work phone no.	Fax no.

Email:

Email:

F: APPLICANT HISTORY – APPLICANT 1**9. What is your CURRENT address?**

Postcode:

How long have you lived here? Rent Paid per Week?

Years	Months	\$
-------	--------	----

Property Status (Please Circle)

Owned	/	Rented	/	Boarded
-------	---	--------	---	---------

Name of Agent/Landlord Phone Number

--	--

Reason for Leaving?

--

10. What was your PREVIOUS address?

Postcode:

Period of occupancy? Rent Paid per Week?

Years	Months	\$
-------	--------	----

Name of Agent/Landlord Phone Number

--	--

Reason for Leaving?

--

Was bond refunded in full? If no, why not?

--	--

F: PERSONAL REFERENCES (NOT RELATED TO YOU)

11. Please provide 2 personal references that can be contacted during business hours.

* First Reference - Name

--

Contact Number Relationship to you?

--	--

* Second Reference - Name

--

Contact Number Relationship to you?

--	--

APPLICANT HISTORY – APPLICANT 2**What is your CURRENT address?**

Postcode:

How long have you lived here? Rent Paid per Week?

Years	Months	\$
-------	--------	----

Property Status (Please Circle)

Owned	/	Rented	/	Boarded
-------	---	--------	---	---------

Name of Agent/Landlord Phone Number

--	--

Reason for Leaving?

--

What was your PREVIOUS address?

Postcode:

Period of occupancy? Rent Paid per Week?

Years	Months	\$
-------	--------	----

Name of Agent/Landlord Phone Number

--	--

Reason for Leaving?

--

Was bond refunded in full? If no, why not?

--	--

*First Reference - Name

--

Contact Number Relationship to you?

--	--

* Second Reference - Name

--

Contact Number Relationship to you?

--	--

D: EMPLOYMENT HISTORY – APPLICANT 1**12. Current Employment – Occupation**

--

Employer's name/Centrelink details or
Business name + ACN if self employed

--

Employer's Address

Postcode:

Contact Name

Phone no.

--	--

Length of Employment

Net Income per week

Years	Months - FT / PT / Casual	\$
-------	---------------------------	----

(If Less Than Six Months)**13. Previous Employer's Name**

--

Employer's Address

Postcode:

Contact Name

Phone no.

--	--

Length of Employment

Years	Months - FT / PT / Casual
-------	---------------------------

14. IF SELF EMPLOYED – Please provide business references

Accountants name and address

Postcode:

Contact name

Phone number

--	--

Business Name and Address

Postcode:

Contact Name

Phone Number

--	--

E: EMERGENCY CONTACT DETAILS**15. Name**

Contact Number

--	--

Relationship To You

--

EMPLOYMENT HISTORY – APPLICANT 2**Current Employment – Occupation**

--

Employer's name/Centrelink details or
Business name + ACN if self employed

--

Employer's Address

Postcode:

Contact Name

Phone no.

--	--

Length of Employment

Net Income per week

Years	Months – FT / PT / Casual	\$
-------	---------------------------	----

(If Less Than Six Months)**Previous Employer's Name**

--

Employer's Address

Postcode:

Contact Name

Phone no.

--	--

Length of Employment

Years	Months - FT / PT / Casual
-------	---------------------------

Accountants name and address

Postcode:

Contact name

Phone number

--	--

Business Name and Address

Postcode:

Contact Name

Phone Number

--	--

Name

Contact Number

--	--

Relationship To You

--



Your Free No Obligation Utility Connection Service
Please tick utilities as required

Electricity []
Phone []

Internet []
Pay TV []

Gas []
Insurance []

(we will call you to confirm your details and connection timings)

DECLARATION AND EXECUTION: By signing this application, I/we: consent to Direct Connect arranging for the connection and disconnection of the nominated utility services and to providing information contained in this application to utility providers for this purpose; acknowledge having been provided with terms and Conditions of Supply of Direct Connect and having read and understood them together with the Privacy Collection Notice set out below; declare that all the information contained in this application is true and correct and given of their own free will; expressly authorise Direct Connect to provide any information disclosed in this Application to a supplier or potential supplier of the Services in accordance with the Privacy Collection Notice and to obtain any information necessary in relation to the Services; expressly authorise Direct Connect to provide any information disclosed in this Application to an information provider for the purpose of that information provider disclosing it to a supplier or potential supplier of the Services in accordance with the Privacy Collection Notice and to obtain any information necessary in relation to the Services; consent to Direct Connect contacting me by telephone or by SMS in relation to the marketing or promotion of all of the services listed under the heading "Utility Connections" above even if we/I have not applied for the connection of those services in this application. This consent will continue [for a period of 1 year from the date of our/my execution of this application/until 28] days after we/I disconnect the last of the services in respect of which this application is made; acknowledge that this consent will permit Direct Connect to contact us/me even if the telephone numbers listed on this application form are listed on the Do Not Call Register; understand that under the requirements of the Privacy Act 1988, Direct Connect will ensure that all personal information obtained about me/us will be appropriately collected, used, disclosed and transferred and will be stored safely and protected against loss, unauthorised access, use, modification or disclosure and any other misuse; authorise the obtaining of a National Metering Identifier (NMI) for my residential address to obtain supply details; consent to Direct Connect disclosing my/our details to utility providers (including my/our NMI and telephone number); declare and undertake to be solely responsible for all amounts payable in relation to the connections and/or supply of the Services and hereby indemnify Direct Connect and its officers, servants and agents and hold them indemnified against any charges whatsoever in respect of the Services; acknowledge that, to the extent permitted by law, Direct Connect shall not be liable for any loss or damage (including consequential loss and loss of profits) to me/us or any other person or any property as a result of the provision of the services or any act or omission by the utility provider or for any loss caused by or in connection with any delay in connection, disconnection or provision of, or failure to connect or disconnect or provide, the nominated utilities; acknowledge that whilst Direct Connect is a free service I/we may be required to pay standard connection fees or deposits required by various utility providers; acknowledge that the Services will be provided according to the applicable regulations and that the time frames and terms and conditions of the nominated utility providers bind me/us and that after hours connections may incur additional service fees from utility providers; acknowledge that the real estate agent listed on this application form may receive a benefit from Direct Connect in connection with the provision of the service being provided to me/us by Direct Connect; and acknowledge the entitlement of Direct Connect and its associates, agents and contractors, to receive a fee or remuneration from the utility provider and that such fee or remuneration will not be refunded to me as a rebate in connection with the provision of the utility connection services.
By signing this application form, I warrant that I am authorised to make this application and to provide the consents, acknowledgements, authorisations and other undertakings set out in this application form on behalf of all applicants listed in this application form.

SIGNATURE: _____ DATE: _____
P: 1300 664 715 F: 1300 664 185 W: www.agents.directconnect.com.au

F: DECLARATION / PRIVACY STATEMENT

I, the Applicant, declare that the information provided is true and correct and that I have supplied it of my own free will. I 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. I 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. For such purposes, I authorize you to contact the persons named in this application, and to undertake such enquiries and searches (including tenancy databases searches) as you consider necessary. 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. I declare I am not bankrupt or insolvent and have inspected the property, and wish to take a tenancy of such a property in its inspected condition. I acknowledge and accept that if this application is denied, the agent is not legally obliged to provide reasons as to why. I also 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 corporate, contractors, other real estate agents, salespeople and tenancy default databases.

Upon approval of this application by James Dean Residential a payment of the first two weeks rent will be required to secure the property within 24 hours. This must be paid to the office in the form of Bank Cheque or Money Order, or by Direct Debit if previously arranged with the agent. James Dean Residential will not accept company cheques, or payments of cash at the office. James Dean Residential does not accept bond transfers under any circumstances.

Please answer the following by circling Yes or No:

- 1. Have you ever been evicted by any landlord or Agent? Yes / No
2. Are you in debt to another Landlord or Agent? Yes / No
3. Have you assessed your capacity to meet the rental payments of this proposed tenancy? Yes / No
4. Are you or any of the occupants living with you a smoker? Yes / No

Name of Applicant

Name of Applicant

Signature

Signature

Date / /

Date / /

TENANT ACKNOWLEDGEMENT

Please acknowledge the following by selecting either Yes or No:

I, the applicant,

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1. 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. | <input type="checkbox"/> | YES | <input type="checkbox"/> | 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 credit worthiness. | <input type="checkbox"/> | YES | <input type="checkbox"/> | 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. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2.2 In doing so, I understand that information provided by me may be disclosed to, and further information obtained from, referee named in this application and other relevant third parties. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. acknowledge and accept that if this application is denied, the agent is not legally obliged to provide reasons as to why. | <input type="checkbox"/> | YES | <input type="checkbox"/> | 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. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 5. acknowledge that I have received and reviewed the General Tenancy Agreement (Form 18a), the standard terms and any special terms prior to paying the first two weeks rent and full bond. | <input type="checkbox"/> | YES | <input type="checkbox"/> | 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. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 7. acknowledge that I have been made aware of the agency's Privacy Policy. | <input type="checkbox"/> | YES | <input type="checkbox"/> | 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. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 9. declare that the above information is true and correct and that I have supplied it of my own free will. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

Name of Applicant

Signature

Date

		/ /
		/ /