

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
2. **Last 3 Months Bank Statements**
3. **Proof of Address** – Phone / Gas / Electricity Account
4. **Proof of Income** – Payslip / Centrelink Statement
5. **Home Owner** – Council Rates Notice

B: PROPERTY DETAILS

1. Property Address that you would like to rent?

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2. Lease commencement date?

Term of lease?

/ /	6 months / 12 months
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3. Property rent per week?

Bond (4 x weekly rent)

\$	\$
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4. How many people will occupy the property?

Adults:	Children:	Ages:
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5. Names of ALL other persons to occupy the property?

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6. Details of any pet?

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

/ /	
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D/Licence Number / 18+ Card

Driver's Licence State

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D/Licence Number / 18+ Card

Driver's Licence State

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Passport Number

Passport Country

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Passport Number

Passport Country

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8. Please provide your contact details

Home phone no.

Mobile phone no.

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Please provide your contact details

Home phone no.

Mobile phone no.

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Work phone no.

Fax no.

--	--

Work phone no.

Fax no.

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Email:

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Email:

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

Postcode:

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

Years	Months	\$	
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Property Status (Please Circle)

Owned	/	Rented	/	Boarded
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Name of Agent/Landlord Phone Number

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Reason for Leaving?

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10. What was your PREVIOUS address?

Postcode:

Period of occupancy? Rent Paid per Week?

Years	Months	\$	
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Name of Agent/Landlord Phone Number

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Reason for Leaving?

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

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F: PERSONAL REFERENCES (NOT RELATED TO YOU)

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

* First Reference - Name

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Contact Number Relationship to you?

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* Second Reference - Name

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Contact Number Relationship to you?

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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
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Name of Agent/Landlord Phone Number

--	--

Reason for Leaving?

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What was your PREVIOUS address?

Postcode:

Period of occupancy? Rent Paid per Week?

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

Name of Agent/Landlord Phone Number

--	--

Reason for Leaving?

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

--	--

*First Reference - Name

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Contact Number Relationship to you?

--	--

* Second Reference - Name

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Contact Number Relationship to you?

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D: EMPLOYMENT HISTORY – APPLICANT 1

12. Current Employment – Occupation

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

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Employer’s Address

Postcode:

Contact Name

Phone no.

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Length of Employment

Net Income per week

Years	Months - FT / PT / Casual	\$
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(If Less Than Six Months)

13. Previous Employer’s Name

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Employer’s Address

Postcode:

Contact Name

Phone no.

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Length of Employment

Years	Months - FT / PT / Casual
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14. IF SELF EMPLOYED – Please provide business references

Accountants name and address

Postcode:

Contact name

Phone number

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Business Name and Address

Postcode:

Contact Name

Phone Number

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E: EMERGENCY CONTACT DETAILS

15. Name

Contact Number

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Relationship To You

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EMPLOYMENT HISTORY – APPLICANT 2

Current Employment – Occupation

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Employer’s name/Centrelink details or
Business name + CAN if self employed

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Employer’s Address

Postcode:

Contact Name

Phone no.

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Length of Employment

Net Income per week

Years	Months – FT / PT / Casual	\$
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(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
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Accountants name and address

Postcode:

Contact name

Phone number

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Business Name and Address

Postcode:

Contact Name

Phone Number

--	--

Name

Contact Number

--	--

Relationship To You

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NO OBLIGATION FREE UTILITY CONNECTION SERVICE



PH: 1300 850 360
FAX: 1300 661 160

If you would like assistance, (at no additional charge) with connection and disconnection of telephone, electricity, gas and water to your new home then tick the box below. On the Move will contact you and explain the details of the services available.

YES! I would like *On The Move* to contact me to arrange my utility connections.

You may receive a \$15 gift voucher by using our utility connection services

NOTE: *This service has no effect on your application for this rental property*

Terms & Conditions: I consent to the disclosure of this page of the application form to **On The Move (Aust.) ABN 84 101 648 257** for the purpose of enabling On The Move to offer connection and disconnection services to me. Where On The Move is requested to arrange for the provision of the services, I consent to On The Move disclosing personal information it has collected about me to utility service providers for that purpose and to obtain confirmation of the connection or disconnection. I acknowledge that neither On The Move nor the Agent accept any responsibility for: any delay in, or failure to arrange or provide for, any connection or disconnection of a utility, or for any loss in connection with such delay or failure. I acknowledge that the Agent, its employees and On The Move may receive a benefit in relation to the connection of a utility service. The agent will receive your new phone number for contact purposes, unless you specifically request this not to happen. If you would like to access your personal information held by On The Move, please contact our office. Normal connection fees and bonds apply. **An On The Move representative will contact you to confirm your personal and property details prior to connection. If On The Move has not contacted you within 24 hrs of the application being submitted, it is the tenants responsibility to call On The Move on 03 9272 8888 if you wish On The Move to arrange connections.**

Are the mains switched off at the new premises? YES NO The mains switch must be off on the requested date for a power connection to occur.

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,

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| <p>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.</p> | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <p>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.</p> | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <p>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.</p> | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <p>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.</p> | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <p>3. acknowledge and accept that if this application is denied, the agent is not legally obliged to provide reasons as to why.</p> | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <p>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.</p> | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <p>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.</p> | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <p>6. acknowledge that I have received or have available the Information Statement (Form 17a), body corporate by-laws (if applicable) before completing this application.</p> | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <p>7. acknowledge that I have been made aware of the agency's Privacy Policy.</p> | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <p>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.</p> | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <p>9. declare that the above information is true and correct and that I have supplied it of my own free will.</p> | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

Name of Applicant

Signature

Date

		/ /
		/ /