

TENANT APPLICATION FORM



Office Location: 69 Gawain Road, Bracken Ridge, QLD, 4017
Office Fax: (07) 3261 7279
Office Phone: (07) 3261 1819
Office Email: brackenridge@remaxps.com.au

Applicants Full Name:	
Address of Property:	
Date property was viewed:	
Preferred move in date:	
Preferred Lease Term:	

The following documentation must be submitted with application form:	Please tick once attached
Photocopy of Photo ID (Driver's licence, 18+ Card or passport)	
Photocopy of Medicare Card and Bank Card (eg eftpos or credit card)	
Photocopy of recent bank statement (within the last 3 months)	
Proof of Income (2 payslips, Centrelink statement or letter from accountant)	
Proof of current address (photocopy of telephone bill, electricity bill, phone bill etc)	

**Please note that we will not process any application unless all documents above are provided.
Please have all paperwork photocopied and finalised prior to submitting an application.**

In most instances, we are able to process your application within 48 hours. If we are unable to contact referees, this process may take longer. If your application is approved, you will be required, within 24hours to pay your first two weeks rent. You will receive a copy of the lease documents prior to paying any monies. You will also be required to pay your bond prior to any keys being handed over. Your deposit is non-refundable after a 48 hour period.

The applicant has viewed the property in its current condition and agrees to take the premises as is with no alterations, additions or extras provided unless previously agreed in writing by all parties. The landlord retains the right to refuse any requests for improvements requested by the tenants.

Please note: Our office does not accept cash or offer eftpos facilities.

Signed: _____ Date: _____

Applicant Details	
Full Name:	
Contact Details:	Home: _____ Mobile: _____ Email Address: _____
Date of Birth:	
Driver's Licence Number:	
Marital Status:	
Car Rego, Make & Model:	
Pets (Type, age & breed):	Registered? Y / N

Current Residential History	
Current Address:	
Type of Occupancy:	Renting / Own Home / Private Landlord / Living with family (please circle)
Agency Details: <small>(If renting privately, please provide landlords details)</small>	Agency Name: _____ Agency Phone Number: _____
Resided at property:	From: / / To: / /
Reason for Leaving:	

Previous Residential History	
Previous Address:	
Type of Occupancy:	Renting / Own Home / Private Landlord / Living with family (please circle)
Agency Details: <small>(If renting privately, please provide landlords details)</small>	Agency Name: _____ Agency Phone Number: _____
Resided at property:	From: / / To: / /
Reason for Leaving:	

Other Occupant Details		
Occupants Full Name:	Relationship to Applicant:	Date of Birth:

Employment Details	
Company Name:	Occupation:
Company Contact Details:	Phone: _____ Address: _____
Net Income (per week) :	\$ _____ Full Time / Part Time/ Casual / (please circle)
Date employment commenced:	
Accountants details (if self-employed):	Name: _____ Phone: _____
Do you receive Centrelink Benefits?	Y / N If Yes, Amount per week: \$ _____
If you have been in your current employment less than 6 months, please provide previous employment details:	Company Name: _____ Occupation: _____
	Phone Number: _____
	Date Employment Commenced: _____
	Length of Employment: _____
	Net Income (per week): \$ _____ Full Time/Part Time/Casual (please circle)

Next Of Kin Details	
Please provide details of someone we may contact in the event of an emergency who will not be residing at the property with you	
Full Name:	Relationship to you:
Phone Number:	Address:

Personal Referees	
Please do not list relatives, another applicant or partners	
Full Name:	
Relationship to you:	
Address:	
Phone:	
Full Name:	
Relationship to you:	
Address:	
Phone:	

Declaration	
Please declare the following by circling either TRUE or FALSE	
I have never been evicted by an Agent/Lessor	TRUE / FALSE
I have no known reasons that would affect my ability to rent	TRUE / FALSE
I was refunded the bond for my last address in full (if applicable) If false, please advise what deductions were made: _____	TRUE / FALSE
I have no outstanding debt to another Agent/Lessor If false, why are you in debt to another Agent/Lessor? _____	TRUE / FALSE



Direct Connect can assist with connections for Electricity, Gas, Phone, Internet, Pay TV, Insurance, Removalists and more.

Please tick this box if you would like Direct Connect to Contact you in relation to any of the above utilities and other services.



We guarantee that when you connect with one of our market leading electricity and gas suppliers, your services will be connected on the day you move in. Please refer to Direct Connect's Terms & Conditions for further information.

Once Direct Connect has received this application Direct Connect will call you to confirm your details. Direct Connect will make all reasonable efforts to contact you within 24 hours of the nearest working day on receipt of this application to confirm your information and explain the details of the services offered. Direct Connect is a one stop connection service. Direct Connect's services are free. However, the relevant service providers may charge you a standard connection fee as well as ongoing service charges.

DECLARATION AND EXECUTION: By signing this application, you:

1. Acknowledge and accept Direct Connect's Terms and Conditions (which are included with this application).
2. Invite Direct Connect to contact you by any means (including by telephone or SMS even if the Customer's telephone number is on the Do Not Call Register) in order to provide Direct Connect's services to you, to enter into negotiations with you relating to the supply of relevant services as an agent for the service providers, and to market or promote any of the services listed above. This consent will continue for a period of 1 year from the date the Customer enters into the Agreement
3. Consent to Direct Connect using the information provided by you in this application to arrange for the nominated services, including by providing that information to service providers for this purpose. Where service providers are engaged by you, they may use this information to connect, supply and charge you for their services.
4. Authorise Direct Connect to obtain the National Metering Identifier and / or the Meter Installation Reference Number for the premises you are moving to.
5. Agree that, except to the extent provided in the Terms and Conditions, Direct Connect has no responsibility to you for the connection or supply (or the failure to connect or supply) any of the services.
6. Acknowledge that Direct Connect may receive a fee from service providers, part of which may be paid to the real estate agent or to another person, and that you are not entitled to any part of any such fee.

By signing this application form, I warrant that I am authorised to make this application and to provide the invitations, consents, acknowledgements, authorisations and other undertakings set out in this application on behalf of all applicants listed on this application.

Signature

Date

PO Box 1519, Box Hill, Victoria 3128. P: 1300 664 715 F: 1300 664 185. www.directconnect.com.au

PLEASE TURN OVER AND ENSURE YOU SIGN THE ATTACHED PRIVACY CONSENT FORM

REMAX PROPERTY SHOP

69 Gawain Road, Bracken Ridge, QLD, 4017

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NOBODY IN THE WORLD SELLS MORE REAL ESTATE THAN RE/MAX®

I hereby offer to rent the property from the owner under a lease to be prepared by the Agent. Should this application be accepted by the landlord I agree to enter into a Residential Tenancy Agreement. I acknowledge that this application is subject to the approval of the owner/landlord. I acknowledge and accept that if the application is denied, the agent is not legally obliged to provide reasons as to why. I declare that all information contained in this application (including the reverse side) is true and correct and given of my own free will. I acknowledge and understand 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 declare that I have inspected the premises. I declare I am not bankrupt.

I authorise the Agent to obtain personal information from:

- (a) The owner or the Agent of my current or previous residence;
- (b) My personal referees and employer/s;
- (c) Any record listing or database of defaults by tenants such as NTD, TICA or TRA for the purpose of checking your tenancy history;

I am aware that I may access my personal information by contacting:

NTD: 1300 563 826 TICA: 1902 220 346 TRA: (02) 9363 9244

If I default under a rental agreement, I agree that the Agent may disclose details of any such default to a tenancy default database, and to agents/landlords of properties I may apply for in the future.

I am aware that the Agent will use and disclose my personal information in order to:

- (a) Communicate with the owner and select a tenant
- (b) Prepare lease/tenancy documents
- (c) Allow tradespeople or equivalent organisations to contact me
- (d) Lodge/claim/transfer to/from a Bond Authority
- (e) Refer to Tribunals/Courts & Statutory Authorities (where applicable)
- (f) Refer to collection agents/lawyers (where applicable)

I am aware that if information is not provided or I do not consent to the uses to which personal information is put, the Agent cannot provide me with the lease/tenancy of the premises.

Full Name:	Signature:	Date:
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