

0450 473 710
 admin@crnt.com.au
 www.crnt.com.au
 P.O.Box 1712,
 Nightcliff NT 0814
 ABN 13 412 399 514

Date:

## **Declaration:**

Name:

Deciale						
Propert	y Address:					
Comme	encement Lease:	Re	nt Per Week:			
Bond: _		Term	of Lease:			
✓		•	tative has inspected the property th			
✓	I agree the Owner or Agent is not required to give me a reason for any application not approved.					
✓	I hereby offer to rent the property from the owner under the lease to be prepared by the agent. I acknowledge that I will be required to pay the amounts as specified above. Payments to be made by Direct Deposit, Interest Transfer (EFT) or bank Cheque.					
✓	Full bond is to be paid within 1 business day of approval and initial 2 weeks rent is required prior to lease commencement and collection of the keys. I acknowledge that should I decide to not proceed with the tenancy after paying their initial rent/ bond I will forfeit said money.					
✓	I acknowledge that the application is subject to both Owner and Landlord approval. I declare that all information contained in this application is true and correct and given on my own free will. I authorize the Agent to obtain personal information from: 1. The owner or the Agent of my current or previous residence, 2. My personal referees and employer/s, 3. Any record, listing or database of defaults by tenants - TICA					
✓	If I breach or default under the rental agreement, the Agent may disclose details of any such default to the tenancy default database and to landlords/agents of properties that I may apply for in the future.					
✓	I am aware that the Agent will use and disclose my personal information in order to communicate with the owner and select a tenancy, prepare lease/tenancy documents, allow organisations and tradespeople to contact me, make insurance claims, refer to Tribunals/Courts.					
✓	I am aware that if I do not	t sign this declara	tion my application will not be proces	sed.		
Name	:		Sign:	Date:		
Name			Sign:	Date:		
Name	Name: Sign: Date:					

Sign:



Property Address:

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# APPLICATION FOR TENANCY

# THE COMPLETION OF THIS FORM DOES NOT CONSTITUTE AN OFFER OR ACCEPTANCE.

Property Address:	Date Applicant Viewed Property
Applicants Name	· · · · · · · · · · · · · · · · · · ·
Number of Occupants (Adults) :	Children under 18yrs
Commencement Lease Date- (Move in Date)	Term Required
Pets (Breed)	Smoker
Rent Per Week: \$Bon	d (4 x weeks rent)
Preferred Method of Payment	(A) Weekly or (B) Fortnightly:
Preferred Method of contact: (A): Phone, (B) Email, (C) Text Yes/No	Do you wish you be present for Property Inspections:
N.B Please note Inspections (Ingoing's, Vacate, Quarterly) will up to 5 hours to complete.	l be done within business hours. Ingoing and Vacate can take
Payment of BOND- (4 Weekly Rental) & 2 Weekly Rent to be paid with refundable. Two weeks will need to be	11 17
Please circle your prefer	red method of payment:
Direct Deposit or	Internet Banking
Before doing this, you will be provided with a unique number from Core Re	ealty NT which will be your reference number when depositing Bond/Rent
Bank Cheque This can be made	de payable to: Core Realty NT
This office does	not except cash.

This Application WILL NOT be processed unless all supporting documentation is supplied and application completed correctly.

Applicants must have carried out an internal inspection and provide 100 Points Per Applicant for identification.

RED ARE COMPULSORY FOR AT LEASE ONE APPLICANT, OTHER APPLICANTS MUST STILL PROVIDE 100 POINTS.

Please Note: Copies of the below are adequate and can be supplied with the application or emailed to admin@crnt.com.au

Passport, Driver's License or 18+ card	40 Points	Rental Agreement	10
			Points
2 x Current Pay slips/Proof of Employment and earnings/ Centrelink Benefits/Bank Statements showing Income	30 Points	Trade/ Professional Card	10 Points
Utility Accounts x 1	20 Points	Motor Vehicle Reg/Insurance	10 Points
Telephone Bill- Must have current address on it	10 Points	Medicare/ Centrelink Card	10 Points





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Applicant 1 Information						
Given Name:	Middle Name:					
Surname:						
Date of birth:	Mobile Number:	Mobile Number:				
Home Number:		Work Phone:				
Car Rego & State:		Driver's License No	& State:			
Email Address						
Current Address:						
Address:						
Suburb:				Post Code:		
Own Rent (Please circle)	Current Rent/ Mortgage Pe	r Week \$		How long?		
Name of Landlord or Agent:						
Landlord or Agent Phone:		Landlord /Ager	nt Fax:			
Reason for Leaving:						
Previous Address:						
Address:						
Suburb:				Post Code:		
Own Rent (Please circle)	Current Rent/ Mortgage Per	r Week \$		How Long:		
Name of Landlord or Agent:						
Landlord or Agent Phone:		Landlord /Ager	nt Fax:			
Reason for Leaving:						
Employment Information						
Occupation:						
Position:						
Company Name:						
Contact Name:				How long?		
Phone:	E-mail:		Fax:			
Net Weekly Income \$		Please Circle	Please Circle: Full Time/Part Time/ Casual/ Contract			
Government Benefits EG: Centrelink, Pension	n					
Emergency Contact						
Name of a person not residing with you:						
Address:						
Suburb: Post Code:			Mobile:			
Relationship to you:						
Rental Reference:						
Agent/ Landlord:			Phone:			
Address:						
Email Address:						
Personal Reference:						
Name:			Phone:			
Relationship	Email:			Time Know:		





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				5.5		
Applicant 2 Information						
Given Name: Middle Name:						
Surname:						
Date of birth:	Mobile Number:					
Home Number:		Work Phone:				
Car Rago & State:		Driver's License No	& State:			
Email Address						
Current Address:						
Address:						
Suburb:					Post Code:	
Own Rent (Please circle)	urrent Rent/ Mortgage Per	· Week \$			How long?	
Name of Landlord or Agent:						
Landlord or Agent Phone:		Landlord /Ager	nt Fax:			
Reason for Leaving:						
Previous Address:						
Address:						
Suburb:					Post Code:	
Own Rent (Please circle)	urrent Rent/ Mortgage Per	Week \$			How Long:	
Name of Landlord or Agent:						
Landlord or Agent Phone:		Landlord /Ager	nt Fax:			
Reason for Leaving:						
Employment Information						
Occupation:						
Position:						
Company Name:						
Contact Name:					How long?	
Phone:	E-mail:		Fax	:		
Net Weekly Income \$		Please Circle	e: Full Time/Par	: Time/	me/ Casual/ Contract	
Government Benefits EG: Centrelink, Pensio	n					
Emergency Contact						
Name of a person not residing with you:						
Address:						
Suburb:		Mobile:				
Relationship to you:						
Rental Reference:						
Agent/ Landlord: Phone:						
Address:						
Email Address:						
Personal Reference:						
Name:			Phone:			
Relationship	Email:		<u> </u>	Ti	me Know:	
	1					





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Middle Name	Applicant 3 Information							
Surame   Su		Middle Name:						
Mark Phane:		Tribude Nume.						
Email Address    Found   Address	Date of birth:	Mobile Number						
Email Address:    Current Address	Home Number:							
Email Address:    Current Address	Car Rago & State:							
Address								
Name of Learling (Please circle) (Please c	Current Address:							
Name of Landlord or Agent Phone:  Landlord or Agent Phone:  Reason Feaving:  Previous Address:  Suburb:  Address Suburb:  Indicition of Agent Phone:  Reason Rent (Please circle)  Own Rent (Please circle)  Readlord Agent Pack  Result (Please circle)  Own Rent (Please circle)  O	Address:							
Name of Landlord or Agent Phone:  Landlord or Agent Phone: Reason For Leaving:  Previous Address:  Suburb:  Omited Read (Please circle)  Omited Read (Please circle)  Omited Read (Please circle)  Name of Landlord or Agent Phone:  Omited Read (Please circle)  Omited Read (Please circle)  Name of Landlord or Agent Phone:  Reason For Leaving:  Read (Please circle)  Read (Please circle)  Read (Please circle)  Name of Landlord or Agent Phone:  Reason For Leaving:  Read (Please Circle)	Suburb:					Post Code:		
Canalior of Jegent Phone:   Previous Address:   Previous Address	Own Rent (Please circle)	urrent Rent/ Mortgage Per	Week \$			How long?		
Reason For Leaving:           Previous Address:           Address:           Suburb:         Post Code:           Suburb:         Post Code:           Suburb:         Post Code:           Name of Landlord or Agent:           Landlord Agent Fax:           Landlord Agent Fax:           Reason for Leaving:           Landlord Agent Fax:	Name of Landlord or Agent:							
Previous Address:           Address:         Suburb:         ———————————————————————————————————	Landlord or Agent Phone:		Landlord /A	gent Fax:				
Address:   Suburb:   Post Code:   Post Cod	Reason for Leaving:							
Mount   Place circle   Curre   Mortgage Per West   For Mortgage Per West   F	Previous Address:							
Own         Rent (Please circle)         Current Rent / Mortgage Per Week \$         How Long:           Name of Landlord or Agent?         Landlord Agent Fax:	Address:							
Name of Landlord or Agent:           Landlord or Agent Phone:         Landlord / Agent Fax:           Reason for Leaving:           Employment Information           Occupation:           Position:           Company Name:           Gontact Name:         Fax:           Phone:         Fax:           Net Weekly Income \$         Please Circle: Full Time/Part Time/ Casual/ Contract           Government Benefits EG: Centrelink, Pension           Emergency Contact           Name of a person not residing with you:           Address:           Suburb:         Mobile:           Suburb:         Mobile:           Suburb:         Phone:           Relationship to you:           Relationship to you:           Agent/ Landlord:         Phone:           Address:	Suburb:					Post Code:		
Reason for Leaving:  ### Contact Name:    Contact Name:   Cont	Own Rent (Please circle)	urrent Rent/ Mortgage Per	Week \$			How Long:		
Reason for Leaving:    Fundament Information	Name of Landlord or Agent:							
Employment Information Occupation: Position:  Company Name:  Contact Name:  Phone:  Refwall:  Refwall:  Refwall:  Refwall:  Refwall Income \$  Refwall Income	Landlord or Agent Phone:		Landlord /A	gent Fax:				
Occupation:   Position:   Company Name:   Fonate: Fax:   Net Weekly Income \$ Please Circle: Full Time/Part Time/Part Time/Casual/ Contract   Government Benefits EG: Centrelink, Pension   Emergency Contact   Name of a person not residing with you:   Address:   Suburb: Mobile:   Suburb: Mobile:   Relationship to you:   Rental Reference:   Agent/ Landlord: Phone:   Address:	Reason for Leaving:							
Position:  Company Name:  Contact Name:  Phone:  E-mail:  Please Circle: Full Time/Part Time/ Casual/ Contract  Government Benefits EG: Centrelink, Pension  Emergency Contact  Name of a person not residing with you:  Address:  Suburb:  Relationship to you:  Rental Reference:  Agent/ Landlord:  Address:  Email Address:	Employment Information							
Company Name:  Contact Name:  Fax:  Net Weekly Income \$  Government Benefits EG: Centrelink, Pension  Emergency Contact  Name of a person not residing with you:  Address:  Suburb:  Relationship to you:  Relationship to you:  Address:  Agent/ Landlord:  Agent/ Email Address:  Email Address:	Occupation:							
Contact Name: F-mail: Fax: Sex: Sex: Sex: Sex: Sex: Sex: Sex: Se	Position:							
Phone: E-mail: Fax:  Net Weekly Income \$ Please Circle: Full Time/Part Time/ Casual/ Contract  Government Benefits EG: Centrelink, Pension  ### Part Time/ Casual/ Contract  ### Part Time/ Casual/ Co	Company Name:							
Net Weekly Income \$ Please Circle: Full Time/Part Time/ Casual/ Contract  Government Benefits EG: Centrelink, Pension  Emergency Contact  Name of a person not residing with you:  Address:  Suburb: Post Code: Mobile:  Relationship to you:  Rental Reference:  Agent/ Landlord: Phone:  Address:  Email Address:	Contact Name:					How long?		
Government Benefits EG: Centrelink, Pension  Emergency Contact  Name of a person not residing with you:  Address:  Suburb: Post Code: Mobile:  Relationship to you:  Rental Reference:  Agent/ Landlord: Phone:  Address:  Email Address:	Phone:	E-mail:	Fax:					
Emergency Contact  Name of a person not residing with you:  Address:  Suburb: Post Code: Mobile:  Relationship to you:  Rental Reference:  Agent/ Landlord: Phone:  Address:  Email Address:	Net Weekly Income \$		Please Circle: Full Time/Part Time/ Casual/ Contract			/ Casual/ Contract		
Name of a person not residing with you:  Address:  Suburb: Post Code: Mobile:  Relationship to you:  Rental Reference:  Agent/ Landlord: Phone:  Address:  Email Address:	Government Benefits EG: Centrelink, Pension	า						
Address: Suburb: Post Code: Mobile: Relationship to you: Rental Reference: Agent/ Landlord: Phone: Address: Email Address:	Emergency Contact							
Suburb: Post Code: Mobile:  Relationship to you:  Rental Reference:  Agent/ Landlord: Phone:  Address:  Email Address:	Name of a person not residing with you:							
Relationship to you:  Rental Reference:  Agent/ Landlord: Phone:  Address:  Email Address:	Address:							
Rental Reference:  Agent/ Landlord: Phone:  Address:  Email Address:	Suburb: Post Code:		Mobile:					
Agent/ Landlord: Phone: Address: Email Address:	Relationship to you:							
Address: Email Address:	Rental Reference:							
Email Address:	Agent/ Landlord:	Agent/ Landlord: Phone:						
	Address:	Address:						
Personal Reference:	Email Address:							
	Personal Reference:							
Name: Phone:	Name:			Phone:				
Relationship Email: Time Know:	Relationship	Email:		1	Ti	me Know:		





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Applicant 4 Information						
Given Name:	Middle Name:					
Surname:	Made Name.					
Date of birth:	Mobile Number:					
Home Number:	Work Phone:					
Car Rego & State:		Driver's License No & State:				
Email Address						
Current Address:						
Address:						
Suburb:				Post Code:		
Own Rent (Please circle)	urrent Rent/ Mortgage Per	r Week \$	ek\$ How long?			
Name of Landlord or Agent:						
Landlord or Agent Phone:		Landlord /Ager	nt Fax:			
Reason for Leaving:						
Previous Address:						
Address:						
Suburb:				Post Code:		
Own Rent (Please circle) C	urrent Rent/ Mortgage Per	r Week \$		How Long:		
Name of Landlord or Agent:						
Landlord or Agent Phone:		Landlord /Ager	nt Fax:			
Reason for Leaving:						
Employment Information						
Occupation:						
Position:						
Company Name:						
Contact Name:				How long?		
Phone:	E-mail:		Fax:			
Net Weekly Income \$		Please Circle: Full Time/Part Time/ Casual/ Contract				
Government Benefits EG: Centrelink, Pension	n					
Emergency Contact						
Name of a person not residing with you:						
Address:						
Suburb:		Mobile:				
Relationship to you:	<u> </u>					
Rental Reference:						
Agent/ Landlord: Phone:						
Address:						
Email Address:						
Personal Reference:						
Name:			Phone:			
Relationship	Email:		1	Time Know:		
<u> </u>	1					



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# Please complete the following on behalf of the total applicants on the Application.

Do you require the Defence Force Release Clause? Y or N
Have you applied for Territory Housing?
Will you apply for a Territory Housing Bond?
Are you an Australian Citizen?
Have you even been evicted by a Landlord or Agent? If Yes, please give details:
Are you in debt to another Landlord or Agent? If yes, please provide details:
Were any deductions taken from your security deposit on previous addresses? If so, please provide details:
Is there a reason that you are aware of that could affect you from paying rent? If yes, please provide details:
Have you applied for any other properties? Yes/No
Do you or any applicants smoke? Yes/ No
Do you or any applications have pets? Yes/No (Breed/Type/Age/Sex)
N.B Smoking is prohibited inside the property



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Declaration				
I/We declare the following				
1. I/We inspected the above property on the				
2. I/We wish to apply to rent the above property for a period of	months commencing on			
3. I/We agree that the rent is \$per week/fortnight/mo	nth and that the rental bond is \$			
4. I/We the applicant/s declare that I/we am/are not bankrupt and that payment of monies to any creditors. I/We further declare that I/we am	· · · · · · · · · · · · · · · · · · ·			
5. I/We authorize the agent to access and check any information that r DATABASE and any other tenancy database which may be available.	nay be listed on me/us on the TICA DEFAULT TENANCY			
6. I/We agree and understand that in the event of this application bein disclose to me/us any reason for such rejection. I/We also agree that I/ for any rejection of this application.				
7. I/We agree and understand that in the event of this application bein that may occur from time to time in the tenancy with TICA DEFAULT To be available. I/we understand that in the event of a default being reportenancy database, the removal of such information is subject to the gu	ENANCY DATABASE and any other tenancy database which may rted to TICA DEFAULT TENANCY DATABASE or any other			
8. I/We agree that I/we will abide by the policies of the office of the ag	ent as may be provided to me/us in relation to this tenancy.			
9. I/We agree to allow the agent to photocopy the information supplies	d by me/us for their records.			
10. I/We agree that upon communication of acceptance of this applica binding on both the landlord and the tenant. I/We further agree that I/terms and conditions of the Tenancy Agreement. Applicants Signature	We will sign the Tenancy Agreement, and be bound by the			
11. I/We confirm to deposit Payment of BOND and Rent Once approved - (4 Weekly Rental) & 2 Weekly Rent to be paid via Internet Transfer, Direct Deposit or Internet Banking within 24hrs once application has been approved. I/We acknowledge this payment is in non-refundable and we acknowledge all funds need to be cleared and receipted before keys are handed over.				
Print Name:	Signature of Applicant 1:			
Print Name:	Signature of Applicant 2:			
	Signature of Apprount 2.			
Print Name:	Signature of Applicant 3:			
Print Name:	Signature of Applicant 4:			



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### Privacy Act Acknowledgement Form for Tenant Applicants & Approved Occupants

### TICA Privacy Disclosure Form

This form provides information about how your personal information is handled, as required by the Australian Privacy Principles in the Privacy Act 1988, and seeks your consent to disclosures to the TICA Group of companies (TICA) in specified circumstances. If you do not consent to the disclosure of your personal information to TICA we cannot process your application. As a professional asset manager, we collect personal information about you. The information we collect can be accessed by you by contacting our office.

## Primary Purpose:

Before a tenancy is accepted we collect your information to assess the risk to our clients in providing you with a property you have requested to rent and if considered acceptable provide you with a tenancy for the property. In order to assess your application we disclose your personal information to: The Lessor / Owners for approval or rejection of your application, TICA Default Tenancy Control Pty Ltd and TICA Assist Pty Ltd to assess the risk to our clients and verify the details provided in your tenancy application, Referees to validate information supplied in your application and Other Real Estate Agents to assess the risk to our clients The Agent may also take into account any information that is disclosed to us by TICA relating to attempts by Debt Collection Agencies, Credit Providers and related person to contact or locate you.

#### Secondary Purpose:

During and after the tenancy we may disclose your personal information to: Trades people to contact you for repairs and maintenance of the property, Tribunals or Courts having jurisdiction seeking orders or remedies, Debt Collection Agencies and affiliated industries, TICA Default Tenancy Control Pty Ltd to record details of your tenancy history, Lessors / Owners insurer in the event of an insurance claim and Future rental references to other asset managers / owners. In the event of a successful tenancy application the applicant's personal information may be recorded in the Agent's TICA Virtual Manager System, which will allow the Agent to be advised of any future tenancy applications you make. Information regarding our data deletion practices can be advised should you wish. The TICA Virtual Manager program will monitor your tenancy applications as part of our Risk Management procedures to protect our landlord's exposure. The monitoring of your tenancy applications is not a listing on the TICA Tenancy History database. This information is information that would be available to the Agent on a truthfully completed tenancy application form.

#### TICA Statement

As the TICA Group may collect personal information about you, the following information about the TICA Group is provided in accordance with the Australian Privacy Principles in the Privacy Act 1988. TICA Default Tenancy Control Pty Ltd (ABN 84 087 400 379) is a tenancy database that records tenant's personal information from its members including tenancy application inquiries and tenancy history. TICA Assist Pty Ltd (ABN 28137 488 503) is a database company that records information from mercantile agents and associated industries. In accordance with the Australian Privacy Principles you are entitled to have access to any personal information that we may hold on any of our databases. To obtain your information from the TICA Group proof of identity will be required and can be made by mail to: TICA Public Inquiries PO BOX 120, CONCORD NSW 2137 a fee of \$19.80. Full details about TICA's Privacy Policies can be found on TICA's website at www.tica.com.au under Tenant Information and Privacy Policies.

### TICA Primary Purpose

The TICA Group collects information from its members and provides such information to other members as a risk management system for the purpose of assessing a tenancy application. The TICA Group does not provide any information that it collects to any other individual or organization other than its own group of companies for any other purpose other than assessing a tenancy application or risk management system or locating system other than government departments and or agencies allowed by law to obtain information from the TICA Group. The personal information that the TICA Group may hold is as follows: Name, date of birth, driver's license number, proof of age card number and or passport number (except Australian) and address at time of making a tenancy application, comments made by a TICA member in relation to your tenancy, which members you rented through and which members you applied to and which members are seeking you.

Signed by the Applicant		
Name:		Date:
Name:	Signature	Date:
Name:	Signature	Date:
	- 0	
Name:	Signature	_Date: