

Managed Residential

Newstead Commercial Village 28/76 Doggett St Newstead QLD 4006 P: 0438 173 058

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Residential Tenancy Application Form			All sections of	Il sections of this form must be completed & signed for your application to be processed		
Proposed Rental Prope	erty Address:				Postcode:	
Rent Per Week: \$ Bond Amount: \$			nt: \$	Have you inspected the property?: YES / NO (Please circle)		
Length of Tenancy:	Years:	Months:	Tenanc	y to Commence:		
How many tenants will	occupy the property?	Adults:	Dependants:	Ages:	Pets: Yes / No (Circle) If yes attach a PHOTO OF EACH pet.	
Pet Type:	Breed/s:		·	Reg. No:	Outdoor only: YES / NO	
Vehicle 1 Rego:	Model/Year/Colo	ur:		Vehicle 2 Rego:	Model/Year /Colour:	

To consider your application you must:

- Fill in form completely & sign all areas
- Read & sign the privacy acknowledgement form
- Provide proof of income & documentation Provide identification to pass 100 point check from all three categories below

PROOF OF IDENTIFICATION REQUIRED - 100 POINT CHECK

Applicant	Applicant	I.D. Type	Point Value
one	two		
		(Category 1) – Current Driver's License with photo	50 points
		(Category 1) - Pay slip/Centrelink statement	50 points
		(Category 1) – Proof of Age Card (with photo) or firearm license	40 points
		(Category 1) – Latest utility account with address	40 points
		(Category 2) – Current Vehicle Registration	40 points
		(Category 2) – Medicare or Healthcare Card	40 points
		(Category 3) – Citizen Certificate	40 points
		(Category 3) – Birth Certificate	40 points
		(Category 3) – Credit or Debit Card	40 points

- We are unable to give any reason for non-acceptance, if your application is not approved
- If your application is not approved, you will be informed by phone and email
- Should your application be accepted, you will be asked to pay the bond and first 2 weeks rent and sign the lease within 24 hrs to secure the property. Monies can be paid by bank cheque or money order or direct deposit into our trust account. Funds must clear prior to handover of keys
- You may also be responsible for water charges please confirm with Property Manager at time of application
- It is the tenants responsibility to arrange connection of utilities in the property once the application is approved.

1. First Applica	int					
Title:	First Name:		Middle Initia	Middle Initial:		
Last Name:			Smoker:	Yes / No		
Name at Birth:		Count	y of Birth:			
Date of Birth:	1 1	Age	e (Years / Mo	nths):		
Drivers Licence No:			State:			
Card No. (NSW only	y):					
Passport No:		Medicare N	No:	Ref:		
Pension Type (If ap	plicable):		No:			
Home Phone:		Mobile Pho	one:			
Email:						
Marital status: Singl	e Married De	e Facto Sep/	Div Friends	Relatives		
Maiden Name (If ap	plicable):					
2. Rental Histo	ry - Applica	nt 1				
Current Address:						
Suburb:			Postcode:			
How long at current	address?	Years:	Months:			
Reason for Leaving	<u>:</u>		Rent per v	veek: \$		
Landlord/Agent Nar	ne:		Phone:			
Email:			Fax:			
Previous Address:	_					
Suburb:			Postcode:			
Length at previous a	address?	Years:	Months:			

1. Second Applicant AND/OR Partner

Title:	le: First Name			Middle Initial:			
Last Name:			Sn	noker:	Yes / No		
Name at Birth:		<u> </u>	Country of	Birth:			
Date of Birth:	1	/	Age (Years / Months):				
Drivers Licence No:			Sta	ate:			
Card No. (NSW only)	:						
Passport No:		Med	icare No:		Ref:		
Pension Type (If app	No:						
Home Phone:	Mobile Phone:						
Email:							
Marital status: Single	Married	De Facto	Sep/Div	Friends	Relatives		
Maiden Name (If app	Maiden Name (If applicable):						
2 Pontal Histor	2 Pental History - Applicant 2						

2. Rental History - Applicant 2				
Current Address:				
Suburb:		Postcode:		
How long at current address?	Years:	Months:		
Reason for Leaving:		Rent per week: \$		
Landlord/Agent Name:		Phone:		
Email:		Fax:		
Previous Address:				
Suburb:		Postcode:		

Years:

Length at previous address?

Months:

Reason for Leaving.		Rent per week: \$	<u>Reason io</u>	or Leaving:		Rent per week: \$
Landlord/Agent Name:		Phone:	<u>Landlord/</u>	Agent Name:		Phone:
Email:		Fax:	Email:			Fax:
Bond refunded: Yes / No	If not, why?:		Bond refu	ınded: Yes / No	If not, why?:	
3. Employment Details	s - Applicant 1		3. Emp	loyment Details	- Applicant 2	
Occupation:	Employe	rs Name:	Occupation	on:	Employers	Name:
Employment Address:			Employme	ent Address:		
Suburb:		Postcode:	Suburb:			Postcode:
Employer Phone No:	Contact I	Name:	Employer	Phone No:	Contact N	ame:
Length at current employmen	nt Years:	Months:	Length at	current employment	Years:	Months:
Net Income \$	Per Week \$	Per Month \$	Net Incom	ne \$	Per Week \$	Per Month \$
Are you self-employed? Yes	/ No_	ABN:	Are you s	elf-employed? Yes /	No	ABN:
Accountant Name:		Phone:	Accountai	nt Name:		Phone:
4. Social Security Bea	nefits OR Cent	relink Payment	4. Soc	ial Security Ben	efits OR Centr	elink Payment
Type:	CRN:		Type:		CRN:	
\$ Per W		Per Month		Per We	-	Per Month
5. Referees - Applica1. Reference Name:	int 1 - (NOT co-	-applicant)	5. Ref	erees - Applican nce Name:	t 1 - (NOT co-a	applicant)
Address:			Address:			
Home Phone:	Mobile No	D:	Home Ph	one:	Mobile No	
2. Reference Name:			2. Refere	nce Name:		
Address:			Address:			
Home Phone:	Mobile No	D:	Home Ph	one:	Mobile No	:
6. Emergency Contact	t Details - (Not	same as co-applicant)	6. Eme	rgency Contact	Details - (Not s	same as co-applicant)
Name:	Phone No):	Name:		Phone No:	
Address:			Address:			
Suburb:		Postcode:	Suburb:			Postcode:
Email:			Email:			
8. FREE Utilities Conne	ections User Cor	sent Form				
ReduceMyBills	c 🚺	Ph: 1300 680 603	 Internet 	• Foxtel • Tele	ephone · E	lectricity · Gas



Declaration

By signing this application, I/we give consent to ReduceMyBills to make contact by phone, email or sms for the purpose of arranging connections and disconnections of approved utility services. I/we authorise ReduceMyBills to supply collected information to other household service providers for the services including Cleaning, Removal, Insurance and Appliances.

I/we authorise ReduceMyBills to contact us via these means even if the telephone numbers supplied are listed on the Do Not Call Register. I/we understand that ReduceMyBills may also send related emails promoting other services provided by ReduceMyBills.

I/we acknowledge that all information supplied in the application is true and correct to be best of my/our knowledge and that we have not falsely represented our identity in any manner.

I/we understand that ReduceMyBills treat any personal information it collects, uses or discloses in accordance with the Privacy Act 1988.

I/We authorise ReduceMyBills to supply collected information to nominated suppliers and/or potential suppliers for the connection and disconnection of nominated utilities or to assist with my obtaining other services including appliances, removalists, cleaners and insurance.

9. Declaration of Authority

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 declare that all information contained in this application (including the reverse side) is true and correct and given of my own free will. I declare that I have inspected the premises and am not bankrupt.

I authorise the Agent to obtain personal Information from:

- 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 my tenancy history;

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

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

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:

I/we understand that in the course of connecting utilities, ReduceMyBills may need to obtain an NMI (National Meter Identifier) for electrical points or MIRN (Meter Installation Registration Number) for Natural Gas connections. I/we

authorise ReduceMyBills to collect these identifiers and consent to those numbers being supplied to utility providers. I/We acknowledge that whilst ReduceMyBills is a free service, I/we are solely

responsible for any and all amounts payable in relation to deposits, connections/ disconnections or ongoing supply of the connected services and amounts payable for other services including appliance, removalists, cleaners and insurance.

I/we acknowledge that ReduceMyBills, to the extent permitted by law, shall not be liable for any loss or damage (including consequential loss and loss of profits) to me/us as a result of the provision of any service. Nor shall ReduceMyBills be liable for any act or omission by any utility provider for any loss caused by failure to provide nominated services.

I/we acknowledge that the nominated real estate entity along with ReduceMyBills may receive a benefit from suppliers for the provision of connections.

I/we declare that we have read and understand the above declaration and wish to be contacted by ReduceMyBills.

Signature:

- (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)
- (g) conduct an ID/background check with NTD for residential tenancies and/or a credit check for commercial tenancies with the National Tenancy Database (NTD)

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.

Printed Name Applicant 1:	
Signature Applicant 1:	Date:
Printed Name Applicant 2:	
Signature Applicant 2:	Date: