

# RESIDENTIAL TENANCY APPLICATION

## Property & Tenancy Proposal Details

Property Address:		
Date Inspected:    /    /	Advertised Rent: \$	<input type="checkbox"/> Week <input type="checkbox"/> Fortnight
Lease Agreement Fixed Term: 6mth <input type="checkbox"/> 12mth <input type="checkbox"/> Other: (Please specify)		
Proposed Lease Start/Occupancy Date:    /    /    Day:		
No. of adult occupants:	No. of Children:	Pets: No <input type="checkbox"/> Yes <input type="checkbox"/> Provide details. (pets must be approved by Landlord/Agent)
Application Special Conditions or Requests:		

## Declarations & Consents

### APPLICANT(S) ACKNOWLEDGEMENTS:

1. During my/our inspection of this property, I/we found it to be in a reasonable & liveable condition and have noted any requests or conditions pursuant to this application for tenancy in writing. (space provided above)
2. I/we acknowledge and agree to the provision of documentation as requested by the agent for reasonable verification of my/our identity. FARAH Real Estate may require further documentation in addition to the documents listed on page 2 of this application in order to reasonably verify my/our identity.
3. I/we acknowledge that this is an application to rent this property and that my application is subject to the Landlord's approval.
4. I/we consent to the information I/we provide in this application being verified and a reference check conducted on a national tenancy database being undertaken. I/We consent to Farah Real Estate contacting my current or previous landlord/agent and to obtain a written copy of my/our rental ledger or payment history.
5. I/We consent to Farah Real Estate contacting my employer to confirm my employment and/or my/our accountant to confirm to financial status.
6. I consent if my application is declined, the application & any documentation supplied will be destroyed.
7. I/We the applicant/s apply for approval to rent the premises referred to in this form and acknowledge that my/our application will be referred to the Landlord of the property for their final acceptance and if the application is approved, to pay the holding fee and for the agent to prepare a Residential Tenancy Agreement for the premises.
8. I/We the applicant/s, declare that I/We are not bankrupt or an undischarged bankrupt
9. I/We declare that the information provided in this application is given freely and is true and correct.

### DISCLOSURES – GENERAL & MATERIAL FACT (Residential Tenancies Act 2010 S26 & Residential Tenancies Regulation 2010 c7)

*AGENT USE ONLY- List any disclosures required here*

Applicant 1: Full Name:

Signature: x

Date:

Applicant 2: Full Name:

Signature: x

Date:

## Part 1(a): Applicants Personal Details

Applicant 1 (must be 18yrs or older)	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>	
Legal Given Name(s):	
Surname:	
Previous name/s: (e.g. maiden name, changed by Deed Poll)	
Date of Birth: / / 19__	Age:
Contact No's: Home: ( )	
Work: ( )	Mobile:
Private email: @	
Work email: @	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other...	
No. of dependant children:	Age/s:
Contact in case of emergency:	
Name:	Relationship to you:
Address:	
Ph: Work: ( )	Mobile:

Applicant 2 (must be 18yrs or older)	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>	
Legal Given Name(s):	
Surname:	
Previous name/s: (e.g. maiden name, changed by Deed Poll)	
Date of Birth: / / 19__	Age:
Contact No's: Home: ( )	
Work: ( )	Mobile:
Private email: @	
Work email: @	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other...	
No. of dependant children:	Age/s:
Contact in case of emergency:	
Name:	Relationship to you:
Address:	
Ph: Work: ( )	Mobile:

## Part 1(b): Proof of Identity

**ⓘ VERIFICATION** You must have **100** points of identification, including at least 1 primary photo ID.

Applicant 1	
<b>Primary Photo Identification = 30 points</b>	
*Australian Drivers Licence No.:	
State:                      Expiry Date: / /	(30pts)
*Australian Passport No.	
Expiry Date: / /	(30pts)
*Other Country Passport No.:	
Country of issue:	
Expiry Date: / /	
Australian Visa Expiry Date: / /	(30pts)
Australian Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Australian Permanent Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Applicant 2	
<b>Primary Photo Identification = 30 points</b>	
*Australian Drivers Licence No.:	
State:                      Expiry Date: / /	(30pts)
*Australian Passport No.	
Expiry Date: / /	(30pts)
*Other Country Passport No.:	
Country of issue:	
Expiry Date: / /	
Australian Visa Expiry Date: / /	(30pts)
Australian Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Australian Permanent Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Secondary Identification = 20 points	
<input type="checkbox"/> Birth Certificate (original or extract)	
<input type="checkbox"/> Bank Statement (Australian or Overseas)	
<input type="checkbox"/> ATO Tax Return	<input type="checkbox"/> Medicare Card
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Bank ATM Card
<input type="checkbox"/> Council Rate Notice	<input type="checkbox"/> Proof of Age Card

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<input type="checkbox"/> Credit Card	<input type="checkbox"/> Bank ATM Card
<input type="checkbox"/> Council Rate Notice	<input type="checkbox"/> Proof of Age Card

Supplementary Identification = 10 points	
<input type="checkbox"/> Gas/Electricity bill	<input type="checkbox"/> Telephone bill
<input type="checkbox"/> Current payslip	<input type="checkbox"/> Vehicle Rego
<input type="checkbox"/> Degree or TAFE cert.	<input type="checkbox"/> Private Health
<input type="checkbox"/> Employer or Security Photo ID	

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Applicant 1: Full Name:

Signature: x

Date:

Applicant 2: Full Name:

Signature: x

Date:

**AGENT USE ONLY:**Total Verified Points =  Copies attached**AGENT USE ONLY:**Total Verified Points =  Copies attached**Part 2: Employment****Applicant 1****EMPLOYEE:** Full-time  Part-time  Casual  Contract  
Occupation/Title:

*\*Are you currently in service with any Australian Armed Forces? (i.e Army, Navy or Airforce)  No  Yes*  
*If YES- Is a active service release clause required for this tenancy agreement?  No  Yes*

Employer's Business Name:

Employer's Address:

Suburb: State: P/C:

Phone No.: ( )

Fax No.: ( )

Time there: \_\_\_\_ Years \_\_\_\_ Months

Payroll contact Person Name:

Payroll contact Person Phone No.: ( )

Annual gross salary: \$

**① VERIFICATION:** You will need to provide your last 2 payslips or a bank statement showing wage/salary deposits.**SELF EMPLOYED:** Sole Trader  Partnership  Company  
Occupation/Title:

Business Type:

Company Name:

Business Trading Name:

ABN: A.C.N

Registered business address:

Phone No.: ( )

Fax No.: ( )

Annual gross salary: \$

**① VERIFICATION:**

- SOLE TRADER/PARTNERSHIP: You will need to provide your last ATO assessment & a copy of a current bank account statement for the business.
- COMPANY: You will need to provide a current Asset/Liability report from your registered accountant.

**OTHER:** Homemaker  Student  Retired  Unemployed

Allowances or Payments:

 Rent Assistance  Study Allowance  
 Family Allowance  Unemployment Benefit  
 Carers Payment  Workers Compensation  
 Disability Benefit  Armed Services Pension  
 Aged Pension  Self-funded Retirement  
 Other:

Declaration of income \$ per Week/Fortnight/Month

**Applicant 2****EMPLOYEE:** Full-time  Part-time  Casual  Contract  
Occupation/Title:

*\*Are you currently in service with any Australian Armed Forces? (i.e Army, Navy or Airforce)  No  Yes*  
*If YES- Is a active service release clause required for this tenancy agreement?  No  Yes*

Employer's Business Name:

Employer's Address:

Suburb: State: P/C:

Phone No.: ( )

Fax No.: ( )

Time there: \_\_\_\_ Years \_\_\_\_ Months

Payroll contact Person Name:

Payroll contact Person Phone No.: ( )

Annual gross salary: \$

**① VERIFICATION:** You will need to provide your last 2 payslips or a bank statement showing wage/salary deposits.**SELF EMPLOYED:** Sole Trader  Partnership  Company  
Occupation/Title:

Business Type:

Company Name:

Business Trading Name:

ABN: A.C.N

Registered business address:

Phone No.: ( )

Fax No.: ( )

Annual gross salary: \$

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 Rent Assistance  Study Allowance  
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 Carers Payment  Workers Compensation  
 Disability Benefit  Armed Services Pension  
 Aged Pension  Self-funded Retirement  
 Other:

Declaration of income \$ per Week/Fortnight/Month

Applicant 1: Full Name:

Signature: x

Date:

Applicant 2: Full Name:

Signature: x

Date:

**❶ VERIFICATION:**

You will need to provide a copy of documentation confirming you receive the above mentioned payment/s and a bank statement confirming payments received.

**❶ VERIFICATION:**

You will need to provide a copy of documentation confirming you receive the above mentioned payment/s and a bank statement confirming payments received.

## Part 3: Tenancy/Living History

### Applicant 1

**Current Living Status:**

Own  Renting  Boarding  Living at home

Current Street Address:

Suburb:

State: Post Code:

Time There: Years Months

Current Landlord/Agent:

Name:

Address:

Contact No:

Rent \$ /wk/fn/mth No. of people of the lease:

Has lease expired?  Yes  No

Previous Living Address

Street Address:

Suburb:

State: Post Code:

Reason for leaving:

**❶ VERIFICATION: :****OWN HOME:**

You will need to provide Council and Water rates notice OR Council & Strata Levy notice.

**RENTING:**

You will need to provide a tenant rental payment ledger from your agent/landlord for a period of at least last 6 months.

**BOARDING/LIVING AT HOME:**

You will need to provide a written reference from the owner or legal leaseholder of the property.

### Applicant 2

**Current Living Status:**

Own  Renting  Boarding  Living at home

Current Street Address:

Suburb:

State: Post Code:

Time There: Years Months

Current Landlord/Agent:

Name:

Address:

Contact No:

Rent \$ /wk/fn/mth No. of people of the lease:

Has lease expired?  Yes  No

Previous Living Address

Street Address:

Suburb:

State: Post Code:

Reason for leaving:

**❶ VERIFICATION: :****OWN HOME:**

You will need to provide Council and Water rates notice OR Council & Strata Levy notice.

**RENTING:**

You will need to provide a tenant rental payment ledger from your agent/landlord for a period of at least last 6 months.

**BOARDING/LIVING AT HOME:**

You will need to provide a written reference from the owner or legal leaseholder of the property.

## Part 4: Affordability Statement

### Applicant 1

**AFFORDABILITY:**

I confirm that based on my current personal assets, income & liabilities, I am able to reasonably make the required rental repayments.

YES  NO

**TENANCY DECLARATION:**

1. Are you currently in debt to another landlord?

YES  NO

2. Have you ever been evicted from a rental property?

YES  NO

### Applicant 2

**AFFORDABILITY:**

I confirm that based on my current personal assets, income & liabilities, I am able to reasonably make the required rental repayments.

YES  NO

**TENANCY DECLARATION:**

1. Are you currently in debt to another landlord?

YES  NO

2. Have you ever been evicted from a rental property?

YES  NO

Applicant 1: Full Name:

Signature: x

Date:

Applicant 2: Full Name:

Signature: x

Date:

3. Is there any reason known to you, that would effect future rent payments?

YES  NO

3. Is there any reason known to you, that would effect future rent payments?

YES  NO

## Tenant Privacy Statement

### Privacy Act Acknowledgement for Tenancy Applicants & Approved Occupants

**All property managers must ensure that you fully understand the National Privacy Principles and the manner in which your private information may be used in order to fulfil their role as professional property managers. Please take the time to read this Privacy Statement carefully and once completed, return it to this office with your tenancy application.**

This form provides information about how FARAH Real Estate collects and handles your personal information, as required by the National Privacy Principles in the Privacy Act 1988, you can ask to access the information we hold about you, by contacting:

**FARAH REAL ESTATE**

Address: PO BOX 233, GRANVILLE NSW 2142

Fax: (02) 8214 5139

Email: info@jgfarah.com

As professional property managers, we collect your personal information to assess the risk in providing you with the lease/tenancy of the premises you have requested and for the ongoing management of your tenancy agreement. To carry out this role when processing your application, during the term of your tenancy and for some time thereafter, we are often required to disclose your personal information to one or more of the following:

- The landlord
- The landlord's lawyers, mortgagee or insurer
- Referees you have nominated
- Strata Manager and Building Manager
- Organisations or trades people required to carry out maintenance to the premises
- Rental bond authorities or rent bond insurance providers
- Tribunals or Courts having jurisdiction seeking orders or remedies.
- Debt Collection Agencies where Tribunal / Court orders have been awarded.
- Tenancy Default Databases, including but not limited to;
  - TICA Default Tenancy Control Pty Ltd (ABN 84 087 400 379)
  - National Tenancy Database (ntd) a division of Veda Advantage Information Services and Solutions Limited (ABN 26 000 602 862)
- Other real estate agents & landlords
- The Lessors / Owners insurer in the event of an insurance claim.
- To provide future rental references to other asset managers / owners.
- Mercantile agents

**If your personal information is not provided to us and you do not consent to the uses to which we put your personal information, we cannot properly assess the risk to our client, or carry out our duties as professional property managers. Consequently, we then cannot provide you with the lease/tenancy of the premises.**

We request that you please sign below to acknowledge that you fully understand the National Privacy Principles and the manner in which your private information may be used.

Applicant 1: Full Name:

Signature: x

Date:

Applicant 2: Full Name:

Signature: x

Date: