Wal Pavey Real Estate

144 Adelaide Street, Maryborough Q 4650 Ph 41233555 Fax 41234031

Residential Tenancy Application

Proposed Property:	Rent per Week \$
Length of Tenancy:	_months/Tenancy to Commence

Applicant

Surname:	Other Names:			
Have you ever been known as another name? (eg maiden name)				
Date of Birth:Driver's Licence Number:				
18+ Card Number:Medicare Number:				
Vehicle Registration Number:Make & Model:				
Current Address:				
Home Phone Number:Work Phone Number:				
Mobile Phone Number:	Email address:			

Will dependants reside at the property: Yes/NO (Circle applicable response) If "Yes", their Names & Ages: (eg John Robert Jones - 7)_____

Do you have any Pets? Yes/No Type:____Breed:_____Number:____ Are they Registered? Yes/No Registration details:_____ Do you own a lawnmower? Yes/No Are you a smoker? Yes/No

The Properties managed by this office may be protected by Landlord Insurance and/or Landlord Assistance Plan. Before any applications will be considered, each applicant must achieve a minimum of 100 points:

Points	Source	Points	Source	
50 Copy of Rates Notice if you have owned your own property.		20	Minimum 2 references from previous landlord/agent	
40	Drivers Licence	30	Photo ID	
30	Passport	10	Copy phone, gas, power a/c's each	
50	Your last FOUR (4) rent receipts	10	Current vehicle registration papers	
10	Copy of birth certificate Total		Total number of points	

lf you	are Employed:	
Emplo	oyer's Name/Company:_	
Addre	ess:	Phone:
		Nett weekly income:\$
	upply proof of income e.g wage slip	
	<u>ı are a Student:</u>	
Name	of Institution:	
		Student ID Number:
Incon	ne Source:	Nett weekly income:\$
	receive a Centrelink Pa	
Туре	of payment:	Customer Reference No.(CRN)
Please s	upply Income Statement from Cent	relink.
Your	History (Please supply details o	f where you have lived for the previous 2 years)
Curre	ent Landlord/Agent/Ow	ner
Name	2:	Phone:
Addre	ess of Property Rented/	Owned:
		ed/lived:
Bond	refunded? Yes/No If N	lo, why not?:
Reaso	on for leaving:	
Previo	ous Landlord/Agent/Ov	vner
Name		Phone:
		ived:
Rent	per week & period rente	ed/lived:
Bond	refunded? Yes/No If N	lo, why not?:
Reaso	on for leaving:	
Your	References	
Perso	nal Referees (Do not include	relatives)
(1)	Name:	Phone:
	Address:	
(2)		Phone:
	Address:	
Name	e of Relatives or other p	ersons to contact in case of emergency
(1)	Name:	Phone:
(2)	Name:	
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Management / Leasing Appointment Agreements PRIVACY ACT 1988 NOTICE OF COLLECTION OF PERSONAL INFORMATION

The Agent use will only use personal information collected from the Client, including personal information included in the property management appointment form, to:

- act as the Client's agent and to provide the services contemplated under the appointment agreement;
- promote services of the Agent or third parties (such as insurance services) to the Client;
- service and advise other existing and potential clients (by comparing rental properties); and

(insert any additional purposes)

The Agent may, to the extent necessary to carry out its appointment or as otherwise permitted by the Privacy Act, disclose such information to third parties including to potential and current tenants, newspaper and other media organizations, persons engaged to maintain or repair the property, owners' corporations, and government and statutory bodies. The Agent may also disclose details of a tenancy to other existing or potential clients in order to promote or provide services to those clients.

The Client can gain access to any personal information which the Agent holds about the Client, by contacting the Agent. The Agent's contact details are provided in the appointment form. The Agent may refuse access to such information in the limited circumstances provided for in the Privacy Act. The Agent may charge the Client a reasonable fee to provide the requested access.

The Agent will take all reasonable steps to correct any information which the Client shows to be inaccurate, incomplete or out-of-date.

Real estate and tax laws require some of the information described in the appointment form to be collected. If certain information is not provided, the Agent may not be able to act effectively on the Client's behalf or act for the Client at all.

Wal Pavey Real Estate 144 Adelaide Street, Maryborough Ph: 07 4123 3555 Fax: 07 4123 4031

RENTAL REFERENCE REQUEST

In accordance with the Privacy Act, I/we the undersigned authorise recipient of this facsimile/request to give information to Wal Pavey Real Estate, regarding my/our rental history. I/we understand this information will be used to assess my/our application to rent.

Landlord / Agent:	Ph:	Fax:	
Name/s:	-		
Signature/s:			
Date Signed:/_/	/	/	
Address of property rented:			

OFFICE USE ONLY

All information supplied to Wal Pavey Real Estate is treated confidentially

Please complete the following to the best of your knowledge relating to the above mentioned, and return the completed form via facsimile together with Tenant Rent Ledger.

Was this applicant/s listed as a tenant?		No
Was the applicant/s the sole lease holder?		No
Did your office terminate the tenancy?	Yes	No
If yes, why?		
Was the tenant ever in arrears?		No
How many Notices to Remedy Breach issued?		
How many Notices to Leave issued?		
Was the property well maintained by the tenant/s?	Yes	No
Were any pets kept on the property?		No
Was a Notice to Remedy Breach ever issued (other than arrears)?		No
If yes, why?		
Was a Notice to Leave ever issued (other than arrears)?	Yes	No
If yes, why?		
Were there any deductions from the bond?		
If yes, why?		
Would you rent to this applicant/s again?		No
Period of occupancy:/ / to/ /		
Weekly rent amount paid: <u>\$</u>		
Additional Comment:		