| Spenovans<br>Real Estate since 1962. |
|--------------------------------------|
|                                      |

OFFICE USE ONLY:

Deposit: \$ \_\_\_\_\_ Receipt No: \_\_\_\_\_

Application accepted: YES / NO

Forms 17a, 18a, Special Conditions of Tenancy and if applicable Body Corporate By-Laws provided to tenant ahead of application being lodged.

### **RESIDENTIAL TENANCY APPLICATION**

Application must be fully completed and all required documents attached\*\*

\*\*Please Note:

I / We agree to supply the following for each Applicant ...

- Application Form to be delivered in person by all Applicant/s to our office at 630 Samford Road Mitchelton.
- 3 Forms of identification. As an example Passport / Drivers Licence / Medicare Card / Birth Certificate / Passbook / ATM Card (at least 1 card must have a photo ID).
- 4 recent rental receipts or tenant ledger statement.
- Copies of at least 2 different accounts. As an example Electricity, Telephone, Car Registration, Bank Statements etc.
- 4 recent pay slips or Income and Asset Statement from Centrelink or last tax return (if self employed).
- Denovans Real Estate must be informed prior to any deposit being paid if you will be receiving a Queensland Housing Commission Bond Loan
- The equivalent of one weeks rent must be paid by Eftpos immediately upon notification from Denovans Real Estate that the application has been approved by Denovans Real Estate. The deposit will not be considered to be a holding deposit and will be credited to part of the bond amount due. The applicant will not be entitled to have the property held for them until such time that they are both approved and the deposit is paid. Should the deposit not be paid immediately upon approval of the application then the application shall be deemed to have been withdrawn and the property will be made available to other tenants to rent. Additionally, full balance of the initial rent and balance of bond to be paid within 72 hours of acceptance.
- Please be certain you wish to rent this property and that it suits all your requirements as any deposit paid after you are notified by Denovans Real Estate that the application has been approved by the Lessor will be non-refundable. Please also be aware that upon communication from Denovans Real Estate that the application has being accepted and the deposit been paid as detailed above the terms and conditions of the Residential Tenancy Agreement will be deemed to have been agreed to and will become legally binding.
- <u>All Applicant/s must sign the Application at Denovans Real Estate office at time of delivery</u>

## I/We the Applicant/s understand and acknowledge the above requirements and terms PROPERTY ADDRESS:

| DATE                  |  |
|-----------------------|--|
| 1 1                   |  |
| APPLICANT NAME/S      |  |
| APPLICANT SIGNATURE/S |  |

#### Lanjack Pty Ltd Trading As Denovans Real Estate

A.C.N. 059 252 363 A.B.N. 64 059 252 363 Member REIO

Specialists in Property Sales & Management 630 Samford Rd, Mitchelton Q 4053 PO Box 6043, Mitchelton Q 4053 Telephone: 07 3355 6233 Fax: 07 3355 1470 Email: reception@denovans.com.au Website: www.denovans.com.au

1

**Office Use** 

2

|   |                  |               |             |                                     | <u>SE PRINT IN EVERY</u> BOX NEATLY* |  |  |
|---|------------------|---------------|-------------|-------------------------------------|--------------------------------------|--|--|
| APPLICANT 1 All Christian Names             | S:               |               |             | Surname:                            |                                      |  |  |
| Home Phone:                                 | Work Phone:      |               |             | Mobile Ph                           | one:                                 |  |  |
| Email:                                      | Date of Birth: [ |               | Drivers Lic | rivers Licence No / State of Issue: |                                      |  |  |
| YES/NO                                      | If YES to depen  | ndants please | e supply n  | ames and                            | ages of dependants:                  |  |  |
| Are you a smoker:<br>YES / NO               |                  |               |             |                                     |                                      |  |  |
| Present Address:                            |                  |               |             | Period of                           | Occupancy:                           |  |  |
| Name and Address of Agent / Lessor:         |                  |               |             | Agent / Le                          | ssor Phone:                          |  |  |
| Why are you leaving ?                       |                  |               |             | Weekly Re                           | ent:<br>\$                           |  |  |
| Previous Address:                           |                  |               |             | Period of                           | Occupancy:                           |  |  |
| Name and Address<br>of Agent / Lessor       |                  |               |             | Agent / Le                          | ssor Phone:                          |  |  |
| Why did you leave ?                         |                  |               |             | Weekly Ro                           | ent:<br>\$                           |  |  |
| Complete either:                            |                  |               |             |                                     |                                      |  |  |
| Occupation:                                 |                  | Current Em    | ployer:     |                                     |                                      |  |  |
| Employers Address:                          |                  |               |             | Employers                           | s Phone:                             |  |  |
| Time with Employer:                         |                  | Weekly Inco   | ome (net):  | \$                                  |                                      |  |  |
| or if Self Employed                         |                  |               |             |                                     |                                      |  |  |
| Name of Business:                           |                  |               |             | ABN:                                |                                      |  |  |
| Address of Business:                        |                  |               |             | Tim                                 | e owned:                             |  |  |
| Accountant:<br>Name / Address:              |                  |               |             | Pho                                 | ne:                                  |  |  |
| or if Student                               |                  |               |             |                                     |                                      |  |  |
| Name of University, Tafe, or School:        |                  |               | Student I   | No:                                 |                                      |  |  |
| Are you an Overseas student:<br>YES / NO    |                  | If YES Visa   | Expiry Da   | te:                                 |                                      |  |  |
| Contact Names in case of emergency: tw      | vo required      |               |             |                                     |                                      |  |  |
| Name:                                       |                  |               |             | Pho                                 | ne:                                  |  |  |
| Address:                                    |                  |               |             |                                     |                                      |  |  |
| Name:                                       |                  |               |             | Pho                                 | ne:                                  |  |  |
| Address:                                    |                  |               |             |                                     |                                      |  |  |
| Personal References (not relatives, frience | ds or partners)  |               |             |                                     |                                      |  |  |
| Name:                                       | elationship:     |               |             | Pho                                 | ne (office hours):                   |  |  |
| Address:                                    |                  |               |             |                                     |                                      |  |  |
| Name:                                       | lationship:      |               |             | Pho                                 | ne (office hours):                   |  |  |
| Address:                                    |                  |               |             |                                     |                                      |  |  |

| APPLICANT 2                           | All Christian Name       | s:                   |              |            | Surna                           | me:                     |
|---------------------------------------|--------------------------|----------------------|--------------|------------|---------------------------------|-------------------------|
| Home Phone:                           |                          | Work Phone: Mok      |              | Mobil      | e Phone:                        |                         |
| Email:                                |                          | Date of Birth: Drive |              | Drive      | rs Licence No / State of Issue: |                         |
| Have you any deper                    | ndants:<br>YES / NO      | If YES to depe       | ndants pleas | e supply n | ames                            | and ages of dependants: |
| Are you a smoker:                     | YES/NO                   |                      |              |            |                                 |                         |
| Present Address:                      |                          |                      |              |            | Perio                           | d of Occupancy:         |
| Name and Address                      | of Agent / Lessor:       |                      |              |            | Agent                           | : / Lessor Phone:       |
| Why are you leaving                   | ?                        |                      |              |            | Week                            | ly Rent:<br>\$          |
| Previous Address:                     |                          |                      |              |            | Perio                           | d of Occupancy:         |
| Name and Address<br>of Agent / Lessor |                          |                      |              |            | Agent                           | : / Lessor Phone:       |
| Why did you leave                     | ?                        |                      |              |            | Week                            | ly Rent:<br>\$          |
| Complete either:                      |                          |                      |              |            |                                 |                         |
| Occupation:                           |                          |                      | Current Em   | ployer:    |                                 |                         |
| Employers Address:                    |                          |                      |              |            |                                 | oyers Phone:            |
| Time with Employer:                   |                          |                      | Weekly Inco  | ome (net): | \$                              |                         |
| or if Self Employed                   |                          |                      |              |            |                                 |                         |
| Name of Business:                     |                          |                      |              |            | ABN                             | l:                      |
| Address of Business                   | S:                       |                      |              |            |                                 | Time owned:             |
| Accountant:<br>Name / Address:        |                          |                      |              |            |                                 | Phone:                  |
| or if Student                         |                          |                      |              |            |                                 |                         |
| Name of University,                   | Tafe, or School:         |                      |              | Student I  | No:                             |                         |
| Are you an Oversea                    | s student:<br>YES / NC   | )                    | If YES Visa  | Expiry Da  | ite:                            |                         |
| Contact Names in ca                   | ase of emergency: tw     | vo required          |              |            |                                 |                         |
| Name:                                 |                          |                      |              |            |                                 | Phone:                  |
| Address:                              |                          |                      |              |            |                                 |                         |
| Name:                                 |                          |                      |              |            |                                 | Phone:                  |
| Address:                              |                          |                      |              |            |                                 |                         |
| Personal References                   | s (not relatives, friend | ts or partners)      |              |            | I                               | Phone (office hours):   |
| Address:                              | R                        | elationship:         |              |            |                                 |                         |
| Name:                                 |                          | olotionahini         |              |            |                                 | Phone (office hours):   |
| Address:                              | K                        | elationship:         |              |            |                                 |                         |

#### Motor vehicles to be kept at property

| Registration No. | Make / Model | Registration No. | Make / Model |
|------------------|--------------|------------------|--------------|
|                  |              |                  |              |
|                  |              |                  |              |

Full Names of who will occupy the Property other than Applicant/s (as shown above) who will occupy the Property. If more than two Applicant/s please complete a Residential Tenancy Application - Additional Applicant form and attach

| Full Name | Relationship<br>To Applicant | Dependant<br>Y/N |
|-----------|------------------------------|------------------|
|           |                              |                  |
|           |                              |                  |
|           |                              |                  |

| Full Name | Relationship<br>To Applicant | Dependant<br>Y/N |  |
|-----------|------------------------------|------------------|--|
|           |                              |                  |  |
|           |                              |                  |  |
|           |                              |                  |  |

#### Animals to be kept on Property

| Type<br>(Dog,<br>Cat) | Breed<br>(if Dog) | Is the animal<br>Registered with the<br>Council? Which Council? |
|-----------------------|-------------------|---|
|                       |                   | YES / NO  |
|                       |                   | YES / NO  |

| Type<br>(Dog,<br>Cat) | Breed<br>(if Dog) | Is the animal<br>Registered with the<br>Council? Which Council? |
|-----------------------|-------------------|---|
|                       |                   | YES/NO  |
|                       |                   | YES/NO  |

#### WHERE DID YOU FIND OUT ABOUT THIS PROPERTY ?

| Sign on | Property |
|---------|----------|
|---------|----------|

www.denovans.com

Window Display - Denovans

Window Display - Brookside

Courier Mail www.realestate.com.au Local Paper

YOUR OWN HOME ? Please answer YES or NO (please circle)

| Have you ever owned your own home?                     | YES NO |
|--|--------|
| Would you like to register as a prospective buyer ?    | YES NO |
| Would you like information about owning your own home? | YES NO |
| Are you eligible for the first home buyers grant ?     | YES NO |

#### **PROPOSED TERMS OF TENANCY AGREEMENT**

| REQUIRED LENGTH OF TENANCY AGREEMENT: <b>6</b><br><b>Please Note: The rent may increase after six months.</b> | or <b>12</b> <i>months</i> (please circle) | FROM: | / | / |
|---|--|-------|---|---|
| GROSS WEEKLY RENT *: \$   |  |       |   |   |
| RENTAL BOND TO BE PAID:<br>(4 times gross rent) \$  |  |       |   |   |

Please note: If your application is accepted you are applying on the basis that your rent will be required to be adjusted to become due on a Monday then paid on a fortnightly basis either by RentPay, Bank Cheque/Money Order of Eftpos (Savings or Cheque A/C only) direct to Denovans office at 630 Samford Rd, Mitchelton.

- 1. The Applicant/s acknowledge having inspected the Property and have by their own judgement deemed the Property suitable for their requirements. Denovans Real Estate makes no representation as to the suitability of the Property for the Applicant/s.
- 2. During the inspection of the Property I / We found it to be in satisfactory condition YES NO (please circle) If "No" I/We request the following matters be attended to prior to the commencement of the Tenancy. I/We acknowledge that these matters are subject to the Lessors approval

#### DECLARATION

Please declare the following by selecting either TRUE or FALSE (please circle) I/We, the Applicants as named on this Application ....

| Were refunded the rental bond for my/our last address in full (if applicable) | TRUE | FALSE |
|---|------|-------|
| Have never been evicted from a Premises                                       | TRUE | FALSE |
| Have no outstanding debt to an another Agent/Lessor?                          | TRUE | FALSE |
| Have no known reasons that would affect in any way the ability to pay rent    | TRUE | FALSE |

#### ACKNOWLEDGEMENT

I/We, the Applicants as named on this Application .... Please acknowledge the following by selecting either YES or NO (please circle)

| Acknowledge that I/We have received and understand the General Tenancy Agreement (Form 18a) including the standard terms and/or special conditions ahead of completing this application.   | YES | NO |
|--|-----|----|
| Acknowledge that I/We have received or have had made available the Information Statement (Form 17a),<br>Body Corporate By-Laws (if applicable) ahead of completing this application.   | YES | NO |
| Acknowledge that I/We have been made aware of the Denovans Real Estate Privacy Policy. Available from the Denovans Real Estate office or at <a href="http://www.denovans.com">www.denovans.com</a>   | YES | NO |
| I/We consent and understand that Denovans Real Estate has collected this information for the purpose of ascertaining whether I/We are a suitable tenant/s for the property applied for. This will include identification, my/our ability to care for the property, my/our character and my/our creditworthiness.   | YES | NO |
| I/We authorise Denovans Real Estate to contact the persons named in this Application, and to undertake such enquiries and searches (including tenancy databases searches) as Denovans Real Estate considers necessary.   | YES | NO |
| I/We understand that information provided by me/us may be disclosed to and further information obtained from referees named in this Application and other relevant third parties.  | YES | NO |
| Acknowledge and understand that if this Application is declined, Denovans Real Estate is not legally obliged to provide reasons as to why.   | YES | NO |
| Acknowledge that the Lessor and Applicant (tenant) are bound by this Agreement immediately upon communication from Denovans Real Estate of acceptance of this Application.   | YES | NO |
| I/We consent and understand that should my/our tenancy be accepted and upon commencement of the Residential Tenancy Agreement, there may be cause for Denovans Real Estate/lessor to pass my details onto others which may include (but is not limited to) insurance companies, Body Corporates, Contractors, other real estate agents, salespeople and tenancy default databases. | YES | NO |
| Acknowledge and Understand that my/our personal Contents Insurance is not covered under any lessor insurance policy/s and understand that it is my responsibility to insure my/our personal belongings.  | YES | NO |
| I/We consent to the use of facsimile and email in accordance with the provisions as set out in Chapter 2 of the Electronic Transactions (Queensland) Act 2001 (Qld) and the Electronic Transactions Act 1999 (Cth)   | YES | NO |
| Declare that the above is true and correct and that I/We have supplied it of my/our own free will.   | YES | NO |

| Applicant 1              | Full Name: | Signature: | Date: |
|--------------------------|------------|------------|-------|
|                          |            |            | / /   |
|                          |            | 0:         | Dete  |
| Applicant 2              | Full Name: | Signature: | Date: |
|                          |            |            |       |
| Denovans<br>Staff Member | Name:      |            |       |
|                          | Signature: | Date:      | Time: |

| Direct Connect  | Your Free No   | Obligation U   | tility Conne   | ction Service   |   |
|---|--|--|--|---|---|
| Please tick utilities as req  | uired (we will call you to   | confirm your details   | and connection tin   | nings)  |   |
| Electricity Interne   |  | Phone  |  | Weiter Act  |   |
| DECLARATION AND EXECUTION: By signi<br>information contained in this application to L<br>understood them together with the Privacy Cc<br>authorise Direct Connect to provide any inform<br>information necessary in relation to the Serv<br>information provider disclosing it to a supplie<br>Services; consent to Direct Connect contactin<br>we/I have not applied for the connection of th<br>days after we/I disconnect the last of the<br>telephone numbers listed on this application fi<br>information obtained about me/us will be app<br>disclosure and any other misuse; authorise I<br>details to utility providers (including my/our N<br>Services and hereby indemnify Direct Connect<br>extent permitted by law, Direct Connect shall<br>provision of the services or any act or omissi<br>disconnect or provide, the nominated utilities;<br>providers; acknowledge that the Services will<br>and that after hours connections may incur<br>Connect in connection with the provision of th<br>receive a fee or remuneration from the utility p<br>By signing this application form, I warran<br>out in this application form on behalf of all | tility providers for this purpose; a<br>oblection Notice set out below; decl<br>mation disclosed in this Application<br>rees; expressly authorise Direct C<br>er or potential supplier of the Ser<br>g me by telephone or by SMS in re<br>services in respect of which t<br>orm are listed on the Do Not Call F<br>baropriately collected, used, disclos<br>the obtaining of a National Meterin<br>MI and telephone number); declar<br>ct and its officers, servants and ag<br>not be liable for any loss or dama<br>on by the utility provider or for any;<br>acknowledge that whist Direct C<br>I be provided according to the app<br>additional service fees from utility<br>provider and that such fee or remu<br>t that I am authorised to make t | acknowledge having been p<br>are that all the information c<br>to a supplier or potential su<br>Connect to provide any infor<br>vices in accordance with the<br>lation to the marketing or pr<br>his consent will continue [for<br>his application is made];<br>Register; understand that und<br>register; understand that<br>providers; acknowledge tha<br>by Direct Connect; and ackr<br>neration will not be refunded<br>this application and to pro | rovided with terms and<br>ontained in this applicat<br>iontained in this applicat<br>ipplier of the Services in<br>rmation disclosed in this<br>ie Privacy Collection No<br>omotion of all of the sen<br>r a period of 1 year fro<br>acknowledge that this or<br>acknowledge that this or<br>der the requirements of the<br>be stored safely and pro-<br>sidential address to oblid<br>y responsible for all arms<br>fied against any charges<br>loss and loss of profits;<br>iction with any delay in or<br>may be required to pag<br>the time frames and ter<br>the me frames and ter<br>the real estate agent<br>howledge the entitlemen<br>to me as a rebate in co | I Conditions of Supply of D<br>lion is true and correct and g<br>accordance with the Privac<br>s Application to an informal<br>blice and to obtain any info<br>vices listed under the headin<br>one the date of our/my exer-<br>consent will permit Direct C<br>the Privacy Act 1988, Direct<br>rotected against loss, unaut<br>tain supply details; consent<br>ounts payable in relation to<br>a whatsoever in respect of th<br>) to me/us or any other pers-<br>connection, disconnection of<br>y standard connection fees<br>tms and conditions of the n-<br>listed on this application for<br>t of Direct Connect and its a<br>nnection with the provision of | When the connect and having read allo<br>given of their own free will; expressly<br>y Collection Notice and to obtain any<br>tion provider for the purpose of that<br>minimation necessary in relation to the<br>grutility Connections' above even if<br><b>cution of this application/until [28]</b><br>connect to contact us/me even if the<br>Connect will ensure that all personal<br>thorised access, use, modification or<br>to Direct Connect disclosing my/our<br>the connections and/or supply of the<br>Services; acknowledge that, to the<br>son or any property as a result of the<br>r provision of, or failure to connect or<br>or deposits required by various utility<br>ominated utility providers bind me/us<br>m may receive a benefit from Direct<br>process, agents and contractors, to<br>of the utility connection services. |
| SIGNATURE:  | DATE:  |  | P: 1300 664 715 F  | -: 1300 664 185 W: ww   | ww.directconnect.com.au   |

Please note: Direct Connect do not organise or guarantee gas connections

Page 6 of 7

## Denovans Real Estate since 1962.

# What Now !!

Thank you for your application, we will endeavour to process it and notify you as quickly as possible of the outcome. Unfortunately we cannot give you a time frame of how long it will take to process your application as it varies due to the checks that we need to carry out, however Applications are generally processed within 3 working days. We will contact you as soon as we know the outcome of your Application.

#### IF YOUR APPLICATION IS NOT ACCEPTED:

- 1. We will contact you and advise the outcome of the Application.
- 2. We are not legally obliged to give a reason as to why your Application was declined and therefore you may not be given a reason.
- 3. All reasonable steps will be undertaken to destroy or permanently de-identify your personal information within 7 days. Alternatively you may wish to retrieve personal information prior to its disposal.

### IF YOUR APPLICATON IS ACCEPTED:

- 1. We will call and advise that your Application has been accepted and the equivalent of one weeks rent must be paid by Eftpos immediately at this time. The deposit will not be considered to be a holding deposit and will be credited to part of the bond amount due. You will not be entitled to have the property held for you up until such time that you are approved and the deposit is paid. Should the deposit not be paid immediately upon approval of the application then the application shall be deemed to have been withdrawn and the property will be made available to other tenants to rent.
- 2. We will arrange an appointment time for all Applicant/s to come in and sign the Residential Tenancy Agreement. All Applicants will need to sign this Agreement at the same time during Denovans Real Estate weekday business hours as soon as possible after having been approved.

Please Note: The initial payment for the balance of Rent and Bond is due within 72 hours of Application being approved and needs to be paid by either one Bank Cheque, Money Order or Eftpos (Cheque or Savings account only) The bank cheque or money order need to be made out to: Lanjack Pty Ltd Trust Account.

- 3. When you come in for your appointment we will go through the following:
  - Residential Tenancy Agreement
  - Rental Bond Forms
- 4. Please arrange for your utilities to be connected.
- 5. Keys cannot be given out prior to the Residential Tenancy Agreement commencement date and until the Residential Tenancy Agreement has been signed for by ALL Tenants.
- 6. Keys will be available for collection from 8:30am on the day that the Tenancy Agreement commences.
- 7. Start moving in .. you have a new home!
- 8. Return the written Condition Report within 3 days of the commencement of the Tenancy.
- You will be sent a letter giving you access codes to get into the Client Access area of our website -<u>www.denovans.com</u>. This will allow, if you have internet access, to lodge any maintenance issues and view information about your tenancy ie Rent Paid To dates, Tenancy Agreement Expiry Dates etc.
- 10. Please contact our office and advise us of your new phone numbers or email addresses etc. This can also be done via the Client Access area of the website.

Applicant/s acknowledge having read this page \_\_\_\_\_\_ (All Applicants please initial here)