## BUSINESS IS INDEPENDENTLY OWNED AND OPERATED BY DIVINITY REAL ESTATE PTY LTD ABN 82 127 980 198

## APPLICATION FOR RESIDENTIAL TENANCY

(ONE APPLICATION PER PERSON)

**Premises Details** 



SHOP 2, 12 DISCOVERY DRIVE NORTH LAKES QLD 4509

P.O. BOX 1018 MANGO HILL QLD 4509

T: (07) 3491 7366

F: (07) 3491 7399 E: NORTHLAKES@REALWAY.COM.AU

Address:			E: NORTHLAKES@RE
_ease Commencement Date:		Lease Term:	
Rent Per Week: \$		Bond Amount: \$	
(Two weeks rent and bond	(4 weeks) is requir	ed within 24 hours if application	on is approved)
Applicant Details			
Full Name:		Date of Birth:	
Have you been known by any other	er name?		
Please note: we require two contact Email Address:		mail address)	
Phone No: (H)	(W)	(M)	
Oriver's License/18+ Card No:		State:	
Passport No:		Medicare No:	
Applicant's History Current Address:			
Period of Occupancy:		Rental/Owned/Other	
andlord/Agent Details - Nam			
Phone No:	Fax No:	Rent Per We	ek: \$
Reason for Leaving:			
Previous Address:			
Period of Occupancy:		_ Rental/Owned/Other	
_andlord/Agent Details - Name: _			
Phone No:	Fax No:	Rent Pe	er Week: \$
Reason for Leaving:			
Have you ever been evicted from a	a premises?		Yes or No
s there any reason known to you that would affect your ability to pay rent?			Yes or No
Was your rental bond at your prev			
If No, please advise what			
Are you currently in debt to any la	ndlord or agent?		Yes or No

Applicant's Employm			
Employer:		Duration:	
Weekly Net Income: \$		Contact:	
Phone No: (Work)	(Mobile)		
Employer:		Duration:	
Weekly Net Income: \$	Contac	ct: Phone No:	
Student Details:			
Course Name:		Duration:	
Occupants Number of adults:		Number of children:	
Full names of adults:	•		
ruii names or addits.			
	2	4	
Full names of children:		Age:	
		Age:	
		Age:	
	4	Age:	
Referees			
Business Referee 1			
Name:	Phone No:	Relationship:	
Business Referee 2			
Name:	Phone No:	Relationship:	
Personal Referee 1			
Name:	Phone No:	Relationship:	
Personal Referee 2 Name:	Phone No:	Relationship:	
Emergency Contact			
(Please note: Next of Kin	cannot he someone living	with you	
Next of Kin:			
		_ Phone No: (H)(W)	
		(M)	
Pets		1	
	Dogistration I	No.	
туре/вгеец	Registration i	No: Number of Pets:	
Use of Premises			
Will the premises be use	ed for business purposes	s: Yes / No	
Vehicle Details			
	pt at the premises:	and the control of th	
Registration No:		Vehicle Type:	
Registration No:		Vehicle Type:	

I, the Applicant, declare that the above information is true and correct and that I have supplied it of my own free will. I acknowledge that my personal contents insurance is not covered under any lessor insurance policy/s and understand that it is my responsibility to insure my own personal belongings. I understand that you as the agent have collected this information for the purpose of determining whether I am a suitable tenant for the property – in particular to check my identification, my ability to care for the property, my character and my creditworthiness. For such purposes, I authorise you to contact the persons named in this application, and to undertake such enquiries and searches (including tenancy database searches) as you consider reasonably necessary. In doing so, I understand that information provided by me may be disclosed to, and further information obtained from, referees named in this application and other relevant third parties. I acknowledge and accept that if this application is denied, the agent is not legally obliged to provide reasons as to why. I also consent and understand that should my tenancy be accepted and upon commencement of the tenancy agreement, there may be cause for the agent to pass my details onto other which may include (but is not limited to) insurance companies, body corporate, contractors, other real estate agents, salespeople and tenancy default databases. Upon the application being approved, I, the Applicant, understand that the first two weeks rent must be paid within 24 hours after receiving approval. The applicant acknowledges that the lessor and applicant (tenant) are bound by this agreement immediately upon communication of either the agent's acceptance of the application. Once approved if the applicant (tenant) chooses to not take possession of the property for any reason they understand they will be asked to pay 1 weeks rent + **GST** to opt out of the agreement.

	to commence on the	at a
rental price of \$ . I understand that I an	n to pay a rental bond of \$	on or before I
take possession of the premises and sign a tenancy a		
Signatures		
Applicant's Signature:	Agent's Signature:	
Date:	Date:	
You are required to meet a 100 point identification criterio	on upon submission of your applica	tion and the agent
<ul> <li>may photocopy any item and retain as part of your applica</li> <li>10 points: Medicare Card, Motor Vehicle Registration Papers.</li> <li>20 points: Birth Certificate.</li> <li>30 points: Bank Statements, recent utility accounts eg: phone,</li> <li>40 points: Drivers Licence, Passport, 18+ Card, Photo ID, last Fe</li> </ul>	electricity, gas.	

PLEASE NOTE: WE DO NOT ACCEPT CASH, PERSONAL CHEQUES OR BOND TRANSFERS.