

# TENANCY APPLICATION FORM

**WARNING: You must read this information prior to completing your application form. If your form is not filled in correctly it will not be processed and you may miss out on the property.**

1. One application must be filled in for each person wanting to reside in the property.
2. Applications that are not complete will not be processed.
3. Applicants must inspect the inside of the property prior to being approved.
4. If you are successful you will be required to pay 2 weeks' rent in advance within 24 hours, to secure the property. Payment details for our Trust Account and your unique reference will be included in the notification email sent to your nominated email address.
5. A bond equal to 4 weeks' rent is to be held by the Residential Tenancies Authority throughout the lease term, and is required to clear into our Trust Account prior to key collection from our office on the lease commencement date. The bond amount is to be paid the same way as the initial rent, and we will submit the bond funds to the Residential Tenancies Authority along with a Bond Lodgement Form.

**Your application must contain copies of proof of identification and proof of income. Outlined below are examples of suitable proof. If these are not present your application will not be processed.**

## 1. Identification

We require **100 points** of identification as per the options list below

- |  |                           |
|--|---------------------------|
| <input type="checkbox"/> Drivers Licence, Passport, 18+ Card, Copy of Birth Certificate  | <b>50 points per item</b> |
| <input type="checkbox"/> Copy of ATM card, Credit Card, Phone/Electricity or Gas Account | <b>25 points per item</b> |

## 2. Proof of income

We require a copy of any of the following:

- Your last 2 payslips
- Employment Contract
- Letter of Parental Support
- Bank statements showing regular lump sum deposits

**Complete the attached form and don't forget to sign at the top of the last page.**

## How long does it take to process an application?

As your application is a high priority, our office will endeavour to have an answer to you within 1-2 business days

## Rent payment methods

Electronic Funds Transfer, Bank Cheque or Money Order

## Disclosure required by the Act

I, the Applicant, declare that the above information is correct and that I have supplied it on my own free will and I authorise you as the Letting Agent, to conduct any enquiries, and/or searches, including any tenancy information databases in order to verify the above information. I acknowledge that any false information I provide in this application could jeopardise this application and any subsequent tenancy agreement I enter into, and approval by the Lessor or Agent. Information already held on tenancy reference databases may also be disclosed to the Agent and/or lessor. I acknowledge and accept that if this application is rejected, the Agent is not legally obligated to give reasons for the rejection. I, the applicant declare that I am not bankrupt and that the rental is within my means.

For further information please contact Managed Property Pty Ltd

P: (07) 3139 1701

1/17 Allen St, Hamilton

E: [rentals@managedproperty.com.au](mailto:rentals@managedproperty.com.au)

PO Box 364, Fortitude Valley Qld 4006

# Tenancy application form

**PROPERTY ADDRESS:** \_\_\_\_\_

I have inspected the property listed above and wish to rent the property for a period of \_\_\_\_\_ months starting on \_\_\_\_\_, at a rental price of \$ \_\_\_\_\_ per week.

I will also be required to pay a minimum rental bond of 4 weeks rent.

## APPLICANTS DETAILS

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_ Drivers Licence No: \_\_\_\_\_

Is someone else applying with you to rent this property: Yes / No

If Yes, please list name/s \_\_\_\_\_

Name & Age of children to reside at the property: \_\_\_\_\_

## PRESENT ADDRESS

Property Address: \_\_\_\_\_

Name of Agent / Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Period of Occupancy: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Rent Paid: \$ \_\_\_\_\_ / week

## PREVIOUS ADDRESS

Property Address: \_\_\_\_\_

Name of Agent / Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Period of Occupancy: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Rent Paid: \$ \_\_\_\_\_ / week

## OCCUPATION

Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Length of Time Employed: \_\_\_\_\_ Full Time/Part Time (Hours p/w): \_\_\_\_\_

Net Income (after Tax): \_\_\_\_\_ weekly

## IF SELF EMPLOYED

Name of Business: \_\_\_\_\_

Industry: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Net Income (after Tax): \_\_\_\_\_ weekly

## IF STUDENT

Name of University Attending: \_\_\_\_\_

Name and Length of Course: \_\_\_\_\_

Are you receiving Government Assistance? Yes / No (please provide proof)

Are you receiving Parental/Guardian Assistance? Yes / No (please provide letter)

## PETS

Will you have pets at the property? Yes / No If Yes, How Many: \_\_\_\_\_ Type: \_\_\_\_\_

Are pets registered with Council? Yes / No If Yes, Which Council? \_\_\_\_\_

## Person to Contact in case of Emergency (Not Living with You)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to you (eg: Mum, Brother): \_\_\_\_\_

Address: \_\_\_\_\_

# Applicant 2 (if appropriate)

**PROPERTY ADDRESS:** \_\_\_\_\_

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starting on \_\_\_\_\_, at a rental price of \$ \_\_\_\_\_ per week.

I will also be required to pay a minimum rental bond of 4 weeks rent.

## APPLICANTS DETAILS

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_ Drivers Licence No: \_\_\_\_\_

Is someone else applying with you to rent this property: Yes / No

If Yes, please list name/s \_\_\_\_\_

Name & Age of children to reside at the property: \_\_\_\_\_

## PRESENT ADDRESS

Property Address: \_\_\_\_\_

Name of Agent / Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Period of Occupancy: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Rent Paid: \$ \_\_\_\_\_ / week

## PREVIOUS ADDRESS

Property Address: \_\_\_\_\_

Name of Agent / Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Period of Occupancy: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Rent Paid: \$ \_\_\_\_\_ / week

## OCCUPATION

Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Length of Time Employed: \_\_\_\_\_ Full Time/Part Time (Hours p/w): \_\_\_\_\_

Net Income (after Tax): \_\_\_\_\_ weekly

## IF SELF EMPLOYED

Name of Business: \_\_\_\_\_

Industry: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Net Income (after Tax): \_\_\_\_\_ weekly

## IF STUDENT

Name of University Attending: \_\_\_\_\_

Name and Length of Course: \_\_\_\_\_

Are you receiving Government Assistance? Yes / No (please provide proof)

Are you receiving Parental/Guardian Assistance? Yes / No (please provide letter)

## PETS

Will you have pets at the property? Yes / No If Yes, How Many: \_\_\_\_\_ Type: \_\_\_\_\_

Are pets registered with Council? Yes / No If Yes, Which Council? \_\_\_\_\_

## Person to Contact in case of Emergency (Not Living with You)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to you (eg: Mum, Brother): \_\_\_\_\_

Address: \_\_\_\_\_

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## PERSONAL REFERENCES:

Name: \_\_\_\_\_

Contact Ph No: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Ph No: \_\_\_\_\_

Home Address: \_\_\_\_\_

## UTILITY CONNECTIONS

# YourPorter

Telephone: 1300 400 600  
[www.yourporter.com.au](http://www.yourporter.com.au)

### YourPorter is a FREE service connecting utilities and other services.

If the Agent approves this application, YourPorter will be contacting you by phone, SMS, or email for the purposes of assisting you to connect your utilities within 24 hours of receiving this application for next business day connection.

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Electricity     | <input type="checkbox"/> Gas           | <input type="checkbox"/> Telephone      | <input type="checkbox"/> Pay TV           |
| <input type="checkbox"/> Internet        | <input type="checkbox"/> Car Insurance | <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Home & Contents | <input type="checkbox"/> Home Loans    |   |   |

### DECLARATION AND ACCEPTANCE:

I/We consent to the disclosure of this application form (including any personal information contained in this form) to YourPorter Pty Ltd (ABN 36 252 576 050) for the purpose of allowing YourPorter and its service providers to contact me for the connection of services as offered by YourPorter.

I/We acknowledge that if I/We do not provide my/our personal information, YourPorter will not be able to provide these services to me/us. YourPorter will ensure that my/our personal information is collected, used, held and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth).

I/We acknowledge that YourPorter may receive a benefit in relation to the connection of any of the services listed above. I/We consent to YourPorter contacting me by phone or SMS in relation to the connection of the services listed above. I/We acknowledge that this consent permits YourPorter to contact me even if the numbers listed on this application are listed on the Do Not Call Register. YourPorter will otherwise collect, hold, use and disclose personal information in accordance with their privacy policies, which are available at [www.yourporter.com.au/general/privacy-policy/](http://www.yourporter.com.au/general/privacy-policy/). YourPorter is a free service, but I/We acknowledge that standard connection fees may apply for services connected (in addition to the ongoing service fees).

I/We acknowledge that neither YourPorter nor the Agent accept any responsibility for any delay in or failure to arrange or provide for any connection of a service or for any loss, damage, cost or expense in connection with such delay or failure. By signing this application, I/We understand YourPorter is a value add product and that I/We are under no obligation to use YourPorter.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# TENANCY APPLICATION FORM

## PRIVACYACT ACKNOWLEDGEMENT FOR TENANTS

In accordance with privacy principle 1.3 of the PrivacyAct we require you to read and sign this acknowledgement. I the said applicant declare that I give my permission to the agent to collect my Information and pass such information onto TICA Default Tenancy Control Pty Ltd. I further give my permission for my information to be provided to any other tenancy database for the assessment of my tenancy application. I further give consent to the Agency to contact any of my referees provided by me in my tenancy application. I agree and understand that once a tenancy application has been lodged with a member of a tenancy database and an inquiry made with tenancy database my information may be recorded as making an inquiry. I understand that TICA Default Tenancy Control Pty Ltd is a database company that allows its members access to information accumulated from members about tenants who have breached their tenancy agreements. I agree and understand that should I fail to provide the database member with the information and acknowledgements required the Agency may elect not to proceed with my tenancy application. I acknowledge and understand that TICA Default Tenancy Control Pty Ltd can be contacted on 190 222 0346. I agree that the calls to TICA Default Tenancy Control Pty Ltd are charged at \$5.45 per minute inclusive of GST.

Applicants Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY BELOW

## URGENT REQUEST FOR RENTAL REFERENCE

AGENCY: \_\_\_\_\_

FAX NO: \_\_\_\_\_

Our Agency has received an application for tenancy. The Applicant has provided your details as a current or previous Lessor or Lessor/s Agent, and has authorised us to collect information about the tenancy from you / the Agency. A copy of the applicant's signed Privacy Consent is above.

**Please complete the details below and return the form to our Agency today, as time is critical to both the Applicant and Lessor to finalise the processing of this application.**

TENANT'S NAME: \_\_\_\_\_

PROPERTY RENTED: \_\_\_\_\_

PERIOD OF TIME RENTED THROUGH YOUR AGENCY \_\_\_\_\_ to \_\_\_\_\_

RENT AMOUNT PAID PER WEEK \$ \_\_\_\_\_

Was the tenant listed as a lessee?	YES / NO
Did you / your agency terminate the tenancy?	YES / NO
During the tenancy, was the lessee ever in arrears?	YES / NO
Did the tenant receive any Notice to Remedy's?	YES / NO
If Yes - Reason/s	YES / NO
Were periodic inspections conducted during the tenancy?	YES / NO
Was any damage noted during the inspections?	YES / NO
Were pets kept on the premises without permission?	YES / NO
Did the lessee leave the property clean and tidy?	YES / NO
Was the bond refunded in full?	YES / NO
If No - Reason/s	YES / NO
Would you or your agency rent to them again?	YES / NO

**Please return the completed form today with a copy of the tenant ledger by email [rentals@managedproperty.com.au](mailto:rentals@managedproperty.com.au)**