### 📉 Caboolture REALTY

# **TENANCY APPLICATION FORM**

Please note that this office is a member of Tenancy Information Centre Australia PTY LTD (TICA)

# This application will not be processed until it is filled out completely with copies of all supporting documents attached.

PROPERTY ADDRESS (1st Preference)	
PROPERTY ADDRESS (2nd Preference)	
I WOULD LIKE TO MOVE IN DATE:	
OFFICE MOVE IN DATE:	

### Please read prior to completing your application.

- 1. <u>All</u> intended occupants over the age of 18 must complete an application form.
- 2. The application must be accompanied by relevant supporting documentation (see below).
- 3. Only Bank Cheque, Money Order, Personal Cheque or Credit Card will be taken as initial payment.
- 4. If you are approved you will be required to pay bond (equivalent of 4 weeks rent) plus first 2 weeks rent.
- 5. You will be required to attend a sign-up appointment and pay the minimum of 2 weeks rent within 48 hours of approval to sign lease.

### In most instances, we are able to process your application within 48 hours. If we are unable to contact references/referees, this process may take longer.

1 / V	I / WE AGREE TO PAY MY RENT ON OR BEFORE THE DUE DATE BY ONE OF THESE OPTIONS:			
	YES	Rental Rewards -Direct debit	\$3.00 per month unlimited transactions	
	YES	Credit Card	1.76% (visa, m/card) 2.64% (Amex) for one off payment	
	YES	Money Order / Bank Cheque	Approx. cost from \$5 - \$10	
	YES	Personal Cheque		

Please Supply the following documents (both applicants)

Please note your application WILL NOT be processed until we have all the documents required.

Current Drivers Licence, Passport or 18+ Card	Proof of Current Address – phone bill, utilities
Copy of Medicare Card	Proof of Income- Last months pay slip
Bank Statement – Full current month (Must show name)	Photo of Pets to reside at the property (If Applicable)
Centerlink Income Statement (If Applicable)	

OFFCIE USE ONLY:		VIEWING:	
APPROVED BY:	_ YES / NO / MAYBE	SIGN UP DATE:	_TIME:
APPROVED BY PM:	YES / NO / MAYBE	MOVE IN DATE:	_RENT:
APPROVED BY OWNER:	_YES / NO	LEASE LENGTH APPROVED: 6 MONT	HS:

APPLICANT 1 PERSONAL DETAILS:				
Drivers Licence:	Passport:			
Full Name:	D.O.B //			
Have you been known by any other name? YES / NO Previou	us Name:			
Ph: Home Ph: Work	Ph: Mobile			
Email:				
Are you a Smoker? YES / NO	No. of Vehicles:			
Model/s:	Rego Number/s:			
APPLICANT 1 EM	PLOYMENT DETAILS:			
Occupation:	Net Weekly Income: \$			
Employer:	Period Employed:			
Employers Address:	Phone:			
APPLICANT 1 CURRE	ENT PROPERTY DETAILS:			
Address:				
Period of Occupancy:yearsm				
Reason for Leaving:				
Name of Agency or Owner:	Phone:			
APPLICANT 1 PREVIOUS PROPERTY DETAILS:				
Address:				
Period of Occupancy:yearsmo	onths (Please Circle) RENTING / OWNED / BOARDING			
Reason for Leaving:				
Name of Agency or Owner:	Phone:			
APPLICANT 1 EMERGENCY CONTACT: Name of	Relative or other NOT applying in case of emergency			
Full Name:	Relationship:			
Address:	State: Postcode:			
Ph: Home Ph: Work	Ph: Mobile			
Email:				
	S: Name of Personal Reference			
Full Name:	_Relationship:			
Address:	State: Postcode:			
Ph: Home Ph: Work	Ph: Mobile			
Email:				

APPLICANT 2 PERSONAL DETAILS:				
Drivers Licence:	Passport:			
Full Name:	D.O.B //			
Have you been known by any other name? YES / NO Previo	us Name:			
Ph: Home Ph: Work	Ph: Mobile			
Email:				
Are you a Smoker? YES / NO	No. of Vehicles:			
Model/s:	Rego Number/s:			
APPLICANT 2 EM	PLOYMENT DETAILS:			
Occupation:	Net Weekly Income: \$			
Employer:	Period Employed:			
Employers Address:	Phone:			
APPLICANT 2 CURRE	ENT PROPERTY DETAILS:			
Address:				
Period of Occupancy:yearsm				
Reason for Leaving:				
Name of Agency or Owner:	Phone:			
APPLICANT 2 PREVIOUS PROPERTY DETAILS:				
Address:				
Period of Occupancy:yearsmonths (Please Circle) RENTING / OWNED / BOARDING				
Reason for Leaving:				
Name of Agency or Owner:	Phone:			
APPLICANT 2 EMERGENCY CONTACT: Name of	Relative or other NOT applying in case of emergency			
Full Name:	Relationship:			
Address:	State: Postcode:			
Ph: Home Ph: Work	Ph: Mobile			
Email:				
	S: Name of Personal Reference			
Full Name:	Relationship:			
Address:	State: Postcode:			
Ph: Home Ph: Work	Ph: Mobile			
Email:				

WILL YOU BE APPLYING FOR A DEPARTMENT OF HOUSING LOAN?	YES PROCESSING / PRE-APPROVED / NO
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CHILDREN under 18 years of Age				
Full Name:	Date of Birth / Age: Relationship to Applicants:			

PETS						
Breed:	Inside / Outside	Registered	with Council	De-sexed	YES / NO	Age:
Both Applicants please answer the following Questions: Applicant 1 Applicant 2				)		

Both Applicants please answer the following Questions:	Applicant 1	Applicant 2	
Have you ever been evicted by any lessor or agents?	YES / NO	YES / NO	
Have you ever been refused a property by any lessor or agent?	YES / NO	YES / NO	
Are you in debt to another lessor or agent?	YES / NO	YES / NO	
Is there any reason known to you that would affect your Rental Payment?	YES / NO	YES / NO	
Was your rental bond at your last address refunded in full?	YES / NO	YES / NO	

#### Rental Affordability - PER WEEK

NOTE: If more than one applicant on this application please combine all figures together per week.

Type of Income	Amount per Week	Type of Liabilities	Amount per Week
Income / Wage per week	\$	Car Payments	\$
Government Benefits	\$	Personal Loans	\$
Child Support Received	\$	Credit Card Re-Payments	\$
Rental Income	\$	School Fees	\$
Share Dividends	\$	Child Support Payment	\$
Any other Income	\$	Home Loan	\$
	\$\$	Phone / Mobile / Internet	\$
	\$\$	Electricity / Water	\$
	\$\$	Fuel / Rego / Insurance	\$
		Day to Day Living Expenses	\$
Total Income per Week	\$	_ Total Liabilities per Week	\$

Any Extra details you think we may need to process your application:

#### Collection & Disclosure of Personal Information

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
- Organisations or trades people required to carry out maintenance to the premises
- Rental bond authorities or rent bond insurance providers
- Residential Tenancy Tribunals & Courts (RTA)
- Mercantile Agents
- National Tenancy Database (NTD) a division of Veda Advantage Information Services and Solutions Limited ABN 26 000 602 862
- Other Real Estate Agents & Landlords

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 Principals and the manner in which your private information may be used.

Applicant 1 Full Name:	_Signature:	Date:	_/	
Applicant 2 Full Name:	Signature:	Date:	_/	_/

#### We thank you for applying through Caboolture REALTY. You are welcome to return your application via the following methods:

Email: rentals@caboolturerealty.com.au

(please email all documents in one email or clearly label the subject line with your Name)

#### In Person: Caboolture REALTY 17 King Street, Caboolture QLD 4510 we are Open Mon-Fri 9.00am-5.00pm 07 5495 4733

Please provide copies of all documents for us to keep - we can photocopy for you but for a fee.

Post: Caboolture REALTY 17 King Street, Caboolture QLD 4510



"Come discover the Caboolture REALTY Difference" 17 King Street, Caboolture QLD 4510 Ph: 07 5495 4733 | Fax: 07 5495 7665 ABN 34 106 376 845 Website: www.caboolturerealty.com.au

## 👋 Caboolture REALTY

### DIRECT CONNECT PROVIDES A FREE SERVICE THAT TAKES THE HASSLE OUT OF MOVING.

Simply complete the form below, select the services you would like organized and return this form to your Agent.

Direct Connect will then contact you to confirm your details and service request.



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ELECTRICITY	GAS	INSURANCE	INTERNET	PHONE	PAYTV	REMOVALISTS	CLEANING	TRUCKHIRE

Please tick this box if you would like Direct Connect to contact you in relation to any of the above utilities and other services.

PERSONAL DETAILS:						
Full Name:		D.O.B //				
Ph: Home	Ph: Work	Ph: Mobile				
Email:						
NEW CONNECTION De	tails - I'm moving to:	Connection Date:				
DISCONNECT Details -	Address you are moving out of:	Disconnection Date:				
Once Direct Connect has received 24 hours of the nearest working da Connect's services are free. Howe DECLARATION AND EXECUTION 1. Acknowledge and accept Dire 2. Invite Direct Connect to contar services to you, to enter into r consent will continue for a per 3. Consent to Direct Connect us purpose. Where service provi 4. Authorize Direct Connect to of 5. Agree that, except to the exter services. 6. Acknowledge that Direct Conr such fee. By signing this application for	As suppliers, your services will e refer to Direct Connect's Terr this application Direct Connect will call you to confirm your do y on receipt of this application to confirm your information and wer, the relevant service providers may charge you a standar I: By signing this application, you: ct Connect's Terms and Conditions (which are included with ct you by any means (including by telephone or SMS even if negotiations with you relating to the supply of relevant service ind of 1 year from the date the Customer enters into the Agre ing the information provided by you in this application to arrar ders are engaged by you, they may use this information to co totain the National Metering Identifier and / or the Meter Install in provided in the Terms and Conditions, Direct Connect has the the may receive a fee from service providers, part of which m	this application). the Customer's telephone number is on the Do Not Call Register) in order to provide Direct Connect's s as agent for the service providers, and to market or promote any of the services listed above. This seement. ge for the nominated services, including by providing that information to service providers for this				
Signature:		Date: / /				

DIRECT CONNECT

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Direct Connect Australia Pty Ltd ABN 20 110 316 973 15 Shierlaw Avenue, Canterbury, VIC 3126 Phone. 1300 664 715 Fax. 1300 664 185 www.directconnect.com.au