

APPLICATION FOR TENANCY

Every occupant over 17 years of age **MUST** complete an application

Ray White

Clayfield

It is preferred that all applications are handed to reception, please speak to any of our staff for alternative methods

723 Sandgate Road, Clayfield QLD 4011

Ph: (07) 3262 2434

pm.rwc@raywhite.com

Please allow 24 - 48 hours for processing

PROPERTY ADDRESS: _____

PRIVACY DISCLOSURE STATEMENT OF TOMAR P/L TRADING AS RAY WHITE CLAYFIELD OF 723 SANDGATE ROAD, CLAYFIELD (07) 3262 2434

We are independently owned and operated business. We are bound by the National Privacy Principals. We collect personal information about you in this form to assess your application for a residential tenancy. We may need to collect information about you from your previous landlords or letting agents, your current employer and your referees. We will also check whether any details of tenancy defaults by you are held on a tenancy default database and Barclay MIS. We use the databases operated by TICA and National Tenancy Database. You can find out more information about these databases, their website is at www.tica.com.au & www.ntd.net.au. Your consent to us collecting this information is set out below.

We may disclose personal information about you to the owner of the property to which this application relates. If this application is successful we may disclose your details to service providers relevant to the tenancy relationship including maintenance contractors and the landlord's insurers. We may also send personal information about you to the owners of any other properties at your request.

You have the right to access personal information that we hold about you by contacting our privacy officer (see contact details above). **If you do not complete this form or do not sign the consent then your application for a residential tenancy may not be considered by the owner of the relevant property or, if considered, may be rejected.**

- I agree to supply any required information to assist in the processing of this application and agree that the agent may photocopy any item and retain as part of this application.
- I acknowledge that any false information I provide in this application could jeopardise this application, and any subsequent tenancy agreement I enter into on approval by the lessor or agent.
- I acknowledge and accept that if this application is rejected, the agent is not legally obliged to give reasons for the rejection.
- I the applicant declare that I am not bankrupt and that the rental is within my means.

RECEIVED BY: _____
(agent)

DATE: _____

PRIVACY CONSENT

I, the Applicant acknowledge that I have read the Privacy Notice of Tomar Pty Ltd trading as Ray White Clayfield. I authorise Ray White Clayfield to collect information about me from:

- (a) My previous letting agents and/or landlords;
- (b) My personal referees; and
- (c) My current and previous working history.
- (d) Any Tenancy Default Database (including TICA) which may contain personal information about me. I also authorise Ray White Clayfield to disclose details about any defaults by me under the tenancy to which this application relates to any tenancy default database to which it subscribes including TICA.

I authorise Ray White Clayfield to disclose the personal information it collects about me to the owner of the property, even if the owner is a resident outside Australia.

NAME: _____

SIGNATURE: _____

DATE: _____

I have inspected the premises and wish to take tenancy for the property in its current condition.

I have sighted a copy of the General Tenancy Agreement

Lease Commencement Date: _____

Lease Term: _____

Rent per week: \$ _____

Bond (equivalent of 4 weeks rent) \$ _____

Signature: _____

IF YOU REQUIRE ANY FURTHER INFORMATION PLEASE CONTACT OUR FRIENDLY PROPERTY MANAGEMENT TEAM:
Linda Bryant, Joanne McGlinn Matthew Smith, Heidi Skennar, Stephen Byrnes, Joey Heywood, Sarah McMillan, Matilda Haywood & Shaylah McConnell

REQUEST FOR RENTAL REFERENCE

To: **The Property Manager,**
 From: **Tomar Pty Ltd**
 Phone: **(07) 3262 2266** Fax: **(07) 3262 7023** Email: **clayfield.qld@raywhite.com**

We have received a signed *Application for Tenancy* from:

Name: _____

Who resided at: _____

From: ____ / ____ / ____ To: ____ / ____ / ____

It would be greatly appreciated if you could (subject to the provisions of the *Privacy Act 1988*) complete the following questionnaire and return it to us by fax or email, along with the rental ledger, at your earliest convenience.

1	LISTED AS TENANTS	Were the above applicants listed as tenants: <input type="checkbox"/> Yes <input type="checkbox"/> No
2	RENTAL PERIOD	From: ____ / ____ / ____ To: ____ / ____ / ____
3	TERMINATION OF THE LEASE	Terminated by: <input type="checkbox"/> Tenant <input type="checkbox"/> Agent Reason for termination: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
4	RENT PAYMENT	Rent amount: _____ per _____ Payment received on time: <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> _____
5	BREACHES ISSUED	Number of <i>RTA Form 11 - Notice to Remedy Breach</i> issued: _____
6	ROUTINE INSPECTIONS	Carried out: <input type="checkbox"/> Yes <input type="checkbox"/> No Tenancy issues arising from inspections: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
7	PETS	Animals kept at the Property: <input type="checkbox"/> Yes <input type="checkbox"/> No Type/s: _____ Problems caused by the pets: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
8	PROPERTY	1. Has the Property been well maintained during the tenancy: <input type="checkbox"/> Yes <input type="checkbox"/> No OR 2. If the Tenant has vacated, was the Property left clean and undamaged apart from general wear and tear on vacating: <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
9	HAND OVER	Was tenancy handover delayed: <input type="checkbox"/> Yes <input type="checkbox"/> No Period: _____
10	RENTAL BOND	1. Do you anticipate the full rental bond to be refunded: <input type="checkbox"/> Yes <input type="checkbox"/> No OR 2. Was the full rental bond refunded: <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
11	FUTURE RENTING POTENTIAL	Would you rent to these tenants again: <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
12	SIGNATURES	I authorise the Agent to forward this questionnaire to all previous Agents &/or Lessors where I have rented and request that they honestly complete the form. Applicant 1: _____ Date: ____ / ____ / ____ Applicant 2: _____ Date: ____ / ____ / ____ Applicant 3: _____ Date: ____ / ____ / ____ Applicant 4: _____ Date: ____ / ____ / ____

PERSONAL DETAILS

Family Name: First Name:
Know by any other name: Driver's Licence Number:
Date Of birth: Email:
Phones: Home: Work: Mobile:
Smoker: YES ☐ NO ☐
Do you have a PO Box Address? YES / NO. If YES please supply:
.....

Full names of all other persons who will occupy the property – *(Show ages of all children)*

All applicants over 17 must complete a separate application form
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All items listed must be supplied before application can be processed

- 1. Photo Identification – Passport/Drivers Licence/18+ Card/Student ID**
- 2. Minimum of TWO pay slips OR Centrelink statement**
- 3. Last FOUR rent receipts or Copy of tenant's payment ledger**
- 4. Copy of previous accounts eg: Telstra, Energex, Gas, etc.**
- 5. Current Motor Vehicle Registration papers.**
- 6. Current Rates Notice (if home owner)**

EMPLOYMENT:

Occupation/Job Title/Position:
Nett weekly income \$:
Other sources of income:
What day of each week/fortnight is your payday:
Period with current employer:
Employer:
Employer's address:
Phone number for HR or Manager:

If self employed -

Name of business:
How long self employed: A.B.N A.C.N
Address:
Industry: Phone:
Name of Accountant: Phone:
(Please provide statement from CPA confirming earning)

Are you a student?

Place of Study:
Course Name:
Course End Date:

ADDRESS DETAILS

Current Address:
Period of occupancy at current address:
Reason for leaving current address:
Rent Paid Per Week \$:
Name of Agent or Owner: Daytime Phone:
Agent/Owner Address:

Previous Address:
Period of occupancy at previous address:
Reason for leaving previous address:
Rent paid at previous address:
Name of Agent or Owner: Daytime Phone:
Address:

OTHER INFORMATION

Pets – List any pets owned – State breed
Are the pets registered with the council? Yes / No – which Council?

Vehicle Information –

Car Registration No: Car owned or leased:
Model: How many vehicles will be at the property:

General Information-

Have you ever been evicted by any lessor or agent?	Yes/No
Have you ever been refused another property by any lessor or agent?	Yes/No
Are you in debt to another lessor or agent?	Yes/No
Is there any reason known to you that would affect your rent payment?	Yes/No
Was your rental bond at your last address refunded in full?	Yes/No
If NO – what deductions were made? Rent Arrears: \$ Repairs: \$ Cleaning: \$	

REFERENCES/ EMERGENCY CONTACT

Personal Referee (Do not include relatives, partners or spouses):

Name:
Address:
..... Day time Phone

Business/Professional Referee: (Work Colleague or Professional Person)

Name:
Address:
..... Day time Phone:

Emergency Contact:

- Name: Relationship:
Address: Phone:
- Name: Relationship:
Address: Phone: