

11 Cooper Street  
MACKSVILLE 2448

Tel: 02 6568 1081  
Fax: 02 6568 3461

5 Adin Street  
SCOTIS HEAD 2447

Tel: 02 6569 8399  
Fax: 02 6569 8363



## Tenancy Application Form

**A COMPLETED AND SIGNED APPLICATION FORM WITH PHOTO COPIES OF PHOTO ID AND PROOF OF INCOME MUST BE SUBMITTED BY EACH ADULT PRIOR TO A PROPERLY INSPECTED BEING ARRANGED. This office can not disclose reasons for unsuccessful applications and the application is then destroyed.**

### PROPERTY DETAILS

Address of Property:

Lease commencement date:

Lease Term:

No. occupying the property:

How many children:

Children ages:

No. and type of pets:

### PERSO NAL DETAILS

Given Name (s):

Surname:

Current Address:

Home Phone:

Work Phone:

Mobile:

Fax:

Email:

Date of Birth:

Drivers Licence No:

Drivers Licence State:

Passport No:

Passport Country:

### NEXT OF KIN

Given Name (s):

Surname:

Relationship:

Address:

Phone:

Mobile:

Email:

### CURRENT TENANCY DETAILS

Length of time at current address:

Rent Paid:

Reason for leaving:

Name of Landlord / Agent:

Phone:

**PREVIOUS RENTAL HISTORY 1**

|                                       |    |            |
|---------------------------------------|----|------------|
| Previous Address:                     |    |            |
| Length of time at above address: From | to | Rent Paid: |
| Name of Landlord / Agent:             |    | Phone:     |

**PREVIOUS RENTAL HISTORY 2**

|                                       |    |            |
|---------------------------------------|----|------------|
| Previous Address:                     |    |            |
| Length of time at above address: From | to | Rent Paid: |
| Name of Landlord / Agent:             |    | Phone:     |

**CURRENT EMPLOYMENT and INCOME DETAILS**

|                                  |                       |  |
|----------------------------------|-----------------------|--|
| Occupation:                      | Current Employer:     |  |
| Employers Address:               |                       |  |
| Contact Name (payroll/ manager): | Contact Number:       |  |
| Length of Employment: From       | Net weekly income: \$ |  |

**AND/ OR**

|                          |                        |
|--------------------------|------------------------|
| CENTRELINK PAYMENT TYPE: | Net weekly payment: \$ |
|--------------------------|------------------------|

**SELF EMPLOYMENT DETAILS**

|                    |                |
|--------------------|----------------|
| Company Name:      | Business Type: |
| Business Address:  |                |
| Position Held:     | ABN:           |
| Accountant Name:   | Phone:         |
| Net Income: \$ per |                |

**PREVIOUS EMPLOYMENT**

|                                  |                    |                       |
|----------------------------------|--------------------|-----------------------|
| Occupation:                      | Previous Employer: |                       |
| Employers Address:               |                    |                       |
| Contact Name (payroll/ manager): | Contact Number:    |                       |
| Length of Employment: From       | to                 | Net weekly income: \$ |

**STUDENT INFORMATION**

|                      |                         |
|----------------------|-------------------------|
| Place of Study:      | Course Name:            |
| Course Length:       | Enrolment / Student No: |
| Campus Contact:      | Contact Number:         |
| Course Co-ordinator: | Contact Number:         |

**REFEREES**

|                       |               |
|-----------------------|---------------|
| Business referee (1): | Relationship: |
| Phone:                | Mobile:       |
| Personal referee (1): | Relationship: |
| Phone:                | Mobile:       |

**Please answer the following:**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Have any of your previous tenancies been terminated?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you in debt to another Lessor or Agent?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there an existing reason that may affect your rent payment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please provide details:                                |                              |                             |

**PLEASE NOTE:**

- **You must provide your own photocopies for the 100 point ID check and have the originals available for sighting**
- **Each applicant must provide photo identification**
- **Each applicant must also supply at least one of the following:  
Passport, Medicare card, Health Care Card.**

**100 POINT IDENTIFICATION CHECK**

| Item  | <input type="checkbox"/> | Po ints | Initial | <input type="checkbox"/>                               | Po ints                  | Initial |
|---|--------------------------|---------|---------|--|--------------------------|---------|
| Drive rs Lic e n c e                            | <input type="checkbox"/> | 40      |         | Ve hic le Re g i s t r a t i o n C e r t i f i c a t e | <input type="checkbox"/> | 20      |
| Pa s s p o r t                                  | <input type="checkbox"/> | 40      |         | Ba n k S t a t e m e n t                               | <input type="checkbox"/> | 20      |
| O t h e r P h o t o I D                         | <input type="checkbox"/> | 20      |         | T e l e p h o n e A c c o u n t                        | <input type="checkbox"/> | 20      |
| C u r r e n t W a g e A d v i c e               | <input type="checkbox"/> | 30      |         | E l e c t r i c i t y A c c o u n t                    | <input type="checkbox"/> | 20      |
| P r e v i o u s T e n a n c y R e f e r e n c e | <input type="checkbox"/> | 20      |         | G a s A c c o u n t                                    | <input type="checkbox"/> | 20      |
| P r e v i o u s 2 R e n t R e c e i p t s       | <input type="checkbox"/> | 20      |         | M e d i c a r e / H e a l t h C a r e C a r d          | <input type="checkbox"/> | 20      |

**PRIVACY DISCLOSURE STATEMENT**

**PRIVACY DISCLOSURE STATEMENT OF A.S. McNeill Real Estate**

We are an independently owned and operated business. We are bound by the National Privacy Principles. 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 or previous employer and your referees. 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 office. If you do not complete this form or do not sign the consent below then your application for a residential tenancy may not be considered by the owner of the relevant property or, if considered, may be rejected.

**PRIVACY CONSENT**

I the Applicant acknowledge that I have read the Privacy Notice of A S McNeill Real Estate. I authorise A S McNeill Real Estate to collect information about me from:

1. My Previous letting agents and/or landlords;
2. My personal referees and any other whose details I have provided with this application;
3. Any Tenancy Default Database which may contain personal information about me. I also authorise A S McNeill Real Estate 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 Tenancy Information Centre of Australia (TICA), National Tenancy Database (NID) and/or Trading Reference Australia (TRA).

I authorise A S McNeill Real Estate to disclose the personal information it collects about me to the owner of the property even if the owner is a resident outside Australia and to any third parties – valuers, contractors, sales people, insurance companies, body corporates, other agents and tenancy default databases.

\_\_\_\_\_

**Tenant Name** **Signature** **Date**

**DECLARATION**

I hereby offer to rent the property from the Owner under a lease to be prepared by the Agent. I acknowledge that I will be required to pay the following amounts:

|   |                |           |
|---|----------------|-----------|
| \$  | rent per week. |           |
| Rental Bond equivalent to four weeks rent:                                  |                | \$        |
| Two weeks of rent in advance:   |                | \$        |
| Tenancy Agreement preparation fee:  |                | \$ 15.00  |
| <b>Total to pay before start of Agreement:</b>                              |                | <b>\$</b> |
| Amount payable on Signing Tenancy Agreement (\$15 plus two wks in advance): |                | \$        |

I acknowledge that this application is subject to the approval of the property Owner. I declare that all information contained in this application is true and correct and given of my own free will. I declare that I have inspected the premises and am satisfied with the current condition and cleanliness of the property.

\_\_\_\_\_

**Tenant Name** **Signature** **Date**