TENANCY APPLICATION Raine & Horne

160 Haly Street KINGAROY QLD 4350 Phone: (07)41622144

Fax: (07) 4162345<u>5</u>

Email: property.kingaroy@rh.com.au

roperty Address applying		
One Application to be completed per person		
You are required to meet a 100 point identification c These are to be photoco	riteria upon submission of your application. pied by Raine & Horne.	
Failure to provide these documents may result in our Raine & Horne also reserves the right to refuse incom 10 Points: Medicare Card, Motor Vehicle Registration 30 Points: Bank Statements, recent utility accounts eg 40 Points: Drivers Licence, Passport, 18+ Card, Birth C	nplete application forms. Papers : phone, electricity or gas.	
You are also required to supply the agent with proof Employed: Last TWO Pay slips Self Employed: Bank Statements, Group Certificates o Not Employed: Centrelink Statement		
If you are currently renting a property the last four r	ent receipts are required for photocopying.	
,, year and a service,	•	
This application cannot be processed until it is compl Our agency staff will contact you within 24-48 BUSIN General Tenancy Agreement will need to be signed b	ete with copies of supporting documents attach ESS hours. If the application is approved, the y all the lease holders and a holding deposit of c	
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Application for Residential Tenancy



Do you rent or own this property? Phones: Work	Home
Current Agent/Lessor	Agent/Lessor Name: Agent/Lessors Address: Time Period at premises: Years Months Phone: F a x : Mobile: Rent per week \$ Reason for leaving:
Are you in debt to another agent/lessor? Yes/No Do you have any outstanding personal loans or de	Yes/No ect your ability to pay rent? Yes/No ed in full? Yes/No made from your bond?
Pets- Will there be pets residing at the property?	Yes/No (If yes, complete Pet Application & Agreement page7)
Have you any dependants? Number: Full Name and Ages: How many dependants will be living at the proper	
Please list all vehicles that will be at the prop Types:	perty: Number of vehicles
Full name of other people that will be living in the dependants	

If you are a STUDENT, What University, TAFE or Sc	hool do you attend?
Are you Employed? Yes/No Full time/ Casual/ Part Time/ Centrelink/ Other Occupation: Company: Address: Length of Employment: Net Weekly Income: \$	Previous Employment Full Time/ Casual/ Part Time/ Centerlink/ Other Occupation: Company: Address: Length of Employment: Name of Employer: Phone: Reason for Leaving:
If Self Employed Yes/No Business Name: Occupation: Address of Business: Length of Self Employment: Net Weekly Income: \$	Centerlink Payments Name of Entitlement/s: Fortnightly Payment 1 received \$ Fortnightly Payment 2 received \$ Will you be receiving rent assistance? Yes/No Do you receive maintenance support? Yes/No If yes, how much per week? \$
Personal References (DO NOT INCLUDE RELATIVES A CONTACT) Each Applica 1.Name	ND ENSURE PHONE NUMBERS ARE DAYTIME ant must have different references. Mobile: Mobile:
Work/Business References 1.Name	Mobile: Mobile:
Other Relatives not living with you 1.Name	Mobile: Mobile:
Parents/Guardians 1.Parent/ Guardians Name	Phone: Mobile:

DISCLAIMER/AUTHORITY

I confirm following:

- 1. I have been informed, understand and agree that should this application not be accepted, Raine & Horne is not required to disclose why or supply any reason for the rejection of this application.
- 2. I have been informed, understand and agree that any false information I provide could jeopardise this application and any subsequent Tenancy Agreement I enter into on approval of Raine & Horne.

Should this application be accepted by the landlord I agree to enter Into a Residential Tenancy Agreement. l acknowledge that this application is subject to the approval of the owner/landlord.

I declare that all information contained in this application (including the reverse side) is true and correct and given of my own free will.

I declare that I have inspected the premises and am not bankrupt.

I authorise the Agent to obtain personal Information from

- (a) The owner or the Agent of my current or previous residence;
- (b) My personal referees and employer/s;
- (c) Any record listing or database of defaults by tenants such as NTD, TICA or TRA for the purpose of checking your tenancy history; I am aware that I may access my personal information by contacting - • NTD: 1300 563 826 • TICA: 1902 220 346 • TRA: (02) 9363 9244 If I default under a rental agreement,

I agree that the Agent may disclose details of any such default to a tenancy default database, and to agents/landlords of properties I may apply for in the future. I am aware that the Agent will use and disclose my personal information in order to

- (a) communicate with the owner and select a tenant
- (b) prepare lease/tenancy documents

- (c) allow tradespeople or equivalent organisations to contact me
- (d) lodge/claim/transfer to/from a Bond Authority
- (e) refer to Tribunals/Courts & Statutory Authorities (where applicable)
- (f) refer to collection agents/lawyers (where applicable)
- (g) complete a credit check with NTD (National Tenancies Database)

I DELCARE THAT THE INFORMATION PROVIDED IS TRUE & CORRECT.

I CONSENT TO THIS APPLICATION BEING VERIFIED AND TO THE ACCESS OF THE TENANCY INFORMATION CENTRE OF AUSTRALIA AND NATIONAL TENANCY DATABASE RECORDS FOR INFORMATION ABOUT MY TENANCY HISTORY IF APPLICABLE.

I APPLY FOR APPROVAL TO RENT THE PREMISES REFERRED TO IN THIS FORM AND ACKNOWLEDGE THAT MY APPLICATION WILL BE REFERRED TO THE LESSOR OF THE PROPERTY FOR HIS/HER CONSIDERATION. I DECLARE THAT I AM NOT BANKRUPT OR AN UNDISCHARGED BANKRUPT.

Α	APPLICANT NAME
Α	APPLICANT SIGNATURE
	PRIVACY ACT ACKNOWLEDGEMENT
	In accordance with Section 18n (1)(b) of the Privacy Act I authorise Raine & Horne to give information to and obtain information from the tenant database named on the front of the Application form, all credit providers, employers and
	references named in this application. I understand this can include information about my credit worthiness, credit standing, credit history or credit capacity. I understand this information may be used to assess my application.
	APPLICANT NAME
	APPLICANT SIGNATURE