

Address Shop 2 658 David Low Way Pacific Paradise QLD 4564

P (07) 5448 8088 F (07) 5448 8234 E info@kennedyprop.com.au W www.kennedyprop.com.au

Contact

# APPLICATION FOR RESIDENTIAL TENANCY

#### **Application Procedures, Bond and Deposit Policies**

Please note:

- 1. I/We acknowledge that this application will take approx. <u>3 working days</u> to process. Insufficient information or if we cannot contact your referees this will delay or stop its processing.
- 2. Our office will ring you immediately when a decision has been made on your application's APPROVAL only. If you do not get an approval phone call unfortunately your application was unsuccessful.
- 3. I/We acknowledge that both the lessor and I/we as tenant/s are bound by this application immediately on communication of the lessor's or his agent's acceptance of it.
- 4. I/We agree that if our application is successful, to pay the first 2 weeks rent deposit within 24 hours of communication of acceptance. We acknowledge the property could be forfeited if I/we do not comply. The deposit paid is non refundable.
- 5. Full bond (equal to four weeks rent) and two weeks rent must be paid prior to possession of the property or on handover of the keys.
- 6. Bond transfers are not accepted by this office.
- 7. I/we agree to supply any of the following information to assist in the processing of this application and agree that the agent may copy any item and retain as part of this application.

PROPERTY APPLYING FOR:		
APPLICANT'S NAME/S:		
ONTACT MOBILE NUMBER:		
OTHER OCCUPANTS	(e.g. children)	
		st also complete a separate application form.
Full Name	Date of Birth & Age	Relationship to Applicant/s

#### IDENTIFICATION AND EVIDENCE OF CAPACITY TO PAY RENT

Before any application will be processed, each applicant must provide the following:

(Please circle)	Applicant 1	Applicant 2
Photo Identification – Passport or Drivers Licence	Yes/No	Yes/No
Most recent rent receipts or tenant ledger	Yes/No	Yes/No
3. Written reference from landlord, if private rental	Yes/No	Yes/No
4. Payslips (min. 3) or letter from Employer stating Employer contact	İ .	
And salary details	Yes/No	Yes/No
5. Centrelink Income Statement (if applicable)	Yes/No	Yes/No
6. If Self Employed: Copy of Last Income Tax Notice of Assessment	,	
Latest BAS return and bank statements	Yes/No	Yes/No
7. Rates notice (if you own or have just sold your own property)	Yes/No	Yes/No



## **APPLICANT 1**

		Date of Birth:
Drivers Licence No:	Are you a S	Smoker (please circle): Yes No
Hm Ph:	Wrk Ph:	
Mob Ph:	E-mail:	
Present Address:		Rent \$
Period of occupancy:	Reason for leaving:	:
Agent/Owner:	Phone:	Fax:
Previous Address:		Rent \$
Period of occupancy:	Reason for leaving:	
Agent/Owner:	Phone:	Fax:
Occupation/Employer:		Phone:
Length of Employment:		Net weekly income: \$
Person to speak to regarding your en	nployment:	
If period of employment is less than 3	3 months, please provide employment	t details prior to your current position:
	, года года года года года года года года	
Length of Employment:		Net weekly income: \$
If self-employed Name of Business: _		ABN/ACN:
Name of Accountant:		Phone:
		Prione:Student ID #:
If you are a Student: Name of Institut	tion:	Phone:  Student ID #:  Net weekly Income: \$
If you are a Student: Name of Institut Income Source:  If you receive a Centrelink Paymen	tion: nt, payment received each Fortnigh	Student ID #:  Net weekly Income: \$
If you are a Student: Name of Institut Income Source:  If you receive a Centrelink Paymen Please attached your Centrelink In	tion: nt, payment received each Fortnigh	Student ID #:  Net weekly Income: \$  nt: \$
If you are a Student: Name of Institut Income Source:  If you receive a Centrelink Paymen Please attached your Centrelink In Personal Referees (DO NOT INCLUI	nt, payment received each Fortnigh acome Statement  DE RELATIVES, EMPLOYERS, LAND	Student ID #:  Net weekly Income: \$  nt: \$  DLORDS/PREVIOUS LANDLORDS)
If you are a Student: Name of Institut Income Source:  If you receive a Centrelink Paymen Please attached your Centrelink In Personal Referees (DO NOT INCLUI  (1) Full Name:	nt, payment received each Fortnighn ocome Statement  DE RELATIVES, EMPLOYERS, LANG	Student ID #:  Net weekly Income: \$  It: \$  DLORDS/PREVIOUS LANDLORDS)  Phone:
If you are a Student: Name of Institut Income Source:  If you receive a Centrelink Paymen Please attached your Centrelink In Personal Referees (DO NOT INCLUI  (1) Full Name:  (2) Full Name:	nt, payment received each Fortnigh ncome Statement  DE RELATIVES, EMPLOYERS, LAND	Student ID #:  Net weekly Income: \$  It: \$  DLORDS/PREVIOUS LANDLORDS)  Phone:
If you are a Student: Name of Institut Income Source:  If you receive a Centrelink Paymen Please attached your Centrelink In Personal Referees (DO NOT INCLUI  (1) Full Name:  (2) Full Name:  Next of Kin/Relatives or other person	nt, payment received each Fortnigh acome Statement  DE RELATIVES, EMPLOYERS, LANG	Student ID #:  Net weekly Income: \$  nt: \$  DLORDS/PREVIOUS LANDLORDS)  Phone:  Phone:
If you are a Student: Name of Institut Income Source:  If you receive a Centrelink Paymen Please attached your Centrelink In Personal Referees (DO NOT INCLUI (1) Full Name:  (2) Full Name:  Next of Kin/Relatives or other person (1) Full Name:	nt, payment received each Fortnigh acome Statement  DE RELATIVES, EMPLOYERS, LANG  as to contact in case of emergency  Address:	Student ID #:  Net weekly Income: \$  nt: \$  DLORDS/PREVIOUS LANDLORDS)  Phone:  Phone:
Income Source:  If you receive a Centrelink Paymen Please attached your Centrelink In  Personal Referees (DO NOT INCLUI  (1) Full Name:  (2) Full Name:  Next of Kin/Relatives or other person  (1) Full Name:  Relationship:	nt, payment received each Fortnigh acome Statement  DE RELATIVES, EMPLOYERS, LANG  ins to contact in case of emergency  Address:  Phone:	Student ID #:  Net weekly Income: \$  nt: \$



## **APPLICANT 2**

Full Name:		Date of Birth:
Drivers Licence No:	Are you	a Smoker (please circle): Yes No
Hm Ph:	Wrk Ph:	
Mob Ph:	E-mail:	
Present Address:		Rent \$
Period of occupancy:	Reason for leavi	ing:
Agent/Owner:	Phone:	Fax:
Previous Address:		Rent \$
Period of occupancy:	Reason for leavi	ing:
Agent/Owner:	Phone:	Fax:
Occupation/Employer:		Phone:
Length of Employment:		Net weekly income: \$
Person to speak to regarding your em	nployment:	
If period of employment is less tha	ո 3 months, please provide emլ	ployment details prior to your current posit
Occupation/Employer:		Phone:
Length of Employment:		Net weekly income: \$
If self-employed Name of Business	<b>3:</b>	ABN/ACN:
Name of Accountant:		Phone:
Name of Accountant.		
		Student ID #:
If you are a Student: Name of Institution	ion:	Student ID #:
If you are a Student: Name of Institution Income Source:  If you receive a Centrelink Payment	ion: nt, payment received each Fortn	Student ID #: Net weekly Income: \$
If you are a Student: Name of Institution Income Source:  If you receive a Centrelink Payment Please attached your Centrelink Income	nt, payment received each Fortni come Statement	Student ID #: Net weekly Income: \$
If you are a Student: Name of Institution Income Source:  If you receive a Centrelink Payment Please attached your Centrelink Income Personal Referees (DO NOT INCLUDE)	ion:  It, payment received each Fortniceome Statement  DE RELATIVES, EMPLOYERS, LA	Student ID #:  Net weekly Income: \$  ight: \$  ANDLORDS/PREVIOUS LANDLORDS)
If you are a Student: Name of Institution Income Source:  If you receive a Centrelink Payment Please attached your Centrelink Income Personal Referees (DO NOT INCLUDE)  (1) Full Name:	ion:  It, payment received each Fortnicome Statement  DE RELATIVES, EMPLOYERS, LA	Student ID #:  Net weekly Income: \$  ight: \$  ANDLORDS/PREVIOUS LANDLORDS)  Phone:
If you are a Student: Name of Institution Income Source:  If you receive a Centrelink Payment Please attached your Centrelink Inc Personal Referees (DO NOT INCLUD  (1) Full Name:  (2) Full Name:	ion: ht, payment received each Fortni come Statement DE RELATIVES, EMPLOYERS, LA	Student ID #:  Net weekly Income: \$  ight: \$  ANDLORDS/PREVIOUS LANDLORDS)  Phone:  Phone:
If you are a Student: Name of Institution Income Source:  If you receive a Centrelink Payment Please attached your Centrelink Inco Personal Referees (DO NOT INCLUD  (1) Full Name:  (2) Full Name:  Next of Kin/Relatives or other persons	ion:  It, payment received each Fortnicome Statement  DE RELATIVES, EMPLOYERS, LA	Student ID #:  Net weekly Income: \$  ight: \$  ANDLORDS/PREVIOUS LANDLORDS)  Phone:  Phone:
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Pets - List any Pets owned – State breed, age and name:					
PET # 1:					
Are the pets reg	gistered with the Council (please c	ircle one):	Yes / No - If Yes	s which Council?	
Are the pets out	tdoor or indoor pets (please circle	one):	Indoors Only / C	Outdoors Only / Bot	h Indoors and Outdoors
Vehicles –	Total Number of vehicles	to be kep	ot at premises:		
Car Regist	ration No:	_ Make a	ınd Model:		Owned / Financed
Car Regist	ration No:	_ Make a	ınd Model:		Owned / Financed
Car Regist	ration No:	_ Make a	ınd Model:		Owned / Financed
	Declara	tion and	d Signing		
IMMs the one	diagnes have increased the		u O wiele te med	ko omplication fa	w a tamanay mariad of
	olicants have inspected th				r a tenancy period of
	months commencir		/	/20	
at a rental o	f \$ pe	r week			
Applicant 1	Full Name:			_ Date:	
	Signature:				
	Oignaturo.			_	
Applicant 2					
	Full Name:			Date:	
	Full Name:				



## **Privacy Act Acknowledgement for Tenants**

In accordance with Privacy Principle 1.3 of the Privacy Act we require you to read and sign this acknowledgement. As professional property managers Peter Kennedy Realty Pty Ltd trading as Kennedy Property will collect personal information about you. You can ask for access to the Personal information we have about you, by contacting us via —

Telephone: (07) 5448 8088 Facsimile: (07) 5448 8234

Email: rentals@kennedyprop.com.au In Person: Shop 2, 658 David Low Way,

Pacific Paradise

Personal information is collected from Tenants or potential Tenants in the course of a Tenancy Application and any subsequent Tenancy of the premises you have requested and if the risk is considered acceptable, to provide you with the lease/tenancy of the premises.

To carry out this role and during the term of your tenancy, we usually disclose your personal information to:

- The Landlord
- The Landlord's lawyers
- The Landlord's mortgagee / insurers
- Referees you have nominated
- Organisations / trades people required to carry out maintenance to the premises
- Rental Bond Authorities
- Residential Tenancy Tribunals/Courts
- Mercantile Agents
- TICA Default Tenancy Control Pty Ltd
- National Tenancy Database Pty Ltd
- Other Real Estate Agents & Landlords SECONDARY PURPOSES
- · Other Third Parties as Required by Law

Information already held on tenancy reference databases may also be disclosed to Kennedy Property. If the tenant fails to comply with their obligations under the Tenancy Agreement, that fact may also be disclosed to the Landlord, other agents and operators of tenancy reference databases. 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.

I/we the said Applicants declare that I/we give our permission to Kennedy Property to collect my/our information and pass such information on the National Tenancy Database Pty Itd and/or TICA Default Tenancy Control Pty Ltd. I/we further give my/our permission for my/our information to be provided to any other tenancy database for the assessment of my/our Application for Tenancy. I/we further give consent to Kennedy Property to contact any of my/our referees provided by me/us in my/our Application for Tenancy.

I/we agree and understand that once an Application for Tenancy has been lodged with Kennedy Property and an inquiry made with a tenancy database my/our information file in that tenancy database may record the making of an inquiry.

I/we agree that in the event of a default occurring under a tenancy Agreement I/we give my/our permission to Kennedy Property to register any of my/our details of such breach with a tenancy database. I/we further agree and understand that the removal of such information from a tenancy database is subject to the conditions of the Database Company.

I/we 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/we agree and understand that should I/we fail to provide Kennedy Property with the information and acknowledgements required by Kennedy Property it may elect not to proceed with my/our Tenancy application. I/we agree and understand that a listing with TICA Default Tenancy Control Pty Ltd could have an adverse effect on my/our ability to obtain future accommodation.

I/we acknowledge and understand that TICA Default Tenancy Control Pty Ltd can be contacted on 190 222 0346. I/we agree that calls to TICA Default Tenancy Control Pty Ltd are charged at \$4.50 per minute inclusive of GST.

Applicant 1	Name:	
	Signature:	Date:
Applicant 2	Name:	
	Signature:	Date:



2/658 David Low Way, Pacific Paradise QLD 4564

Phone: (07) 5448 8088 Fax: (07) 5448 8234

APPLICANT TO COMPLET	E THIS SECTION ONLY
CURRENT or PREVIOUS Real Estate Name:	Fax No:
Tenant Name/s on Lease:	
Previous Rental Address:	
Tenant Signature Approving Reference Request :_	
Please complete the relevant sections below 24 hours to info@kennedyprop.com.au, ac	
Was the above tenant the actual lessee at the providence	ed address? YES / NO
ength of Tenancy:	from/ to/or Current
Did your Office Terminate the Tenancy? f yes, Reason?	YES / NO
What was the Weekly Rent being paid?	\$ (PLEASE SUPPLY LEDGER)
Were Rent Payments:	In Advance On Time In Arrears Erratic
Were any Form 11's issued?	YES / NO Reason
Were any Form 12's issued?	YES / NO Reason
Were Inspections carried out?	YES / NO
How were Internal Inspections?	Unsatisfactory Fair Good Excellent
Were pets kept at the property?	YES / NO Type How Many
Was Bond Refunded to Tenant in Full?	YES / NO HAS NOT VACATED
Describe Any Deductions From Bond?	
Would you Rent to this Tenant Again?	YES / NO
Additional Comments:	
Completed by: Date:	

PLEASE ATTACH TENANT LEDGER



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APPLICANT TO COMPLET	E THIS SECTION ONLY
CUURENT OR PREVIOUS Real Estate Name:	Fax No:
Tenant Name/s on Lease:	
Previous Rental Address:	
Tenant Signature Approving Reference Request :_	
Please complete the relevant sections below 24 hours to info@kennedyprop.com.au, ac	
Was the above tenant the actual lessee at the provide	ed address? YES / NO
ength of Tenancy:	from/ to/or Current
Did your Office Terminate the Tenancy? f yes, Reason?	YES / NO
What was the Weekly Rent being paid?	\$ (PLEASE SUPPLY LEDGER)
Were Rent Payments:	In Advance On Time In Arrears Erratic
Were any Form 11's issued?	YES / NO Reason
Were any Form 12's issued?	YES / NO Reason
Were Inspections carried out?	YES / NO
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Would you Rent to this Tenant Again?	YES / NO
Additional Comments:	
Completed by: Date:	

PLEASE ATTACH TENANT LEDGER