

APPLICATION FOR RESIDENTIAL TENANCY

(to be completed by all adult applicants and unaccompanied minors)

You are required to meet a 100-point identification criterion upon submission of your application. The agent / lessor may photocopy any item and retain as part of your application. Please circle the identifying documents you have provided.

IMPORTANT: At least one form of Photo Identification <u>AND</u> your Proof of Income <u>MUST</u> be provided.

If you are employed: Last TWO pay slips; If you are self-employed: Bank Statements, Group Certificate, Tax Return or Accountant's Letter; If you are not employed: Centrelink Statement.

	Applicant 1	Applicant 2
Drivers License / 18+ Card (original MUST be sighted)	40 points	40 points
Passport	40 points	40 points
Student card / Other Photo ID	30 points	30 points
Last 4 rent receipts / Tenant Ledger	30 points	30 points
Original Birth Certificate / Citizenship Certificate	20 points	20 points
Current Vehicle Registration papers	20 points	20 points
Previous Landlord / Agency Reference	20 points	20 points
Accounts for: Phone, electricity, gas, phone etc (each)	10 points	10 points
Health Care Card / Medicare Card	10 points	10 points
Credit Card / Bank Card / Bank Statement	10 points	10 points
TOTAL		

IF YOU ARE UNABLE TO MEET THESE REQUIREMENTS, PLEASE SPEAK TO THE PROPERTY MANAGER

Dev Prem Pty Ltd T/as STAR REALTY Phone: 07 3857 3493 Fax: 3357 4399



PROPERTY DETAILS			
Address:			
Commencement Date:	/ /20		
Lease Term:	6 months / 12 months / Other:		
Weekly Rent:	\$		
Bond (4 x weekly rent):	\$ ** Please note bond transfers are i	not accepted **	
TOTAL PAYABLE ON AC	CEPTANCE OF APPLICATION:	\$	
		(Bond + 2 weeks r	,
	will not hand over possession of the eks rent in advance has been receiv		nd monies + 2
Will the Premises be used	for business purposes?		YES / NO
OCCUPANTS			
Number of Intended Occup	pants: Adults:	Children:	
Are you or any of the depe	endants living with you a smoker?		YES / NO
PETS			
Do you intend to keep pets	s at the property?		YES / NO
Type / Breed:		Nun	nber:
Type / Breed:		Nun	nber:
Type / Breed:		Nun	nber:
Are your pets registered w	ith a council?		YES / NO
If Yes, please state which	council:		
UTILITY CONNECTION -	ON THE MOVE		
successful? This is a total such as electricity, gas, connect and move your culf so, please ensure that	nge the utility connections should y lly FREE, no obligation service to he internet, foxtel, phone, contents irrent services, all done in 1 simple of you have indicated what services The Move application form attack	elp you with things insurance. They call! s you require and	YES / NO
DECLARATION - Please	declare the following by selectin	g either TRUE or F	ALSE
I/We, the Applicant/s decla	are,		
That all the details herein my/our own free will	are true and correct and that I/we ha	ave supplied it of	TRUE / FALSE
Not to be bankrupt or inso	lvent		TRUE / FALSE
Have no known reasons the	nat would affect our ability to pay re	nt	TRUE / FALSE

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APPLICANT 1							
Full Name:	full Name: Maiden Na		ame (If applicable)				
D.O.B:	Drivers Lic # /	18+ Card:	Marital Sta	itus:			
Current Address:							
Mobile:	Home:		Work:				
Email Address:							
Period of Occupancy:		Rent Paid:					
Lessor/Agent:		Phone:		Fax:			
Current Lessor/Agent Email A	ddress:						=
Reason For Leaving:							
Previous Address:							
Period of Occupancy:		Rent Paid:					
Previous Lessor/Agent:	Phone:		Fax:				
Previous Lessor/Agent Email	Address						
	, wares	ř					
Reason For Leaving:	Was Bond F If no, why?	ully refunde	d? Ye	es / N	lo		
Are you in debt to another Les	ssor / Agent?	Yes / No If yes, why?					
Have you ever been evicted?		Yes / No If yes, why?					
Car Rego: State:	Carl	Make:	Car Model		Year:		
Car Rego: State:	Car I	Make:	Car Model		Year:		
DEPENDENT CHILDREN NAME:		RELATIONSH APPLICAN			D.O.B.		
					1	1	
					1	1	
					1	1	
					1	1	
					1	1	

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EMPLOYMENT DETAIL	.S				
Employment Status: Ful	Il time / Part time / Ca	asual / Contract	/ Self Employed		
Current Occupation:		Duration:	Duration:		
Employer:		Address:			
Phone:		Weekly Wage	e: \$		
BEST CONTACT TO VE	ERIFY EMPLOYMEN	T			
NAME:		Phone:			
Email:					
If Self Employed, Accou	ntant's Name	Phone:			
Accountant's Email:					
CENTRELINK PAYMEN	NTS				
Are you receiving regula		ts?	YES / NO		
Description of payment(
Total Income (per week)): \$				
PERSONAL REFEREN	CES (NO RELATION	NS)			
NAME:		Relationshi	Relationship:		
Address:		How long Known:			
Mobile:	Home Ph:		Work Ph:		
NAME:	J	Relationship:			
Address:		How long Known:			
Mobile:	Home Ph:		Work Ph:		
NEXT OF KIN – NOT L	IVING AT THE SAMI	E ADDRESS_			
			ontact you as a matter of urgency ails are not responding)		
Name:	no, una jour nom	Relationshi			
Address:					
Mobile:	Home Ph:		Work Ph:		
	55.1				



APPLICANT 2						
Full Name:	Maiden Nam		me (If applicable)			
D.O.B:	Drivers Lic # /	18+ Card:	Marital Sta	atus:		
Current Address:						
Mobile:	Home:		Work:			
Email Address:	<u> </u>					
Period of Occupancy:		Rent Paid:	=			
Lessor/Agent:		Phone:		Fax:		
Current Lessor/Agent Email Ad	ddress:					
Reason For Leaving:						
Previous Address:						
Period of Occupancy:		Rent Paid:				
Previous Lessor/Agent:		Phone: Fax:				
Previous Lessor/Agent Email	Address:			l		
Reason For Leaving:		Was Bond F	ully refunde	d? Ye	s / No)
Are you in debt to another Les	sor / Agent?	Yes / No If yes, why?				
Have you ever been evicted?		Yes / No If yes, why?				
Car Rego: State:	Car N	Make:	Car Model		Year:	
Car Rego: State:	Car M	Make:	Car Model		Year:	
DEPENDENT CHILDREN NAME:		RELATIONSH APPLICAN			D.O.B.	
					1	1
					1	1
					1	1
					1	1
					1	1

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EMPLOYMENT DETAILS				
Employment Status: Full time	/ Part time / Cas	sual / Contract	/ Self Employed	
Current Occupation:		Duration:		
Employer:		Address:		
Phone:		Weekly Wage	: \$	
BEST CONTACT TO VERIFY	EMPLOYMENT			
NAME:		Phone:		
Email;				
If Self Employed, Accountant's	Name	Phone:		
Accountant's Email:				
CENTRELINK PAYMENTS				
Are you receiving regular Cent	relink payments	?	YES / NO	
Description of payment(s):				
Total Income (per week):	\$			
PERSONAL REFERENCES (NO RELATIONS	S)		
NAME:		Relationship	D:	
Address:		How long Ki	nown:	
Mobile:	Home Ph;		Work Ph:	
NAME:		Relationship	D.	
Address:		How long K	nown:	
Mobile:	Home Ph:		Work Ph:	
NEXT OF KIN – NOT LIVING				
(Note: This information is re arising from your tenancy ar			ontact you as a matter of urgency ills are not responding)	
Name: Relationship:			p:	
Address:		-li		
Mobile:	Home Ph:		Work Ph:	



ACKNOWLEDGEMENT – Please acknowledge the following by selecting either INITIALLING				
I/We, the Applicant/s				
Acknowledge that I/we have sighted and reviewed the General Tenancy Agreement (Form 18a), the Information Statement (Form 17a), body corporate by-laws (if applicable) and the standard terms before submitting this application to Star Realty	Initial:			
Acknowledge that any false information I/We provide in this application could jeopardise this application and any subsequent tenancy agreement I/we enter into on approval by the Lessor/Agent.	Initial:			
Acknowledge that I/we have inspected the above property internally & externally and accept the property in it's current condition.	Initial:			
Acknowledge that once acceptance of the application has been conveyed to me/us either in writing or verbally, the terms of the lease agreed upon become binding and the full bond + first 2 week's rent will be required to be paid as a holding deposit within 24 hours.	Initial:			
Are agreeable to receiving notices via email should this application be accepted.				
Accept that if this application is rejected, the agent/lessor is not legally obliged to give reasons for the rejection.	Initial:			
On signing this Tenancy Application the Applicant/s agree the Agent is authorised to make enquiries to verify the information contained therein with relevant tenancy databases including databases of the Applicant/s previous letting agents.	Initial:			
Consent and understand that should my tenancy agreement be accepted and upon commencement of the tenancy agreement, there may be cause for the agent/lessor to pass my/our details onto others which may include (but is not limited to) insurance companies, body corporate, contractors, other real estate agents, salespeople and tenancy default databases.	Initial:			
Acknowledge that my/our personal contents insurance is not covered under any lessor insurance policy/s and understand that it is my responsibility to insure my own personal belongings.	Initial:			
Acknowledge that should my/our Application be declined, Star Realty will keep our Application on file for one (1) month after we have been notified that our Application has been declined.	Initial:			

PRIVACY ACT DISCLAIMER

In accordance with the National Privacy Principals we disclose that in addition to information being supplied to a database company, other organisations may receive information from time to time. Other organisations may include and are not limited to debt collection agencies, insurance companies, government departments, law enforcement agencies, tradespeople, other landlords and or their agents.

I/We the said applicant declare that I/We give permission to the agent to collect information in relation to the tenancy application and pass such information onto TICA Default Tenancy Control Pty Limited. I/We further give permission for the information to be provided to any other tenancy database for the assessment of the tenancy application. I/We further give consent to the agent to contact any of the referees provided in the application.

I /We agree and understand that once a tenancy application has been lodged, and an inquiry made with a tenancy database, my/our information may be recorded as making an inquiry. I/We agree that in the event of a default occurring under a tenancy agreement I/We give permission to the member of a tenancy database to register any of the details of such breach with a tenancy database. I/We further agree and understand that the removal of such information from a database company is subject to the conditions of the Database Company.

Applicant 1_			
	Print Name	Signature	Date
Applicant 2_			
	Print Name	Signature	Date

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Star Realty

169 Stafford Rd, Kedron QLD 4031

Phone: 07 3857 3493 Fax: 07 3357 4399

Email: rentals@starrealty.com.au



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Let On The Move reduce your stress and save you time by arranging to connect all your services on your moving day.	YES, please call me to arrange the following services free of charge! ELECTRICITY GAS PHONE NTERNET PAY TV TENANT'S INSURANCE		
Name		Date of birth	
Contact number	Driver's Licence or Passport Number	Expiry date	
Property address to connect			
Suburb	Postcode	Connection date	
Applicant's Signature	Date		
Real Estate Agent's Name	Contact number	Please complete this form and return to your Property Manager.	

on the **move**

Once completed, please email to sales@onthemove.com.au

Terms & Conditions - By ticking the box above, you are consenting to On The Move contacting you to arrange your services. On The Move may need to disclose personal information to utility companies to arrange your services. Please see On The Move's Privacy Policy at www.onthemove.com.au. On The Move and your Agent may receive a benefit for arranging your services. On The Move & your agent do not accept responsibility for any delay or failure to connect your services. Standard connection fees & bonds may apply.