PO BOX 95 CANNONVALE QLD 4802

Tenancy Application Form
Thank you for choosing Tropical Rentals Whitsunday for your new home.

Before submitting this application, please ensure you have:

- Completed all details in full on the Tenancy Application
 Attached copies of documents to most 100 Attached copies of documents to meet 100 points of ID and Proof of Income
- Read & singed the Agency's Terms & Conditions
- Signed the Agency's Declaration and Acceptance

PROPERTY DETAILS:				
Full Address of Property:				
Commencement Date:		Lease Term:		
Rental Amount Per Week: _\$		Bond Required: \$		
Number of Occupants: A	dults:	Children:	_	
APPLICANT DETAILS				
EVERY adult applying for this pro	operty must complete a sep	arate application:		
First Name:	Last N	Name		
Date of Birth:	Nobile No:	Work Phone		
Email:				
Drivers License No		State:		
Number of Vehicles	Registration I	Number/s:		
<u>Dependants:</u>	202	5.1		
Name:	DOB	Relationship		
Name:	DOB	Relationship		
Name:	DOB	Relationship		
Name:	DOB	Relationship		
Are you or any of the dependant	s living with you a smoker?	YES	/ NO	
Do you intend to keep pets at t	he property?	YES	/ NO	
Type of Pet /s?		Regist	ered with cou	ncil?
· 		YES	/ NO	
		YES	/ NO	

Page 1 Initial:

ADDRESS HISTORY				
CURRENT ADDRESS:				
		POSTCODE:	STATE:	
FROM:	TO:	RENT:	OWNER:	
CURRENT RENT PER WEEK \$	RFASON FOR LE	FAVING:		
CONNEW REIN FER WEEK \$	NEAGON TON EL			
AGENT / LESSOR:		PHONE:		
EMAIL:				
PREVIOUS ADDRESS:				
		POSTCODE:	STATE:	
FROM:	TO:	RENT:	OWNER:	
CURRENT RENT PER WEEK \$	REASON FOR LE	EAVING:		
ACENT /LEGGOD				
AGENT / LESSOR:				
PHONE:	EMAIL:			
EMPLOYMENT DETAILS (If o		·	. ,	
OCCUPATION:			SUAL	
EMPLOYER ADDRESS:	CONTACT NAME CONTACT NO:			
PERIOD OF EMPLOYMENT FRO				
NETT WEEKLY INCOME: \$	7771.			
Please provide details of any addit				
,	: SOURCE OF INCOME:			
AMOUNT PER MONTH:	SOURCE OF INCOME:			
SELF EMPLOYED / COMPANY		ABN:		
Business Name:		Phone:		
Business Address:				
Email:		Average We	ekly Income:	
Accountant Name:		Accountant	Phone	
Solicitors Name:		Solicitor Pho	one:	

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STUDENT					
Are you currently studying full time?	YES	/ N	0	Student Id No:	
Name of Institution:					
Are you an overseas student?	YES	_/_	NO	Visa Expiry Date:	
REFERENCES – NOT relatives, partners or othe	r appli	cant.	Must b	e in Australia	
Referee 1:					
Name:	Relati	<u>onsh</u>	ip:	Phone:	
Referee 2:					
Name:	Relati	<u>onsh</u>	ip:	Phone:	
EMERGENCY CONTACT – NOT Other applicant,	Not Li	ving ,	/ residir	g with you, Must be in Australia	
CONTACT NO. 1: Name:				Phone:	
Address:				Relationship:	
CONTACT NO. 2 Name:				Phone:	
Address:				Relationship:	
IDENTIFICATION: You are required to meet a 100 point identification criterion upon submission of your application. All documents will be copied and retained as part of your application. At least one form of Photo identification MUST be provided: 70 POINTS					one form of nse
PPOOF OF INCOME: You are required to s	unnly '	Tron	ical Ro	ntals Whitsunday with proof of	income unon
<u>PROOF OF INCOME:</u> You are required to supply Tropical Rentals Whitsunday with proof of income upon submission of your application					
Employed: Last TWO (2) current pay slip					YES / NO
Letter of Employment or Contract of Employment signed by applicant and employer		YES / NO			
Self Employed: Bank statements, Group certificate		ate, Tax	Return & Accountants Letter	YES / NO	
Not Employed: Centrelink Statement Current Bank Account Statement/s				YES / NO YES / NO	

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EXECUCTION, DECLARATION & DATABASE NOTIFICATION:

Please note: Your application will not be processed unless you have inspected the property, completed this application in full, provided copies of your proof of identity, income and confirmed that you have read and accepted the terms and conditions by signing this document in the space provided below.

TERMS AND CONDITION

- The information contained in this form is being collected by Tropical Rentals Whitsunday, and the various real estate agents, agent's representatives operating under Tropical Rentals Whitsunday so that we can consider your application to rent a property.
- It is a condition of this residential tenancy application that you consent to the collection and use of the information contained in the application in the manner outlined in our Privacy Policy found at www.tropicalrentalswhitsunday.com.au
- If you provide us with personal information of other parties (such as a joint tenant, an emergency contact or your referees) you must notify them that you have provided their persona information to our office and must make them aware of our terms and conditions contained herein and Privacy Policy.
- The applicant/s acknowledges that this is an application for lease of this property and that the application is subject to the owner's approval and the availability of the premises. No action will be taken against the owner / agent if the application is unsuccessful.
- The property is subject to its availability on the due date and no action shall be taken by the successful applicant/s against the landlord or agent should the property not be available for occupation on the due date for any reason.
- Should the owner / landlord accept this application, the applicant/s will be required to sign the tenancy agreement and pay the full bond within 24 hours of the application being approved.
- If approved, the successful applicant/s agree to pay the bond and the first 2 weeks rent electronically.
- The owner reserves the right to withdraw acceptance and offer the property to other applicant/s until a tenancy agreement has been signed by all parties.
- The keys to the premises will not be made available until the day the tenancy commences.
- It is the responsibility of the applicant/s to check with the telephone provider before proceeding with the application to confirm the existence and status of landline telephone services at the property.
- The successful applicant/s will be responsible for the connection and payments of gas, electricity, telephone and water usage.
- The successful applicant/s will be responsible for ensuring the main switch is in the off position before power can be connected to the premises at the commencement of the tenancy.
- The premises are a "smoke free zone". Successful applicants will be required to agree that they, other occupants of the premises and / or guests will not smoke inside the premises.
- The tenancy will be otherwise governed in accordance with the terms of the tenancy agreement, when signed by all parties.

ACCEPTANCE OF TERMS OF TENANCY

I declare that:

- I have inspected the premises and accept the property in the condition as inspected;
- The information I have provided in my application is complete and accurate in all respects;
- I am not, and have never been, a bankrupt;
- I have been informed that the agent will use the services of tenancy database operators set out below to check the tenancy history of applicant/s;
- TICA Phone 1902 220 346 www.tica.com.au
- I authorise the real estate agent, its authorised agents and staff to use and / or disclose my personal information for the following primary purposes;
 - To undertake reference checks with referees, my employer, former employers, my current and former landlords and or their agents and the operators of the National Tenancies Databases detailed above;
 - To enable owners of the premises to make a decision on my application/s;
 - To prepare the lease / tenancy documents;
 - To enable tradespeople / maintenance personnel to contact me, if required;
 - To lodge and / or transfer or claim against my bond held with the Bond Authority, as applicable;
 - To undertake and / or enforce legal process/decisions of a Tribunal/Court and / or Statutory Authority, where applicable;
- I consent to the storage of my personal information on Tropical Rentals Whitsunday databases and am aware that my information maybe used for the secondary purposes of providing me with information maybe used for the secondary purpose of providing me with information about other properties and services provided by Tropical Rentals Whitsunday and for marketing, planning, product development, research
- and other commercial purposes; If I do not wish to receive marketing information or information about other products and services I will tick this box
- If I default under a rental agreement, I authorise Tropical Rentals Whitsundays to disclose details of any such default to the tenancy database operators National Tenancy Database and / or TICA and to the landlords, insurance company/ies or agents for any properties I may apply for in the future, in accordance with Section 439 of the Residential Tenancies Act (1997);
- I understand that my personal information will otherwise be collected, held and disclosed in accordance with Tropical Rentals Whitsundays Privacy Policy found at; www.tropicalrentalswhitsunday.com.au

EXECUCTION, DECLARATION & DATABASE NOTIFICATION: Name of Applicant:	
Signature:	Date:

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PO BOX 95 CANNONVALE OLD 4802

Rental Reference Request					
TO: LESSOR / AGENT:					
ATTENTION:					
EMAIL: P	PHONE:				
DATE:	TIME:				
RE:					
The above mentioned person has applied to rent a property through our consent, which enables our agency to ask for the following information	relating to thei	r tenancy hist	tory.		
A copy of the relevant tenancy ledger and return of this form within 24	hours would be	greatly appro	eciated.		
Property Address:					
Length of Tenancy: Rent paid per we	week: \$				
Were any remedy notices given?	YES	NO			
Reason/s:					
Was the property always clean & tidy?	YES	NO			
Was the tenant cooperative & pleasant to deal with during the tenancy	deal with during the tenancy YES NO		NO		
Were there any pets kept at the premises?	YES	NO			
Inside / Outside					
Reason for tenant leaving?					
Was / will Bond be refunded in full?	YES	NO			
Details please:					
Would you rent to this tenant again	YES	NO			
****Please remember to include a copy of the tenant's ledger					
PRIVACY ACT ACKNOWLEDGEMENT In accordance with the Privacy Act, I authorise Tropical Rentals Whitsur	nday, to give inf	ormation and	to request further		
information from all references and credit providers named in the appl	ication. I unders	stand this info	ormation may be		
used to assess my application.					
Applicants Name:Applicants Signa	ture				