

Application for Residential Tenancy

(One application to be completed per person)

PART 1: RENTAL PROPERTY DETAILS

ITEM 1: AGENT DETAILS

AGENCY NAME:

BMW PROPERTY MANAGEMENT PTY LTD TRADING AS MARK WARD PROPERTY

ADDRESS: 36A Ainsworth Street

SUBURB: Salisbury

STATE: QLD

POSTCODE: 4107

PHONE:

07 3277 7727

MOBILE:

0450056766

FAX:

07 3277 7739

EMAIL:

rentals@markwardproperty.com.au

ITEM 2: PROPERTY DETAILS

ADDRESS:

SUBURB:

STATE:

POSTCODE:

Rent:

\$

Rent period:

← weekly / fortnightly / monthly

Bond: \$

Tenancy Term:

☐

Fixed term agreement

☐

Periodic agreement

Starting on:

Ending on:

PART 2: APPLICANT DETAILS

ITEM 3: CONTACT DETAILS

FULL NAME:

DATE OF BIRTH:

Have you been known by any other name(s)?

☐

Yes

☐

No

If Yes, what other name(s) have you been known by?

WORK PHONE:

MOBILE:

HOME PHONE:

EMAIL:

Driver's Licence/passport number:

State:

Number of vehicles:

Registration number(s):

ITEM 4: DEPENDANTS

Do you have any dependants?

☐

Yes

☐

No

DEPENDANT FULL NAME(S):

RELATIONSHIP TO APPLICANT:

DEPENDANT DATE OF BIRTH:

ITEM 5: SMOKING

Are you or any of the dependants living with you a smoker?

☐

Yes

☐

No

ITEM 6: PETS

Do you intend to keep pets at the property?

☐

Yes

☐

No

Number of pets:

Type of Pet/s:

Are your pets registered with a council?

☐

Yes

☐

No

If Yes, please state which council:

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ITEM 7: APPLICANTS ADDRESS HISTORY

CURRENT RESIDENTIAL ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

PERIOD OF OCCUPANCY: _____ TYPE OF OCCUPANCY:
☐ Rent ☐ Owner ☐ Other: → _____

CURRENT AGENT/LESSOR (If renting): _____

AGENT/LESSOR PHONE: _____ FAX: _____ EMAIL: _____

CURRENT RENT \$ _____ Rent period: _____ ← weekly / fortnightly / monthly REASON FOR LEAVING: _____

PREVIOUS RESIDENTIAL ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

PERIOD OF OCCUPANCY: _____ TYPE OF OCCUPANCY:
☐ Rent ☐ Owner ☐ Other: → _____

PREVIOUS AGENT/LESSOR: _____

AGENT/LESSOR PHONE: _____ FAX: _____ EMAIL: _____

PREVIOUS RENT \$ _____ Rent period: _____ ← weekly / fortnightly / monthly REASON FOR LEAVING: _____

ITEM 8: EMPLOYMENT DETAILSAre you employed? ☐ Yes ☐ No (if no, please provide details of previous employer, if any)Employment status: ☐ Full time ☐ Part time ☐ Casual ☐ Contract ☐ Self employedOCCUPATION: _____ NET INCOME (per week)
\$ _____

DATE COMMENCED EMPLOYMENT (approx.) _____ DATE TERMINATED EMPLOYMENT (if any): _____

EMPLOYER/BUSINESS NAME: _____

ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

PHONE: _____ FAX: _____ EMAIL: _____

IF SELF EMPLOYED, ACCOUNTANT'S NAME: _____ PHONE: _____

ITEM 9: CENTRELINK PAYMENTSAre you receiving any regular Centrelink payments? ☐ Yes ☐ No

DESCRIPTION OF PAYMENT(S): _____

TOTAL INCOME (PER WEEK): \$ _____ DATE PAYMENTS COMMENCED: _____

ITEM 10: STUDENT DETAILSAre you studying full time? ☐ Yes ☐ No

NAME OF EDUCATION INSTITUTION YOU ARE CURRENTLY ATTENDING: _____ STUDENT IDENTIFICATION NUMBER: _____

Are you an overseas student? ☐ Yes ☐ No If yes, Visa expiry date: _____

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ITEM 11: PERSONAL REFERENCES

Please do not list relatives, another applicant or partners and provide business hours contact numbers.

REFEREE 1:

RELATIONSHIP:

ADDRESS:

PHONE/MOBILE:

SUBURB:

STATE:

POSTCODE:

REFEREE 2:

RELATIONSHIP:

ADDRESS:

PHONE/MOBILE:

SUBURB:

STATE:

POSTCODE:

ITEM 12: PERSONAL REPRESENTATIVE

i.e. preferred person(s) to be contacted in the event of an emergency.

REPRESENTATIVE 1:

RELATIONSHIP:

ADDRESS:

PHONE/MOBILE:

SUBURB:

STATE:

POSTCODE:

REPRESENTATIVE 2:

RELATIONSHIP:

ADDRESS:

PHONE/MOBILE:

SUBURB:

STATE:

POSTCODE:

PART 3: SUPPORTING DOCUMENTS**ITEM 13: IDENTIFICATION**

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 tick the identifying documents you have provided with your application.

IMPORTANT: At least one form of Photo Identification MUST be provided.

70 Points

☐ Passport

☐ Full birth certificate

☐ Citizenship certificate

40 Points

☐ Australian Driver's Licence

☐ Student Photo ID

☐ Department of Veterans Affairs card

☐ Centrelink card

☐ Proof of age card

☐ State/Federal Government Photo ID

25 Points

☐ Medicare card

☐ Council rates notice

☐ Motor vehicle registration

☐ Telephone bill

☐ Electricity bill

☐ Gas bill

☐ Tenancy History Ledger

☐ Bank statement

☐ Credit card statement

☐ Last FOUR rent receipts

☐ Rent bond receipt

☐ Previous tenancy agreement

ITEM 14: PROOF OF INCOME

You are also required to supply the Agent/Lessor with proof of your income upon submission of your application.

Employed: Last TWO pay slips.

Self employed: Bank statements, Group Certificate, Tax Return or Accountant's letter.

Not employed: Centrelink statement.

ITEM 15: FREE UTILITY CONNECTION SERVICE

MyConnect will contact you to connect your utilities for FREE



☒ **Yes, Please Contact Me**

☐ Interpreter required

☐ OR Tick here to opt out

Unless I have opted out of this section, I/we:

Consent to the disclosure of information on this form to myconnect ABN 65 627 003 605 for the purpose of arranging the connection of nominated utility services; consent to myconnect disclosing personal information to utility service providers for the stated purpose and obtaining confirmation of connection; consent to myconnect disclosing confirmation details (including NMI, MIRN, utility provider) to the Real Estate Agent, its employees and myconnect may receive a fee/incentive from a utility provider in relation to the connection of utility services; acknowledge that whilst myconnect is a free service, a standard connection fee and/or deposit may be required by various utility providers; acknowledge that, to the extent permitted by law, the Real Estate Agent, its employees and myconnect shall not be liable for any loss or damage (including consequential loss and loss of profits) to me/us or any other person or any property as a result of the provision of services or any act or omission by the utility provider or for any loss caused by or in connection with any delay in connection or provision of, or failure to connect or provide the nominated utilities. I acknowledge that myconnect record all calls for coaching, quality and compliance purposes.



Get in touch: 1300 854 478 enquiry@myconnect.com.au myconnect.com.au

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PART 4: DECLARATION

PLEASE DECLARE THE FOLLOWING BY SELECTING EITHER TRUE or FALSE

I, the Applicant

- | | | |
|---|-------------------------------|--------------------------------|
| 1. Have never been evicted by an Agent/Lessor | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 2. Have no known reasons that would affect my ability to pay rent | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 3. Was refunded the rental bond for my last address in full (if applicable) | <input type="checkbox"/> True | <input type="checkbox"/> False |

If false, please advise what deductions were made from your bond?

- | | | |
|--|-------------------------------|--------------------------------|
| 4. Have no outstanding debt to another Agent/Lessor? | <input type="checkbox"/> True | <input type="checkbox"/> False |
|--|-------------------------------|--------------------------------|

If false, why are you in debt to your past Agent/Lessor?

PART 5: TENANCY DATABASES

The Agency may use the following tenancy databases to check the rental history of the Applicant/s:

PART 6: ACKNOWLEDGEMENT

PLEASE ACKNOWLEDGE THE FOLLOWING BY SELECTING EITHER YES or NO

I, the Applicant

- | | | |
|---|------------------------------|-----------------------------|
| 1. Acknowledge that my 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Understand that you as the Agent/Lessor have collected this information for the purpose of determining whether I am a suitable tenant for the property - in particular to check my identification, my ability to care for the property, my character and my creditworthiness. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.1 for such purposes, I authorise you to contact the persons named in this application, and to undertake such enquiries and searches (including tenancy databases searches) as you consider reasonably necessary. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.2 in doing so, I understand that information provided by me may be disclosed to, and further information obtained from, referees named in this application and other relevant third parties. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Acknowledge and accept that if this application is denied, the Agent is not legally obliged to provide reasons as to why. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Consent and understand that should my tenancy be accepted and upon commencement of the tenancy agreement, there may be cause for the Agent/Lessor to pass my details onto others which may include (but is not limited to) insurance companies, body corporates, contractors, other real estate agents, salespeople and tenancy default databases. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Acknowledge that I have received and reviewed the General Tenancy Agreement (Form 18a), the Standard Terms and any special terms before completing this application. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Acknowledge that I have received or have available the Information Statement (Form 17a), body corporate by-laws (if applicable) before completing this application. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Acknowledge that I have signed the agency's Privacy Notice and Consent. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Acknowledge that the Lessor and Applicant (tenant) are bound by this agreement immediately upon communication of either the lessor or agent's acceptance of the application. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Consent to the use of email and facsimile in accordance with the provisions set out in Chapter 2 of the <i>Electronic Transactions (Queensland) Act 2001 (Qld)</i> and the <i>Electronic Transactions Act 1999 (Cth)</i> . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Declare that the above information is true & correct and that I have supplied it of my own free will. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Name of Applicant: _____

Signature: _____ Date: _____

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