Shop 1/20 King Street
CABOOLTURE QLD 4510
PH: 07 5495 8777
Fax: 07 5495 8772
Email: sales@northmoretonrealty.com.au
Website: www.northmoretonrealty.com.au

ABN:24 951 011 488

Rental Property Application

Important Notes

when applying for a property

- No application will be accepted until you have viewed inside the property with a staff member of this office.
- All applicants need to provide copies of Drivers Licence/Passport , 4 Payslips, Medicare Card and Bank Statement, You do not need to provide the tenant ledger.
- Applications must be completed in full before they will be accepted.
- A total of 4 weeks rent for (Bond) & 2 weeks rent in advance is to be paid prior to possession of property being handed over to the successful applicant.
- If you are successful in your application for the property, you must pay within 24 hours an initial one week's rent. Should you withdraw from the application after it is approved, that one week's rent will be forfeited.
- All applications are at the discretion of the owner's approval.
- Rental payments will only be accepted via Rental Rewards; we do not have eftpos or accept cash payments to our office.

North Moreton Realty

We don't keep you in the dark

North Moreton Realty
Shop 1/20 King Street, CABOOLTURE QLD 4510
Phone 07 5495 8777 Fax 07 5495 8772
Email: sales@northmoretonrealty.com.au

Residential Tenancy Application Form

All sections of this form must be completed & signed for your application to be processed

Proposed Rental Property address: Postcode

Rent Per Week: $ Bond Amount: $ Have you inspected the property?: YES / NO (please circle)

Length of tenancy: Years Months Tenancy To Commence

How many tenants will occupy the property? Adults Dependants Ages Pets: Yes / No (Circle) If yes attach a PHOTO OF EACH pet

Pet type: Breed/s: Reg. No: Outdoor only: YES / NO

Pet type: Breed/s: Reg. No: Outdoor only: YES / NO

Vehicle 1 Rego: Model/Year/Colour Vehicle 2 Rego: Model/Year /Colour

1. First Applicant

Title First Name Initial

Last Name Smoker Yes / No

Name at Birth: Place of Birth:

Date of Birth / / Age (Years / Months)

Drivers Licence No. State

Passport Medicare No. Ref:

Pension Type (if applicable) No

Home Ph Mobile Ph

Email

Marital status: Single Married De Facto Sep/Div Friends Relatives

1. Second Applicant AND/OR Partner

Title First Name Initial

Last Name Smoker Yes / No

Name at Birth: Place of Birth:

Date of Birth / / Age (Years / Months)

Drivers Licence No. State

Passport Medicare No. Ref:

Pension Type (if applicable) No

Home Ph Mobile Ph

Email

Marital status: Single Married De Facto Sep/Div Friends Relatives

2. Rental History - Applicant 1

Current Address

Suburb Postcode

How Long at Current Address? Years Months

Reason for Leaving: Rent per week: $

Landlord/ Agent Name: Agent Ph:

Previous Address

Suburb Postcode

Length at previous Address? Years Months

Reason for Leaving: Rent per week: $

Landlord/ Agent Name: Agent Ph:

Bond Refunded Yes / No If not why?

2. Rental History - Applicant 2

Current Address

Suburb Postcode

How Long at Current Address? Years Months

Reason for Leaving: Rent per week: $

Landlord/ Agent Name: Agent Ph:

Previous Address

Suburb Postcode

Length at previous Address? Years Months

Reason for Leaving: Rent per week: $

Landlord/ Agent Name: Agent Ph:

Bond Refunded Yes / No If not why?

3. Employment Details - Applicant 1

Occupation Employers Name

Employment Address

Suburb Postcode

Employer Phone No Contact Name

Length at current employment Years Months

Net Income $ Per Week $ Per Month $

Are you self employed? Yes / No ABN:

Accountant Name: phone:

4. Social Security Benefits OR Centrelink Payment

Type CRN:

$ Per Week $ Per Month

3. Employment Details - Applicant 2

Occupation Employers Name

Employment Address

Suburb Postcode

Employer Phone No Contact Name

Length at current employment Years Months

Net Income $ Per Week $ Per Month $

Are you self employed? Yes / No ABN:

Accountant Name: phone:

4. Social Security Benefits OR Centrelink Payment

Type CRN:

$ Per Week $ Per Month

5. Referees - Applicant 1 - (NOT co-applicant)

1. Reference name

Address:

Home Phone Mobile No

2. Reference name

Address:

Home Phone Mobile No

6. Emergency Contact Details - Not same as co-applicant

Name Phone No

Address

Suburb Postcode

5. Referees - Applicant 2 - (NOT co-applicant)

1. Reference name

Address:

Home Phone Mobile No

2. Reference name

Address:

Home Phone Mobile No

6. Emergency Contact Details - Not same as co-applicant

Name Phone No

Address

Suburb Postcode

7. The Following Documents Should Be Enclosed with your Application - Bring originals for verification

ALL DOCUMENTS ARE TO BE COPIED AND ATTACHED TO YOUR APPLICATION BEFORE SUBMITTING IT.

Copy of Drivers Licence ☐ Copy of Passport ☐ Copy of Pay Slips ☐ Copy of Medicare ☐

Copy of Bank Statement ☐ Copy of Tenant Ledger ☐ References ☐ ☐

8. FREE Utillities Connections User Consent Form

ReduceMyBills.com.au Ph: 1300 301 001

- Electrical
- Gas
- Telephone
- Insurance
- Water
- Removalist
- Cleaners
- Appliances

ReduceMyBills is the hassle-free connections service that takes the time and worry out of moving.

Declaration

By signing this application, I/we give consent to ReduceMyBills to make contact by phone, email or sms for the purpose of arranging connections and disconnections of approved utility services. I/we authorise ReduceMyBills to supply collected information to other household service providers for the services including Cleaning, Removal, Insurance and Appliances.

I/we authorise ReduceMyBills to contact us via these means even if the telephone numbers supplied are listed on the Do Not Call Register. I/we understand that ReduceMyBills may also send related emails promoting other services provided by ReduceMyBills.

I/we acknowledge that all information supplied in the application is true and correct to be best of my/our knowledge and that we have not falsely represented our identity in any manner.

I/we understand that ReduceMyBills treat any personal information it collects, uses or discloses in accordance with the Privacy Act 1988.

I/We authorise ReduceMyBills to supply collected information to nominated suppliers and/or potential suppliers for the connection and disconnection of nominated utilities or to assist with my obtaining other services including appliances, removalists, cleaners and insurance.

I/we understand that in the course of connecting utilities, ReduceMyBills may need to obtain an NMI (National Meter Identifier) for electrical points or MIRN (Meter Installation Registration Number) for Natural Gas connections. I/we authorise ReduceMyBills to collect these identifiers and consent to those numbers being supplied to utility providers.

I/We acknowledge that whilst ReduceMyBills is a free service, I/we are solely responsible for any and all amounts payable in relation to deposits, connections/disconnections or ongoing supply of the connected services and amounts payable for other services including appliance, removalist, cleaners and insurance.

I/we acknowledge that ReduceMyBills, to the extent permitted by law, shall not be liable for any loss or damage (including consequential loss and loss of profits) to me/us as a result of the provision of any service. Nor shall ReduceMyBills be liable for any act or omission by any utility provider for any loss caused by failure to provide nominated services.

I/we acknowledge that the nominated real estate entity along with ReduceMyBills may receive a benefit from suppliers for the provision of connections.

I/we declare that we have read and understand the above declaration and wish to be contacted by ReduceMyBills.

Signature Date

9. Declaration of Authority

I hereby offer to rent the property from the owner under a lease to be prepared by the Agent. Should this application be accepted by the landlord I agree to enter Into a Residential Tenancy Agreement.

I 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
- TRA: (02) 9363 9244
- TICA: 1902 220 346

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 am aware that if information is not provided or I do not consent to the uses to which personal information is put, the Agent cannot provide me with the lease/tenancy of the premises.

Printed Name Applicant 1:

Signature Applicant 1 **Date**

Printed Name Applicant 2:

Signature Applicant 2 **Date**

10. Payment Details

Property Rental Per Week $

Rent in Advance $

Rental Bond (4 weeks rent) $

Total Due $ EFT/Bank Cheque/Money Order

Shop 1/20 King Street
CABOOLTURE QLD 4510
ABN:24 951 011 488
PH: 07 5495 8777 Fax: 07 5495 8772
Email: sales@northmoretonrealty.com.au
Website: www.northmoretonrealty.com.au

URGENT-REQUEST FOR RENTAL REFERENCE

Declaration of Authority:-I hereby offer to rent the property from the owner under a lease to be prepared by the Agent. Should this application be accepted by the landlord I agree to enter Into a Residential Tenancy Agreement.

I acknowledge that this application is subject to the approval of the owner/landlord. I declare that all information contained in this application 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 • TRA: (02) 9363 9244 • TICA: 1902 220 346

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 am aware that if information is not provided or I do not consent to the uses to which personal information is put, the Agent cannot provide me with the lease/tenancy of the premises.

Printed Name Applicant 1:	
Signature Applicant 1	Date

Printed Name Applicant 2:	
Signature Applicant 2	Date

Property Rented: .....

PROPERTY MANAGER TO FILL IN THE QUESTIONS BELOW

Please complete the details below and return to our office TODAY via EMAIL as it is critical to both the Applicant and the Lessor to finalise the processing of this application.

Are all applicants on the lease?	Yes	No
Start date of lease.....End date of lease.....		
What was the weekly rental amount? $.....		
Did your office terminate the tenancy?	Yes	No
During the tenancy was the applicant ever in arrears?	Yes	No
Were arrears notices issued?	Yes	No
Were any other notices issued?	Yes	No
If yes, what for?		
During the tenancy, did the applicant receive a termination notice?	Yes	No
If yes, what were the grounds?		
Were periodic inspections carried out?	Yes	No
Were the premises (incl. grounds) kept in clean and tidy condition? Was	Yes	No
there cause to complain over periodic inspections?	Yes	No
Was there cause to report any defaults to any databases?	Yes	No
Were pets kept at the premises?	Yes	No
How many?		
Were pets kept outside at the premises? Were	Yes	No
there any deductions from the bond? If so,	Yes	No
what were they for?		
Would you rent to them again?	Yes	No
Was/Is the tenant HIGH MAINTENANCE	Yes	No

Please email this completed for with an updated TENANCY LEDGER to sales@northmoretonrealty.com.au.

Thank you for your assistance- Form completed by

Property Manager's Name:..... – Signature:.....