

VISION REAL ESTATE QLD 1/320 Shakespeare Street, Mackay Ph: 4951 4999 or Fax: 4951 4899

reception@visionrealestateqld.com.au

APPLICATION FORM

ONE APPLICATION PER ADULT (18+)

ADDRESS OF PROPERTY APPLYING FOR:	
Preferred lease term; Please circle: 6mths 12	2mths other
Preferred Move in date: Week	dy Rent \$
No. Adults Applying (18+):	No. Dependan <u>ts:</u>
Names & Ages of Dependants:	
PERSONAL DETAILS	
Name:	Previous Name/s
Phone Numbers: Work Mob	ile Home
Date of Birth: Age:	DO YOU SMOKE?: Yes/No
Email:	Drivers Licence No
EMPLOYMENT DETAILS	Casual Part Time Full Time
Occupation:	Current Employer:
Contact Name (Manager):	Contact Ph (Manager):
Length of Employment:	Income after Tax: \$
Payroll Department or Managers Email:	
SELF EMPLOYED	
Name of Business:	Day Phone Number:
Length of Employment:	Accountant Name & Contact:
Please attach last tax return statement or profit loss sta	atement or bank statement
PREVIOUS EMPLOYMENT	
Previous Employer:	Contact Name (Manager):
Contact Number (Manager):	Length of Employment:
Income after Tax: \$	
CENTRELINK Unemployment: Yes / No Will you be applying for a Bond Loan? Yes / No	Pension: Yes / No Will you be applying for Rent Assistance? Yes / No
VEHICLE Number of Cars on Property?	Car Registration #'s

PETS Yes No Number of Pets ______ Do you intend to keep pets at the Property? Type of Pet/s & Size (Small Medium Large) Inside or Outside _____ Council Registration No: _____ **CURRENT ADDRESS** owned / rented/boarding Address: _____ Reason for Leaving: Period of occupancy: Current Rent: Agent / Landlord: Landlords Ph Number: Landlords Ph Number: Comments: PREVIOUS TENANCY HISTORY - RESIDENTIAL DETAILS (Please supply at least <u>3 years</u> worth of Tenancy History) Previous Rent:_____ Period of occupancy: Agent / Landlord:_____ Landlord's Ph Number: Bond Refund:____ Reason for Leaving: _____ Address:_____ Previous Rent: Period of occupancy:_____ Landlord's Ph Number:_____ Agent / Landlord:_____ Bond Refund: Reason for Leaving: **REFERENCE (Personal)** Name: Phone: Occupation: _____ How Long Known: ____ **REFERENCE (Business)** Name: _____ Phone: ____ Occupation: _____ How long known: _____

EMERGENCY CONTACTS (Mandatory)

Name:		Address:
Phone:		Relationship:



PRIVACY ACT ACKNOWLEDGEMENT

In accordance with the privacy act I/We the undersigned authorize the recipient of this fax request any information to Vision Real Estate Qld regarding our/my rental history, to check credit references, verify employment details and any other searches which may verify the information provided by me/us. I/We understand that information will be used to assess my/our application.

Please Provide Information on:	
Period of Occupancy: / / - /	/ Was the applicant listed as a Lessee? Yes / No
Weekly Rent Amount: \$	Was the Lessee ever in Arrears? Yes / No
Number Remedies and Reason:	
Number of Notice to Leave and Reason:	
Date Vacated: Wo	ere the gardens / yard maintained? Yes / No
Inspection Details / Damage Noted:	
Did your office terminate tenancy? Yes / No Did the applicant have pets? Yes / No - Were Was the property left clean & tidy? Yes / No Bond Refund Details: <u>Full / Part / None</u> :	· · · · · · · · · · · · · · · · · · ·
Details of disputes with applicant:	
Outstanding Monies:	
Would you rent to this tenant again? Yes / N	
Confirmed By:	Phone:

Please complete and return with a rental ledger to Vision Real Estate Qld Ph: 4951 4999 Fax: 4951 4899 Email: reception@visionrealestateqld.com.au



NOTICE TO ALL TENANCY APPLICANTS 100 POINT IDENTIFICATION

Prior to any Tenancy Application being considered each applicant is required to produce sufficient identification which totals **100 points**. Should you have difficulties in providing this identification, please advise us prior to completing your application.

One form of Photo ID must be supplied

70 Points ☐ Passport ☐ Ft	ull Birth Certificate	☐ Citizenship Certificate
40 Points ☐ Australian Drivers Licence ☐ Centrelink Card	☐ Proof of Age Care ☐ Student Photo II	
25 Points Medicare Card Utility Bill Australian Drivers Licence Centrelink Card	Council Rates No Credit Card State Bank Statement Motor Vehicle Re	ement
income upon submission Employed – Last 2 consec	of your application. Cutive payslips ents, PAYG Summary, Tax	y the Lessor/Agent with proof of your Return or Accountants Letter
Financial Breakdown:		
2 Weeks Rent:		-
Bond (4 weeks):		-
Total to be paid upon sign up: (total = <u>6 weeks</u> rent)		-

Once the application has been approved and a tenancy has been accepted, payment of the bond within 24 Hours is required to secure the property.

Declaration:

PLEASE DECLARE THE FOLLOWING BY SELECTING EITHER TRUE or FALSE

I, the A	Applicant			
1.	Have never been evicted by an Agent/Lessor? □ Tr	rue	□ Fa	lse
2.	Have no known reasons that would affect my ability to pay rent ☐ Ti	rue	□ Fa	lse
3.	Was refunded the rental bond for my last address in full (if applicable) ☐ Ti	cue	□ Fa	lse
	If false please advise what deductions were made from your bond?			
Γ	·			
L				
4.	Have no outstanding debt to another Agent/Lessor? ☐ Tr	ue	□ Fal	lse
	If false, why are you in debt to your past Agent/Lessor?			
Γ				
_				
T D				
Tenai	ncy Databases			
-	gency may use the following tenancy databases to check the rental history o	f the)	
Applic	cant/s: TICA			
Ackno	owledgement			
PLEAS	E ACKNOWLEDGE THE FOLLOWING BELOW BY SELECTING EITHER YES or NO			
I 41 A				
I, the Ap		u/e 21	nd	
1.	understand that it is my responsibility to insure my own personal belongings.		'es □	No□
2.	Understand that you as the Agent/Lessor have collected this information for the purpose of determ			
	am a suitable tenant for the property – in particular to check my identification, my ability to care for	c the	prope	rty,
	my character and my creditworthiness.	Y	'es □	No □
	2.1 for such purposes, I authorise you to contact the persons named in this application, and to unde	rtake	such	
	enquires and searches (including tenancy databases searches) as you consider reasonably necessar			
			es □	No □
	2.2 in doing so, I understand that information provided by me may be disclosed to, and further info			
2	obtained from, referees named in this application and other relevant third parties.		'es □	
3.	Acknowledge and accept that if this application is denied, the Agent is not legally obliged to provide why			No □
4.	Consent and understand that should my tenancy be accepted and upon commencement of the tenar			
	there may be cause for the Agent/Lessor to pass my details onto others which may include (but is n			
	insurance companies, body corporates, contractors, other real estate agents, salespeople and tenance	cy de	fault	•
_	databases.			No □
5.	Acknowledge that I have received and reviewed the General Tenancy Agreement (Form 18a), the St			
6.	and any special terms before completing this application. Acknowledge that I have received or have available the Information Statement (Form 17a), body co			No 🗆
0.	(if applicable) before completing this application.	•		No □
7.	Acknowledge that I have signed the agency's Privacy Notice and Consent.			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.			No □
9.	Consent to the use of email and facsimile in accordance with the previous set out in Chapter 2 of the			
10	Transactions (Queensland) Act 2001 (Qld) and the Electronic Transactions Act 1999 (Cth) Declare that the above information is true & correct and that I have supplied it of my own free will.			No □ No □
10.	Deciare that the above information is true & correct and that I have supplied it of my own free will.	Y	€ 5 □	INU L
	Name of Applicant:			
	Signature: Date:			

