

Application for Residential Tenancy (One application to be completed per person) PART 1: RENTAL PROPERTY DETAILS ITEM 1: AGENT DETAILS AGENCY NAME: Freedom Realty Group ADDRESS: 226 Cheltenham Dr SUBURB: Robina STATE: QLD POSTCODE: 4226 0402845566 0402845566 pm@freedomrealtygroup.com.au ITEM 2: PROPERTY DETAILS ADDRESS: POSTCODE: SUBURB: ← weekly / fortnightly / monthly Rent: Rent period: Bond: \$ (as advertised) NOTE TO APPLICANT: The Agent/Lessor cannot legally accept an offer from you to pay an amount of rent greater than the advertised price or to pay rent more than 1 month in advance. Fixed term agreement Tenancy Term: 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 If Yes, what other name(s) have you been known by? WORK PHONE: MOBILE: HOME PHONE: EMAIL: Driver's Licence/passport number: Number of vehicles: Registration number(s): ITEM 4: **DEPENDANTS** Do you have any dependants? Yes 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? ITEM 6: Do you intend to keep pets at the property? Number of pets: No Type of Pet/s: Are your pets registered with a council? Yes

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If Yes, please state which council:

EF015 05/24

ITEM 7:	APPLICANTS ADDRESS HISTORY									
	CURRENT RESIDENTIAL ADDRESS:									
	-									
	SUBURB:	STA'	TE: POSTCODE:							
	PERIOD OF OCCUPANCY:	TYPE OF OCCUPANCY: Rent Owner Other: →								
	CURRENT AGENT/LESSOR (If renting):									
	AGENT/LESSOR PHONE:	FAX: EMAIL:								
	CURRENT RENT \$ Rent period:	REASON FOR LEAVING: weekly / fortnightly / monthly	REASON FOR LEAVING:							
	PREVIOUS RESIDENTIAL ADDRESS:									
	SUBURB:	STA	TE: POSTCODE:							
	PERIOD OF OCCUPANCY:	TYPE OF OCCUPANCY:								
		☐ Rent ☐ Owner ☐ Other: →								
	PREVIOUS AGENT/LESSOR:									
	AGENT/LESSOR PHONE:	FAX: EMAIL:								
	PREVIOUS RENT: \$ Rent period:	REASON FOR LEAVING:								
ITEM 8:	EMPLOYMENT DETAILS									
	Are you employed? Yes	No (if no, please provide details of previous employer, if any)								
	Employment status: Full tim		f employed							
	OCCUPATION:	NET INCOME (per week)	Стрюуса							
		\$								
	DATE COMMENCED EMPLOYMENT (a	pprox.) DATE TERMINATED EMPL	OYMENT (if any):							
			<u> </u>							
	EMPLOYER/BUSINESS NAME:									
	4 D D D C C C C C C C C C C C C C C C C									
	ADDRESS:									
	CLIDLIDD	CTATE: DOCTOR	DE:							
	SUBURB:PHONE:	STATE: POSTCC FAX: EMAIL:	DE							
	THORE.	Linke.								
	IF SELF EMPLOYED, ACCOUNTANT'S NAME: PHONE:									
ITEM 9:	CENTRELINK PAYMENTS									
	Are you receiving any regular Centrelink payments? Yes No DESCRIPTION OF PAYMENT(S):									
	TOTAL INCOME (PER WEEK):	TOTAL MODIFICATION DATE DAMAGNES COMMENCES								
	\$	DATE PAYMENTS COMMENCED:								
ITEM CO										
ITEM 10:	STUDENT DETAILS	□ Voc □ No								
	Are 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:								

INITIALS (Note: initials not required if signed with Electronic Signature)



ITEM 11:	PERSONAL REFEI	RENCES						
	Please do not list relatives, another applicant or partners and provide business hours contact numbers. REFEREE 1:				RELATIONSHIP:			
	ADDRESS:					PHONE/MOBILE:		
	SUBURB:			STATE:	POSTCODE:	RELATIONSHIP:		
	ADDRESS:					PHONE/MOBILE:		
	SUBURB:			STATE:	POSTCODE:			
ITEM 12:	PERSONAL REPR	ESENTATIVE						
	i.e. preferred pers	1 :	ed in the event of an emerg	•		RELATIONSHIP:		
	ADDRESS:					PHONE/MOBILE:		
	SUBURB:			STATE:	POSTCODE:	THOREMOBILE.		
	REPRESENTATIVE					RELATIONSHIP:		
	ADDRESS:					PHONE/MOBILE:		
	SUBURB:			STATE:	POSTCODE:			
	PART 3: SU	PPORTING D	OCUMENTS					
ITEM 13:	IDENTIFICATION							
	The Agent/Lessor	are required to meet a 100 point identification criterion upon submission of your application. Agent/Lessor may photocopy any item and retain as part of your application.						
	Please tick the ide	entifying documents	you have provided with you	ur application.				
	IMPORTANT: At	least one form of I	Photo Identification MUST	be provided.				
	70 Points							
	Passport 40 Paints		Full birth certificate	∐ Ci	tizenship 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 care	d	Council rates notice	Mo	otor vehicle registration			
	Telephone bil	II	Electricity bill	Ga	as bill			
	Tenancy Hist	ory Ledger	Bank statement		edit card statement			
	Last FOUR re	ent receipts	Rent bond receipt	Pr	evious tenancy agreeme	nt		
ITEM 14:	PROOF OF INCOM	INCOME						
	You are also requ	so required to supply the Agent/Lessor with proof of your income upon submission of your application.						
	Employed:	Last TWO pay slips.						
	Self employed:							
	Not employed:	Centrelink stateme	ent.					

PART 4: DECLARATION

, , , ,	AT IT DECEMBER TO THE PARTY OF					
PLEASE DECLARE THE FOLLOWING BY SELECTING EITHER TRUE or FALSE						
	I, the Applicant					
1.	Have never been evicted by an Agent/Lessor	True	False			
2.	Have no known reasons that would affect my ability to pay rent	True	False			
3.	Was refunded the rental bond for my last address in full (if applicable)	True	False			
	If false, please advise what deductions were made from your bond?					
4.	Have no outstanding debt to another Agent/Lessor?	True	False			
	If false, why are you in debt to your past Agent/Lessor?					
PA	RT 5: TENANCY DATABASES					
The	Agency may use the following tenancy databases to check the rental history of the Applicant/s:					
DΔ	RT 6: ACKNOWLEDGEMENT					
	ASE ACKNOWLEDGEMENT ASE ACKNOWLEDGE THE FOLLOWING BY SELECTING EITHER YES OF 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.	Yes	☐ 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.	Yes	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.	Yes	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.	Yes	☐ No			
3.	Acknowledge and accept that if this application is denied, the Agent is not legally obliged to provide reasons as to why.	Yes	☐ 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.	Yes	No 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.	Yes	☐ 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.	Yes	No			
7.	Acknowledge that I have signed the agency's Privacy Notice and Consent.	Yes	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.	Yes	☐ 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>	Yes	No			
10.	Declare that the above information is true & correct and that I have supplied it of my own free will.	Yes	No			
	Name of Applicant:					
	Signature: Date:		SIGN HERE			

INITIALS (Note: initials not required if signed with Electronic Signature)

