



Application for Residential Tenancy

	(One application to be completed per person)						
	PART 1: RENTAL PROPERTY DETAILS						
ITEM 1:	AGENT DETAILS						
	AGENCY NAME:						
	Mackay Property and Management Services ADDRESS: Suite 10, 121 Boundary Road East, Paget						
	PO Box 1874						
	SUBURB: MACKA	Υ		STATE: QLD	POSTCODE: <u>4740</u>		
	PHONE:	MOBILE:	FAX:	EMAIL:			
	07 4998 5989	0439 931 090	07 4952 2435	rentals@mprs.net.au			
ITEM 2:	PROPERTY DETAILS						
	ADDRESS:						
	SUBURB:			STATE:	POSTCODE:		
	Rent: \$	Rent pe	riod:	← weekly / fortnightly / monthly Bo	ond: \$		
	Tenancy Term:		Fixed term agreemen				
			_				
	Starting on:		_	Ending on:			
	PART 2: APPL	LICANT DETAI	LS				
ITEM 3:	CONTACT DETAILS						
	FULL NAME:				DATE OF BIRTH:		
	Have you been knov	vn by any other name	(s)? Yes	No			
	If Yes, what other na	ıme(s) have you been	known by?				
	WORK PHONE:	MOBILE:	HOME PHONE:	EMAIL:			
	Driver's Licence/pas	sport number:		State:			
	Number of vehicles:		Re	gistration number(s):			
ITEM 4.	DEDENDANTS			· · · <u> </u>			
ITEM 4:	DEPENDANTS	aandanta2	′oo				
	Do you have any de		es No	DELATIONICHID TO ADDILICANT.	DEDENDANT DATE OF DIDTH.		
	DEPENDANT FULL NA	AIVIE(5).		RELATIONSHIP TO APPLICANT:	DEPENDANT DATE OF BIRTH:		
							
							
							
ITEM E.	CMOKING						
ITEM 5:	SMOKING						
	Are you or any of the	e dependants living wi	th you a smoker?	Yes No			
ITEM 6:	PETS						
	Do you intend to kee	p pets at the property	? Yes	No Number of pets:			
	Type of Pot/s:		<u>—</u>	Are your pets registered with a council?	□ Vas □ No		
	Type of Pet/s:			Are your pets registered with a council?	Yes No		
	If Yes, please state v	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:	
			_		
	\$ Rent period:	← weekly / fortnightly / m	onthly	REASON FOR LEAVING:	
	·	weekly / Tortilightly / III	ionuny	_	
	PREVIOUS RESIDENTIAL ADDRESS:				
	SUBURB:			STATE:	POSTCODE:
	PERIOD OF OCCUPANCY:	TYPE OF OCCUPANCY:			
		Rent Owner		Other: →	
	PREVIOUS AGENT/LESSOR:			AGENT/LESSOR PHONE:	
			_		
	PREVIOUS RENT: \$ Rent period:	← weekly / fortnightly / m	onthly	REASON FOR LEAVING:	
ITEM 8:	EMPLOYMENT DETAILS				
	Are you employed? Yes	No (if no, please provide details	ls of prev	vious employer, if any)	
	Employment status: Full time	Part time Casual		Contract Self employed	
	OCCUPATION:			NET INCOME (per week)	
			9	8	
				DATE TERMINATED EMPLOYMENT (if a	ıny):
				<u></u>	
	EMPLOYER/BUSINESS NAME:				PHONE:
	ADDRESS:				
	SUBURB:			STATE: POSTCODE:	
	IF SELF EMPLOYED, ACCOUNTANT'S NAME			· — — — — — — — — — — — — — — — — — — —	PHONE:
	II SEEL EIVII EOTEB, AGGGGITTAINT STVAINE	•			THONE.
ITEM 9:	CENTRELINK PAYMENTS				
	Are you receiving any regular Centrelink pa	ayments? Yes N	No		
	DESCRIPTION OF PAYMENT(S):				
	•	DATE PAYMENTS COMMENCED:			
	\$				
ITEM 10:	STUDENT DETAILS				
	Are you studying full time?	Yes No			
	NAME OF EDUCATION INSTITUTION YOU ARE CURRENTLY ATTENDING: STUDENT IDENTIFICATION NUMBER:				
	5. 2255 MON MOTHOR 1557 ME SSAMENTEL ATTENDING. STOPENT IDENTIFICATION NOMBER.				
	Are you an everence student?	Voc. No. 14	fvoc \	co evniny date:	
	Are you an overseas student?	Yes No If	ı yes, Vi	sa expiry date:	<u> </u>

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: REFEREE 2:			STATE:	POSTCODE:	RELATIONSHIP:	
	ADDRESS:					PHONE/MOBILE:	
	SUBURB:			STATE:	POSTCODE:	THONE MOBILE.	
ITEM 12:	PERSONAL REPRI	ESENTATIVE					
	i.e. preferred pers	on(s) to be contacte	ed in the event of an emerge	ency.			
	REPRESENTATIVE	1 :	RELATIONSHIP:				
	ADDRESS:						
	SUBURB:	3:				PHONE/MOBILE:	
	REPRESENTATIVE					RELATIONSHIP:	
	ADDRESS:					PHONE/MOBILE:	
	PART 3: SU	PPORTING D	OCUMENTS				
ITEM 13:	IDENTIFICATION						
	The Agent/Lessor	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.					
	Please tick the ide						
	IMPORTANT: At	ORTANT: At least one form of Photo Identification MUST be provided.					
	70 Points						
	Passport		Full birth certificate	Citi	izenship certificate		
	40 Points	40 Points					
	Australian Dri	Australian Driver's Licence Student Photo ID Department of Veterans A			airs card		
	Centrelink car	rd	Proof of age card	Sta	te/Federal Government	Photo ID	
	25 Points						
	Medicare card	d	Council rates notice	Mo	tor vehicle registration		
	Telephone bil	I	Electricity bill	Ga	s bill		
	Tenancy Histo	ory Ledger	Bank statement	Cre	edit card statement		
	Last FOUR re	ent receipts	Rent bond receipt	Pre	evious tenancy agreemer	nt	
ITEM 14:	PROOF OF INCOM	PROOF OF INCOME					
	You are also requ	You are also required to supply the Agent/Lessor with proof of your income upon submission of your application.					
	Employed:	mployed: Last TWO pay slips.					
	Self employed:	elf employed: Bank statements, Group Certificate, Tax Return or Accountant's letter.					
	Not employed:	Not employed: Centrelink statement.					

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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	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					
	Agency may use the following tenancy databases to check the rental history of the Applicant/s:					
TIC Bar	A clay MIS					
	•					
	RT 6: ACKNOWLEDGEMENT					
PLE	ASE ACKNOWLEDGE THE FOLLOWING BY SELECTING EITHER YES OF NO					
1.	I, the Applicant 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 identificatio	on. Yes	No			
	my ability to care for the property, my character and my creditworthiness.	,,,				
	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)	Yes	No			
	as you consider reasonably necessary.					
	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	Yes	No			
	third parties.					
3.	Acknowledge and accept that if this application is denied, the Agent is not legally obliged to provide reasons as to why.	de 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 whic may include (but is not limited to) insurance companies, body corporates, contractors, other real	ch Yes	No			
-	estate agents, salespeople and tenancy default databases.					
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 up communication of either the lessor or agent's acceptance of the application.	oon Yes	No			
9.	Consent to the use of email and facsimile in accordance with the provisions set out in Chapter 2					
	of the Electronic Transactions (Queensland) Act 2001 (Qld) and the Electronic Transactions Act 1999 (Cth).	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: Da	ate:				

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