

RESIDENTIAL TENANCY APPLICATION FORM

Application can be submitted Via Email: sales@sadilquinlan.com.au Fax: 02 6247 2045

In person: 1 Torrens Street Braddon ACT 2612

Proposed Rental Property _____

Rent per Week: _____ Bond Amount (4 weeks rent): _____

Length of Tenancy: 6 months 12 months Other: _____

Tenancy Commencement date (please specify): _____

Rent payment: Fortnightly Calendar monthly

Do you have Pets? YES NO Please Specify: _____

Are you planning on getting a pet? YES NO Please Specify: _____

Number of persons to occupy: Adults: _____ Children _____

Names of others applying _____

Personal Details (Please Print clearly)

Surname _____ Other Names _____

Date Of Birth _____

Occupation _____ Date Commenced _____

Current Address _____

Work Number _____ Mobile Number _____ Home number _____

E-Mail address (please print clearly) _____

Drivers License Number _____ Vehicle Registration _____

Number of Vehicles (including boats, trailers etc) _____

Next of Kin _____ Phone _____

Address _____

Emergency Contact _____ Phone _____

Employment Details

Employers Name _____
Address _____
Contact _____
Phone _____
Length of Employment _____
Net Monthly Income _____
Previous Employment (If less than 12 months) _____

Self Employment / Own your Own business details

Name of Business _____
Business Type _____
ABN _____
Address _____
Personal Net Monthly Income _____
Name of accountant _____
Phone _____

Students

Name of study place _____
Income source _____
Net Monthly Income _____

Centrelink/Government payments:

Type of payment _____

YOU MUST PROVIDE COPIES OF CURRENT INCOME (PAY SLIPS, BANK STATEMENTS, LETTER OF OFFER ETC)

1 COPY OF PRIMARY IDENTIFICATION & 1 COPY OF SECONDARY IDENTIFICATION

| PRIMARY IDENTIFICATION | SECONDARY IDENTIFICATION |
|----------------------------------|---------------------------------------|
| Current Drivers License | Birth Certificate |
| Current Proof Of Age Card | Certificate Of Australian Citizenship |
| Current Passport | Current Credit Card |
| Current Government Department ID | Current Medicare Card |

Rental History

Current rental Address _____

Agency/Landlords name _____

Phone Number _____

Rent per week _____

Length of Tenancy _____

Reason for leaving _____

Do you expect the bond to be refunded?/ or was the bond refund in full? If no, please specify: _____

If less than 12 months at the above address, please give previous details:

Current rental Address _____

Agency/Landlords name _____

Phone Number _____

Rent per week _____

Length of Tenancy _____

Reason for leaving _____

Was the bond refunded to you? If no, please specify _____

References

Your 3 references can include:

- 1) Personal Reference
- 2) Business Reference
- 3) Reference from a parent, guardian or relative NOT living with you.

Name _____
Address _____
Contact Number _____
Relationship to you _____
Known You for _____

Name _____
Address _____
Contact Number _____
Relationship to you _____
Known You for _____

Name _____
Address _____
Contact Number _____
Relationship to you _____
Known You for _____

Disclaimer Notice/Authority

I, the applicant acknowledge that I will make no claim or demand nor commence litigation against the Lessor or his Agent should the premises be found to be unavailable.

I, the applicant declare that the information contained in this application form is true and correct and all of the information was given on my own free will.

I, the applicant declare that I am over eighteen (18) years of age, and I have read and understand the contents of the following agreement:

1. I have inspected the inside of the Property at _____ and wish to submit this application for this particular property.
2. I have been informed, understand and agree that the rental for the above property is \$_____ per week, which is to be due and payable at a **CALENDAR MONTHLY OR FORTNIGHTLY** rate, and is to be paid in advance at all times by **DIRECT DEBIT (Calendar monthly) or BPAY**.
3. I have been informed that the bond amount for this property is \$_____ and I authorise the Letting Agent to lodge this on my behalf ACT/NSW Bond Board.
4. I have been informed and understand the consequences of sub – letting this property
5. I have been informed and understand that should this application not be accepted, the agent is not required or obliged to disclose any reason for the rejection of this application.
6. I declare that I am not currently living in the above property and understand that it is illegal to take up residency there unless the Lessor/Letting Agent has approved my application.

Applicant's Name _____

Applicant's Signature _____

Date _____

Privacy Statement

Under the guidelines of the National Privacy Principles contained in the Privacy Act 1988, Sadil Quinlan Properties has prepared this statement to explain the types of personal information we keep on record and how we may use that information. We require you to provide us with personal information in this application for the purpose of processing your application for tenancy for this property.

The processing of your application will involve the disclosure to the lessor the information contained in this form in order for the lessor to assess your suitability to tenant this property and, if successful, will form part of your tenancy agreement.

Part of this process is to verify the information that you, have given with the nominated contacts provided in your application. By signing this statement, you are agreeing to allow Sadil Quinlan Properties' staff to ask the questions that they require to assess your suitability to be considered for this tenancy. If you do not provide us with the requested information or permit us to confirm the information provided, we will not be able to process your application for tenancy.

Sadil Quinlan Properties will not use the information provided by you for any other purpose. If your application is unsuccessful, Sadil Quinlan Properties will destroy your application form to protect your right to privacy. You may request access to any personal information we hold about you, either by writing to or calling us. We will provide this information within 7 days. If you believe that the personal information we hold about you is incorrect, incomplete or inaccurate, then you may request amendments via our email address: sales@sadilquinlan.com.au

I _____ (Tenants Name)

Authorise (current property manager or lessor) _____

To answer the following questions regarding my/our current tenancy at the address below:

_____ (Current Property Address)

Property Manager/Lessor Name _____

Contact Phone _____

Contact Email _____

Date _____

Applicant's Name _____

Applicant's Signature _____