

Application for Residential Tenancy

1. Property _____

2. Full Name of Applicant _____

a) Full names and Relationship of Others to Occupy Property – **Separate Applications for all Occupants**

Others to Occupy Property _____

Indicate ages of Any Children _____

b) Pets Owned (check with agent if allowed) _____

****ALL APPLICANTS MUST SUBMIT THEIR APPLICATIONS IN PERSON AT OFFICE****

3. Present Address _____

Phone Numbers _____

Name and Address of Agent or Owner _____ Phone: _____

(a) Period of Occupancy _____ Weekly Rental Amount Paid _____

(b) Address of Last Premises Rented _____

(c) Name and Address of Agent or Owner _____

Phone Number of Agent or Owner _____

4. Occupation _____

(a) Current Employer _____ Period of Employment _____

(b) Employers Address _____ Phone _____

(c) Previous Employer _____ Period of Employment _____

**** PLEASE SUBMIT YOUR MOST RECENT 2 PAYSLEIPS****

5. Personal References _____ Phone _____

6. Comments _____

7. Name and Address of Relative or Other Person to Contact in Case of Emergency _____

Phone _____

Car Registration No _____ Date of Birth & Licence No. (Take Photo Copy) _____

****ALL APPLICANTS MUST SUBMIT THEIR APPLICATIONS TO THE OFFICE IN PERSON****

I have inspected the above premises and wish to take a tenancy of such premises for a period of _____ months from _____ / _____ / _____ at a rental of \$ _____ per week and that the rental to be paid is within my means. I also undertake to pay the security bond of \$ _____ upon the signing of the rental agreement.

PRIVACY ACT ACKNOWLEDGMENT

In accordance with Section 18n(1)(b) of the Privacy Act, I authorise you to give information to and obtain information from all credit providers as references named in this application. I understand this can include information about my credit worthiness, credit standing, credit history or credit capacity. I understand this information may be used to assess my application.

Date: / /

Applicants Signature _____

In the Presence of (Signature) _____

REG STROW REAL ESTATE

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