

# Real Estate Mackay City Tenancy Application Form

Phone: 07 4953 0533 Mobile: 0408 11 33 66 Fax: 07 4953 0599 Email: [rentals@remcity.com.au](mailto:rentals@remcity.com.au)

APPLICANTS DETAILS				Date:
Proposed Property Address:				
Have you inspected the property	YES	NO	Was it clean:	
Weekly Rental Amount: \$		Bond: \$		
Lease Start Date:		Length of Lease:		
Number Adults Living at Property (over 18)?			Are they on the lease:	
Names of Occupants:				
Number Dependents (under 18)?				
Names & Ages:				
Pets:	Yes	No	Number:	Breed:
PERSONAL DETAILS				
Title:	First Name:		Last Name:	
Current Address:				
Suburb:				
Date of Birth:				
Mobile:			Home Number:	
Email Address:				
Driver's License Number/18+ Card Number:				State:
Passport Number:			Country:	
Pension Number:			Pension Type:	
Car Registration Number:			Make & Model:	
CURRENT LIVING ARRANGMENTS				
Renting:	Owner:	Other (please specify):		
How long have you been at this address:				
Reason for leaving:				
Weekly rent amount:			Were you ever in arrears:	
Name of agent/ landlord:				
Phone number:				
PREVIOUS LIVING ARRANGMENTS				
Renting:	Owner:	Other (please specify):		
Property Address:				
How long have you been at this address:				
Reason for leaving:				
Weekly rent amount:			Were you ever in arrears:	
Name of agent/ landlord:				
Phone number:				
Was bond fully refunded:				
Reason why:				

**Please complete and fax:** 07) 49 530 599 **Email:** [rentals@remcity.com.au](mailto:rentals@remcity.com.au)

**Drop into our office on:** 48 Malcomson St North Mackay or **Post:** P.O.Box 3427 North Mackay QLD 4740

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## CURRENT EMPLOYMENT

Occupation:	Full Time	Part Time	Casual
Current employer (company):			
Company address:			
Managers name:	Contact Number:		
Length of employment:	Salary after tax:	W/ F/ M	

## PREVIOUS EMPLOYMENT

Occupation:	Full Time	Part Time	Casual
Previous Employer (company):			
Length of employment:	Salary after tax:	W/ F/ M	

## IF SELF EMPLOYED\_ (please attach business card)

Name of Business:	ABN:
Industry:	Length business has been operating:
Address:	
Phone Number:	
Accountant whom can confirm your income:	
Accounts Phone Number:	

## BUSINESS REFRENCES (if self-employed)

Name:	Phone:	Company:
Name:	Phone:	Company:

## IF STUDYING ( Please attach student card)

Students Institution:	Full Time	Part Time
Course:		
Expected duration:		

## CENTRELINK PAYMENTS

Payment Description:			
Amount of Income:	Week	Fortnight	Month

**Will you be applying for a bond loan: Y N Will you be applying for rent assistance: Y N**

## PERSONAL REFRENCES

Name:	Phone:	Length Known:
Name:	Phone:	Length Known:

## EMERGANCY CONTACT 1 (must not be living with you)

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First Name:	Last Name:
Phone:	Relationship:
Address:	
<b>EMERGANCY CONTACT 2</b> (must not be living with you)	
First Name:	Last Name:
Phone:	Relationship:
Address:	
<b>DISCLAIMER</b>	
1) I have on my own accord decided that I wish to rent the property at: Property address	
2) Have you inspected the property? YES / NO	
3) Was the property clean and in reasonable condition: YES/ NO	
4) Lease starting on the     /     /                      For the length of            months	
5) I have been informed, understand and agree that the rental price for the property is: W/F/M weekly, fortnight, month	
6) I have been informed, understand and agree that the bond for the said property will be \$_____ (4 weeks rent) and I further agree and undertake to pay the said bond on/before signing the tenancy agreement.	
7) I have been informed, understand and agree that upon approval of this application two (2) weeks rent is required as a "holding deposit" this will be allocated to the first 2 weeks rent. You do however need to be 2 weeks in advance at all times.	
8) I have been informed, understand and agree that should I then decide NOT to accept the property that this "holding deposit" is NON REFUNDABLE.	
9) I agree that all the details I have provided on this application form are true and correct.	
<b>First Name:</b>	<b>Last Name:</b>
Signature:	Date:

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**BEFORE ANY APPLICATION WILL BE CONSIDERED, EACH APPLICANT MUST HAVE AT LEAST 100 POINTS OF ID AND PROVIDE & PROOF OF INCOME.**

Tick

**Primary ID with photo MUST HAVE AT LEAST ONE**

- Passport - either Australian or from another country
- Australian driver's license 30
- Proof of Age card

**Secondary ID**

- Birth certificate (original or copy)
- Australian Citizenship Certificate
- ATO Tax Return
- Australian bank or credit union statement (not an ATM slip) 20
- Medicare card
- Credit card
- Bank ATM card
- Council rate notice

**Supplementary ID**

- Gas/ Electricity / Telephone Bill
- Vehicle registration certificate
- Private healthcare card
- Employer/security ID card
- Marriage certificate 10

MUST HAVE PROOF OF INCOME

**Employed:** 3\*Pay slips

**Self-employed:** Bank Statements, Group Certificate & Accountant's letter

**Not Employed:** Centrelink Statement

**TOTAL POINTS ACHIEVED WITH ATTACHED DOCUMENTS:**

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## PRIVACY ACT ACKNOWLEDGEMENT

In accordance with the privacy act I / We the undersigned authorize the recipient of this fax request any information to Real Estate Mackay City regarding our/my rental history. I/We understand that information will be used to assess my/our application.

Name:		Name:	
Signature:	Date:	Signature:	Date:
Property Address:			
Name Real Estate Agent/ Private landlord:			
Period of occupancy			
Was the applicant listed as a lessee?		Yes / No	
Number of approved occupants?			
Weekly rent amount		\$	
Was the lessee ever in arrears?		Yes / No	
Any remedies and reason			
Inspection details / damages noted			
Was the yard and gardens maintained?		Yes / No	
Did your office terminate the tenancy?		Yes / No	
Notice to leave and reason			
Date vacated			
Pets kept with / without permission?		Yes / No	
Was the property left clean & tidy?		Yes / No	
Was bond refund			
Details of disputes with applicant			
Any outstanding monies owing			
Would you rent to this tenant again?		Yes / No	
Comments:			
Property Manager Name:			Date:

Please also attach a tenant ledger

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## Consent to receive electronic communication

Lessor(s)

The *Electronic Transactions Act (Queensland) 2001* (Sections 11 and 12) requires a person/s to provide consent if they agree to receive information via electronic communication.

The preferred email address/es and facsimile number/s for the person/s providing consent are:

Email address/es:

Client 1 \_\_\_\_\_

Client 2 \_\_\_\_\_

Fax number: \_\_\_\_\_

By signing this document, the person/s consent to the use of electronic communication as per the email address and/or facsimile number provided above as a method of communication with the agent named below.

Name/s of persons providing consent to receive information via electronic communication:

### SIGNATURES

Client 1 Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client 2 Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: Real Estate Mackay City \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_