



Coastline Realty Bargara
16 See Street
Bargara, QLD 4670
Phone: 07 4159 1499
Email: rentals@coastlinerealty.com.au

TENANCY APPLICATION FORM



PROPERTY DETAILS

Address: _____

Lease Term: _____ Years _____ Months

Commencement Date: ____ / ____ / ____

Rent: \$ _____ per week



OCCUPANTS

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

PERSONAL DETAILS

Given Name/s _____ Surname: _____

Home No: _____ Mobile No: _____ Date of Birth: ____ / ____ / ____

Email: _____ Drivers Licence No: _____

Current Address: _____ Do You Smoke: Yes / No

Do you have Pets? Yes / No (If Yes please fill in the pet application)

Have you ever been known by any other name? Yes / No If yes please specify: _____

CURRENT PROPERTY DETAILS

(Min 5 Years Rental History Required)

OWNER / RENTING / BOARDING

Address: _____

Agency/Landlord/s Name: _____

Phone No: _____ Email: _____

Time at Property: _____ Years _____ Months Rent Paid: \$ _____

Reason for Leaving: _____

PREVIOUS PROPERTY DETAILS

OWNER / RENTING / BOARDING

Address: _____

Agency/Landlord/s Name: _____

Phone No: _____ Email: _____

Time at Property: _____ Years _____ Months Rent Paid: \$ _____

Reason for Leaving: _____

CURRENT EMPLOYMENT DETAILS

Business Name: _____
Position Held: _____ Length of Employment: _____ Yrs _____ Mths
Contact Name: _____ Contact No: _____
NET Income per week: \$ _____

SELF EMPLOYED

Company Name: _____
Trading As: _____
ABN: _____ Nature of Business: _____
Period of Ownership: _____ Yrs _____ Mths Total Annual Income: \$ _____
Accountants Name: _____ Accountants Number: _____
Address of Business: _____

PREVIOUS EMPLOYMENT DETAILS

Business Name: _____
Position Held: _____ Length of Employment: _____ Yrs _____ Mths
Contact Name: _____ Contact No: _____
NET Income per week: \$ _____

CENTRELINK DETAILS

Pension Type: _____
Fortnightly NET Income: \$ _____ Income Statement Provided: Yes / No

PERSONAL REPRESENTATIVE

(NEXT OF KIN NOT LIVING WITH YOU)

Name: _____ Phone: _____
Address: _____

PERSONAL REFERENCES

(Not Family, Landlord's or Current Employers)

Name: _____ Phone No: _____
Age: _____ Relationship to Applicant: _____
Name: _____ Phone No: _____
Age: _____ Relationship to Applicant: _____
Name: _____ Phone No: _____
Age: _____ Relationship to Applicant: _____

PRIVACY DISCLOSURE STATEMENT

We are an independently owned and operated business and are bound by the National Privacy principles. We collect personal information about you in this form to assess your Application for Tenancy. We may need to collect information about you from your previous Lessors or Letting Agents, your Employer and Referees. We will also check if details of Tenancy defaults by you are held on a Tenancy Database. Your consent for us to collect the information is set out below in the Privacy Consent section.

COLLECTION NOTICE

The personal information you provide in this Application or our Agency collects from other sources is necessary for Coastline Realty Pty Ltd to verify your identity, to process and evaluate the Application and to manage the Tenancy. If the Application is successful, personal information collected about you in this Application and during the course of your Tenancy, may be disclosed for the purpose for which it was collected to other parties including the Lessor, Referees, other Agents and third party operators of Tenancy Databases. Information already held on Tenancy Databases may also be disclosed to our Agency and/or the Lessor. If you enter into a General Tenancy Agreement and if you fail to comply with your obligations under the Agreement, the facts and other relevant personal information collected about you during the course of your Tenancy may also be disclosed to the Lessor, third party operators of Tenancy Databases and/or other Agents.

You have the right to access personal information that we hold about you by contacting our Privacy Officer. You can also correct this information if it is inaccurate, incomplete or out of date. If your Application is not successful it will be stored securely for a period of two weeks only. If you decide not to collect your Application we will destroy your documents to comply with Privacy Legislation. If you do not complete this form or do not sign the consent below then your Application for Tenancy will not be considered by the owner of the relevant Property or, if considered, may be rejected, due to insufficient information to assess the Application.

PRIVACY CONSENT

I acknowledge that I have read the above Privacy Disclosure Statement and Collection Notice of Coastline Realty Pty Ltd. I authorise Coastline Realty Pty Ltd to collect information about me from:

- My previous letting Agents and/or Lessors;
- My personal referees, employers and all other references on this application;
- Tenancy Databases eg. TICA. I can refer to their Privacy Disclosure Statements via: www.tica.com.au

I authorise Coastline Realty Pty Ltd to refer my name and contact details to an arranger or service provider including tradespeople (to attend to work required at this Property), salespeople (primary and secondary Agents), valuers, the Lessor, other Agents, database operators, other Property Managers, Body Corporate, Insurance companies, Financial services, if required in the future, and to Authorities as required by law.

Name of Applicant:	
Signature:	Date: ___ / ___ / ___

Good Luck!

SUPPORTING IDENTIFICATION/DOCUMENTATION

Your 100 Points of ID can be made up of the following items as long as least one item is photo ID of some type:

- | | |
|---|--|
| <input type="checkbox"/> Drivers Licence – 60 points | <input type="checkbox"/> Passport – 40 points |
| <input type="checkbox"/> Medicare Card/Bank Card – 25 Points | <input type="checkbox"/> Bank Statement/Utility Bill – 25 points |
| <input type="checkbox"/> Birth Certificate/Rego Bill – 30 points | <input type="checkbox"/> Previous tenant ledger – 10 points |
| <input type="checkbox"/> Healthcare Card/Pension Card – 10 points | <input type="checkbox"/> Current Rent Receipts – 10 points |
| <input type="checkbox"/> 4 Most Recent Pay Slips – 40 points | |

Total Points Collected: _____

DECLARATION

- | | |
|---|----------|
| 1. Have you ever been evicted by a Landlord/Agent? | YES / NO |
| 2. Are you in debt to another Landlord/Agency? | YES / NO |
| 3. Was your bond at your last rental refunded in full? | YES / NO |
| If No, why? _____ | |
| 4. Was this property in satisfactory condition when you inspected it? | YES / NO |
| If No, please comment on condition: _____ | |

I declare the information provided is true and correct. I consent to verify details via Tenancy Information Centre of Australia. I declare I am not bankrupt or an undischarged bankrupt.

I am applying for a tenancy period of _____ months at the rent of \$_____ and would like to commence by tenancy ____ / ____ / ____.

I understand that the nominated Applicant is advised this Application is approved then within 24 hours, all approved Applicants are to sign the General Tenancy Agreement and an amount, equal to 6 (six) weeks rent (being bond plus the first 2 (two) weeks rent) will be required to be paid. The Tenant is then bound to the Terms of the Agreement and the Property will cease to be available for rent. If the Tenancy does not proceed, steps to apply for a refund of the Bond will be taken by the Agent for monies owed for rent until a replacement Tenant is secured.

ACKNOWLEDGEMENT

Please acknowledge the following by selecting yes or no:

I the Applicant,

YES

NO

- | | | |
|--|--------------------------|--------------------------|
| 1. Acknowledge that my personal contents insurance is not covered under any lessor insurance policy/s and understand it is my responsibility to insure my own personal belongings. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 credit worthiness.
2.1 – for such purposes, I authorise you to contact the persons named in this application, and to undertake such enquires and searches (including tenancy database searches) as you consider reasonably necessary. | <input type="checkbox"/> | <input type="checkbox"/> |

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.

- | | | |
|--|--------------------------|--------------------------|
| 3. Acknowledge and accept that if this application is denied, the agent is not obliged to provide reasons why. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 corporate, contractors, other real estate agents, salespeople and tenancy default databases. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Acknowledge that I have signed the agencies Privacy Notice and Consent. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Acknowledge that I have or have available the Information Statement (Form 17a) before completing this application. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Acknowledge that the lessor and the applicant (tenant) are bound by this agreement immediately upon communication of either the lessor or agent's acceptance of the application. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Consent of the use of email 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). | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Declare that the above information is true and correct and that I have supplied it of my own free will. | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Applicant:	
Signature:	Date: ___ / ___ / ___