

	PART 1: RENTAL PROPERTY DETAILS					
TEM 1:	AGENT DETAILS					
	AGENCY NAME:					
	Ian Clarke Real Estate					
	ADDRESS: 2 / 68 Railway Ave (corner Queens Rd)					
	SUBURB: Railway Estate STATE: QLD POS	STCODE: 4812				
	PHONE: MOBILE: FAX: EMAIL:					
	07 4725 7388 0417 682 438 07 4725 7488 admin@icrealestate.com.au trish@icrealest	state.com.au				
ITEM 2:	PROPERTY DETAILS					
	ADDRESS:					
	SUBURB: STATE: POS	STCODE:				
	SUBURB:					
	Tenancy Term: Fixed term agreement Periodic agreement					
	Starting on: Ending on:					
	PART 2: APPLICANT DETAILS					
EM 3:	CONTACT DETAILS					
LIVI J.	FULL NAME:	DATE OF BIRTH:				
	Have you been known by any other name(s)?					
	Have you been known by any other name(s)? Yes No If Yes, what other name(s) have you been known by? WORK PHONE: MOBILE: HOME PHONE: EMAIL:					
	If Yes, what other name(s) have you been known by? WORK PHONE: MOBILE: HOME PHONE: EMAIL:					
	If Yes, what other name(s) have you been known by? WORK PHONE: MOBILE: HOME PHONE: EMAIL:					
	If Yes, what other name(s) have you been known by? WORK PHONE: MOBILE: HOME PHONE: EMAIL: Driver's Licence/passport number: State: Number of vehicles: Registration number(s):					
ГЕМ 4:	If Yes, what other name(s) have you been known by? WORK PHONE: MOBILE: HOME PHONE: EMAIL: Driver's Licence/passport number: State:					
TEM 4:	If Yes, what other name(s) have you been known by? WORK PHONE: MOBILE: HOME PHONE: EMAIL: Driver's Licence/passport number: State: Number of vehicles: Registration number(s): DEPENDANTS Do you have any dependants? Yes	DEPENDANT DATE OF BI				
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EM 5:	If Yes, what other name(s) have you been known by? WORK PHONE: MOBILE: HOME PHONE: EMAIL: Driver's Licence/passport number: State:	DEPENDANT DATE OF B				
EM 5:	If Yes, what other name(s) have you been known by? WORK PHONE: MOBILE: HOME PHONE: EMAIL: Driver's Licence/passport number: Registration number(s): DEPENDANTS Do you have any dependants? Yes No DEPENDANT FULL NAME(S): RELATIONSHIP TO APPLICANT: SMOKING Are you or any of the dependants living with you a smoker? Yes No					
ТЕМ 4: ТЕМ 5: ТЕМ 6:	If Yes, what other name(s) have you been known by? WORK PHONE: MOBILE: HOME PHONE: EMAIL: Driver's Licence/passport number:	DEPENDANT DATE OF BI				
'EM 5:	If Yes, what other name(s) have you been known by? WORK PHONE: MOBILE: HOME PHONE: EMAIL: Driver's Licence/passport number:					

ITEM 7: APPLICANTS ADDRESS HISTORY

	CURRENT RESIDENTIAL ADDRESS:					
	SUBURB: PERIOD OF OCCUPANCY:	TYPE OF OCCUPANCY:			STATE:	
	CURRENT AGENT/LESSOR (If renting)	Rent	Owner	Other: \rightarrow		
	AGENT/LESSOR PHONE:	FAX:	EMAIL:			
	CURRENT RENT \$ Rent period:	← weekly / fort	nightly / monthly	REASON FOR	R LEAVING:	
	PREVIOUS RESIDENTIAL ADDRESS:					
	SUBURB: PERIOD OF OCCUPANCY:	TYPE OF OCCUPANCY:			STATE:	POSTCODE:
	PREVIOUS AGENT/LESSOR:	Rent	Owner	Other: →		
	AGENT/LESSOR PHONE:	FAX:	EMAIL:			
	PREVIOUS RENT: \$ Rent period:	← weekly / fort	nightly / monthly	REASON FOR	R LEAVING:	
EM 8:	EMPLOYMENT DETAILS					
	Are you employed? Yes	No (if no, please pro	vide details of pre	vious employe	r, if any)	
	Employment status:		Casual	Contract	Self employe	ed
				NET INCOME		
	DATE COMMENCED EMPLOYMENT (approx.)					
	EMPLOYER/BUSINESS NAME:					
	ADDRESS:					
	SUBURB:			STATE:	POSTCODE:	
	PHONE:	FAX:	EMAIL:			
	IF SELF EMPLOYED, ACCOUNTANT'S	S NAME:				PHONE:
EM 9:	CENTRELINK PAYMENTS					
	Are you receiving any regular Centr DESCRIPTION OF PAYMENT(S):	elink payments? Yes	No			
	TOTAL INCOME (PER WEEK): \$	DATE PAYMENTS COMMEN	CED:			
EM 10:	STUDENT DETAILS					
	Are you studying full time?	Yes No				
	NAME OF EDUCATION INSTITUTION	YOU ARE CURRENTLY ATTENDING	: STUDEN	IT IDENTIFICAT	ION NUMBER:	
	Are you an overseas student?	Yes No	lf yes, V	isa expiry date	:	
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ITEM 11:	PERSONAL REFERENCES				
	Please do not list relatives, anothe REFEREE 1:	r applicant or partners and prov	vide business hou	rs contact numbers.	RELATIONSHIP:
	ADDRESS:				
	SUBURB:		STATE:	POSTCODE:	PHONE/MOBILE:
	REFEREE 2:				RELATIONSHIP:
	ADDRESS:				
	SUBURB:		STATE:	POSTCODE:	
ITEM 12:	PERSONAL REPRESENTATIVE				
	i.e. preferred person(s) to be conta	i.e. preferred person(s) to be contacted in the event of an emergency.			
	REPRESENTATIVE 1:				RELATIONSHIP:
	ADDRESS:				
					PHONE/MOBILE:
	SUBURB: REPRESENTATIVE 2:		STATE:		RELATIONSHIP:
	ADDRESS:			PHONE/MOBILE:	
	PART 3: SUPPORTING	DOCUMENTS			
ITEM 13:	IDENTIFICATION				
	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 docume				
	IMPORTANT: At least one form of Photo Identification MUST be provided.				
	70 Points				
	Passport	Full birth certificate	Citiz	enship certificate	
	40 Points Australian Driver's Licence	Student Photo ID		artment of Veterans Aff	fairs card
	Centrelink card	Proof of age card		e/Federal Government	
	25 Points				
	Medicare card	Council rates notice	Mot	or vehicle registration	
	Telephone bill	Electricity bill	Gas	bill	
	Tenancy History Ledger	Bank statement	Cre	dit card statement	
	Last FOUR rent receipts	Rent bond receipt	Prev	vious tenancy agreeme	nt
ITEM 14:	PROOF OF INCOME				
	You are also required to supply the Agent/Lessor with proof of your income upon submission of your application.				
	Employed: Last TWO pay	slips.			
	Self employed: Bank statement	s, Group Certificate, Tax Retur	n or Accountant's	letter.	

Not employed: Centrelink statement.

PART 4: DECLARATION

PLE	ASE 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		
The	Agency may use the following tenancy databases to check the rental history of the Applicant/s:		
PA	RT 6: ACKNOWLEDGEMENT		
PLE	ASE ACKNOWLEDGE THE FOLLOWING BY SELECTING EITHER YES or NO		
1.	I, the Applicant Acknowledge that my personal contents insurance is not covered under any Lessor insurance		
1.	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 identification, my ability to care for the property, my character and my creditworthiness.	Yes	No
	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) as you consider reasonably necessary.	Yes	No
	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.	Yes	No No
3.	Acknowledge and accept that if this application is denied, the Agent is not legally obliged to provide reasons as to why.	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 which may include (but is not limited to) insurance companies, body corporates, contractors, other real estate agents, salespeople and tenancy default databases.	Yes	No No
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 upon communication of either the lessor or agent's acceptance of the application.	Yes	No
9.	Consent to the use of email and facsimile in accordance with the provisions set out in Chapter 2 of the <i>Electronic Transactions (Queensland) Act 2001 (Qld)</i> and the <i>Electronic Transactions Act 1999 (Cth)</i> .	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: Date:		

INITIALS