APPLICATION FOR RESIDENTIAL TENANCY Each person over the age of 18 must be on the lease							
PF	ROPERTY ADDRESS APPLIED FOR:						
I HAVE OF MY OWN ACCORD DE	COMMENCING:/(Insert date tenancy to commence)						
	6 MONTHS / 12 MONTHS (Please circle)						
I HAVE BEEN INFORMED, RENTAL FOR THE PROPERTY I WHICH WILL BE PAID BY THE	\$(Insert rent per week)						
I HAVE BEEN INFORMED, UNDEF FOR THI	\$(4 x weekly rent)						
	CASH / BOND LOAN (Please circle)						
	NAME OF APPLICANT/S OVER 18:						
WILL DEPENDANTS RESIDE AT THE PROPERTY:	YES / NO	DO YOU HAVE	PETS:	YES / NO			
IF 'YES LIST THEIR NAMES & AGE	IF 'YES LIST AI	MOUNT & BREED:					
DO YOU OWN A LAWN MOWER:	YES / NO	ARE THEY REC	GISTERED:	YES / NO			
DO YOU OWN A WHIPPER SNIPPER:	YES / NO	DETAILS:					
OFFICE USE ONLY: D & T received:		Property Mange					
DISCLAIMER/AUTHORITY  I, the said applicant, do solemnly declare that the information contained in this application is true and correct and that all the information was given of my own free will. I further consent to the lesser/agent contacting and/or conducting any enquiries and/or searches with regard to the information and references supplied in this application I, the said applicant, do solemnly and sincerely declare that I am over 18 years of age and have read and understood the contents of this agreement and have the competence and capacity to enter into this agreement.  I, further confirm and declare that:							
given of my own free will. I further information and references supple	declare that the information container consent to the lesser/agent contact ied in this application I, the said appos the contents of this agreement and	A/AUTHORITY  and in this applicate  and/or condu  cant, do solemn  d have the comp	ion is true and corr cting any enquiries ly and sincerely de etence and capacity	and/or searches with regard to the clare that I am over 18 years of age			
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APPLICANT 1 You must provide Photo I.D (Driver's license, 18+ card, student I.D, passport) NB: All applications will be referred to TICA for confirmation of details supplied.						
FULL NAME:						
DATE OF BIRTH:		MARITAL STATUS:				
DRIVERS LICENSE NO:		STATE OF DRIVERS LICENSE:				
MEDICARE NUMBER:		HOME PHONE NUMBER:				
WORK PHONE NUMBER:		MOBILE NUMBER:				
EMAIL ADDRESS:						
CURRENT ADDRESS:						
RENTING / OWNER/ OTHER:		REAL ESTATE AGENT/LESSER:				
TIME PERIOD AT PREMISES:		RENT PAID PER WEEK:				
AGENT/LESSER PHONE:						
AGENT/LESSER EMAIL ADDRESS:						
PREVIOUS ADDRESS:						
RENTING / OWNER/ OTHER:		REAL ESTATE AGENT/LESSER:				
TIME PERIOD AT PREMISES:		AGENT/LESSER FAX:				
AGENT/LESSER PHONE:		RENT PAID PER WEEK:				
AGENT/LESSER EMAIL ADDRESS:	:					
HAVE YOU EVER BEEN EVICTED BY AN AGENT/LESSER?			YES / NO			
IS THERE ANY REASON KNOWN TO YOU THAT WOULD AFFECT YOUR ABILITY TO PAY RENT:			YES / NO			
ARE YOU IN DEBT TO ANOTHER AGENT/LESSER:			YES / NO			
WAS YOUR RENTAL BOND AT YOUR LAST ADDRESS REFUNDED IN FULL:  YES / NO						
IF 'NO' PLEASE ADVISE WHAT DEDUCTIONS WERE MADE FROM YOUR RENTAL BOND AND WHY:						

	You m	nust provide prod	EMPLOYMEN of of income (Pay slip	os, bank stateme	nt, Cent	relink stater	nent)	
EMPLOYE	RS BUSINESS NAME:							
LOCATION	LOCATION:			EMPLOYERS PHONE NUMBER:				
LENGTH (	OF EMPLOYMENT:			NETT WEEKLY INCOME:				
IF EMPLO	YED LESS THAN 6 MON	THS PLEASE PRO	OVIDE PREVIOUS EM	PLOYMENT HIS	TORY:			
SELF EMPLOYED BUSINESS NAME:								
WHAT DO	ES YOUR BUSINESS IN\	/OLVE:						
LOCATION	N:				ABN:		1	
PERSONA	AL NETT WEEKLY INCOM	IE:						
HOW LON	IG HAVE YOU BEEN IN B	USINESS:						
ACCOUNT	TANTS NAME & CONTAC	T DETAILS:						
CEN	ITRELINK DETAILS TYPE	OF PAYMENT:						
	NETT FORTNIC	GHTLY INCOME						
	STUDENT INFORMA	TION NAME OF INSTITUTION:						
	FACULTY/	DEPARTMENT:						
STUDENT UNION NUMBER:				STU	JDENT I.D:			
	(0	Naga da nat liat i	PERSONAL RI relatives or partners		inaca b			
NAME:	(I-	rease do not list	RELATIONSHIP:	and provide bus	iness n	PHONE:	7	
NAME:			RELATIONSHIP:			PHONE:		
NAME:			RELATIONSHIP:			PHONE:	<u> </u>	
NAME:			RELATIONSHIP:			PHONE:	<u> </u>	
			DETAILS OF N					
NAME:			(Not living	with you)		PHONE:		
IVAIVIE.		ADDRESS:	KLEATIONOLIII .			THOIL.		
			100 POINTS IDE					
You are	required to meet a 100 p	oint identificatior it	n criterion upon subr tem and retain as par	nission of your a rt of your applica	applicati ition	ion, and the	agent/lesser ma	ay photocopy any
Proof of income		50	Driver's License			40		
Photo ID - 18 + card, student ID, passport		30	Birth Certificate		10			
If you owned your own property copy of rates notice		30	Current Car/Motorbike Registration Papers 10		10			
Minimum 2 references from previous landlord/agents		20	Copy of Phone, Gas, or Power Accounts 10			10		

403 The Esplanade, Torquay, Qld, 4655

Telephone: (07) 4125 5399 Fax: (07) 4125 5377

APPLICANT 2 You must provide Photo I.D (Driver's license, 18+ card, student I.D, passport) NB: All applications will be referred to TICA for confirmation of details supplied.						
FULL NAME:	•					
DATE OF BIRTH:		MARITAL STATUS:				
DRIVERS LICENSE NO:		STATE OF DRIVERS LICENSE:				
MEDICARE NUMBER:		HOME PHONE NUMBER:				
WORK PHONE NUMBER:		MOBILE NUMBER:				
EMAIL ADDRESS:						
CURRENT ADDRESS:						
RENTING / OWNER/ OTHER:		REAL ESTATE AGENT/LESSER:				
TIME PERIOD AT PREMISES:		RENT PAID PER WEEK:				
AGENT/LESSER PHONE:		RENT PAID PER WEEK:				
AGENT/LESSER EMAIL ADDRESS:						
PREVIOUS ADDRESS:						
RENTING / OWNER/ OTHER:		REAL ESTATE AGENT/LESSER:				
TIME PERIOD AT PREMISES:		AGENT/LESSER FAX:				
AGENT/LESSER PHONE:		RENT PAID PER WEEK:				
AGENT/LESSER EMAIL ADDRESS:						
HAVE YOU EVER BEEN EVICTED BY AN AGENT/LESSER?			YES / NO			
IS THERE ANY REASON KNOWN TO YOU THAT WOULD AFFECT YOUR ABILITY TO PAY RENT:			YES / NO			
ARE YOU IN DEBT TO ANOTHER AGENT/LESSER:			YES / NO			
WAS YOUR RENTAL BOND AT YOUR LAST ADDRESS REFUNDED IN FULL:			YES / NO			
IF 'NO' PLEASE ADVISE WHAT DEDUCTIONS WERE MADE FROM YOUR RENTAL BOND AND WHY:						

(PLEASE ASK IF YOU REQUIRE MORE APPLICANT FORMS)

rentals@ccrhb.com.au

	You n	nust provide proc	EMPLOYMEN of of income (Pay slip	II DETAILS os, bank stateme	nt, Cent	relink stater	ment)	
EMPLOYE	RS BUSINESS NAME:							
LOCATION	LOCATION:			EMPLOYERS PHONE NUMBER:				
LENGTH (	OF EMPLOYMENT:			NETT WEEKLY	INCOM	E:		
IF EMPLO	YED LESS THAN 6 MON	THS PLEASE PRO	OVIDE PREVIOUS EN	PLOYMENT HIS	TORY:			
SELF EMF	PLOYED BUSINESS NAM	E:						
WHAT DO	ES YOUR BUSINESS IN\	/OLVE:						_
LOCATION	<b>N</b> :				ABN:			
PERSONA	L NETT WEEKLY INCOM	1E:						
HOW LON	G HAVE YOU BEEN IN B	USINESS:						
ACCOUNT	ANTS NAME & CONTAC	T DETAILS:						
CEN	TRELINK DETAILS TYPE	OF PAYMENT:						
	NETT FORTNIC	GHTLY INCOME						
	STUDENT INFORMA	TION NAME OF INSTITUTION:						
	FACULTY/	DEPARTMENT:						
STUDENT UNION NUMBER:				STU	JDENT I.D:			
	/p	Nonce de not list	PERSONAL RI relatives or partners		inoce b	our contacts		
NAME:	(I	lease do not list	RELATIONSHIP:	and provide bus	illess II	PHONE:	»)	
NAME:			RELATIONSHIP:			PHONE:		
NAME:			RELATIONSHIP:			PHONE:		
NAME:			RELATIONSHIP:			PHONE:		
			DETAILS OF N			, , , , , ,		
NAME:			(Not living RELATIONSHIP:	with you)		PHONE:		
10 1012.		ADDRESS:	TREE/THORIGIN :			1110112.		
100 POINTS IDENTIFICATION								
You are	required to meet a 100 p	oint identification it	n criterion upon subi tem and retain as pai	nission of your a rt of your applica	applicati ition	ion, and the	agent/lesser ma	ay photocopy any
Proof of income		50	Driver's License			40		
Photo ID - 18 + card, student ID, passport		30	Birth Certificate		10			
If you owned your own property copy of rates notice		30	Current Car/Motorbike Registration Papers 10		10			
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