SEQ REALTY

REIQ

Application for Residential Tenancy
(One application to be completed per person)

PART 1: RENTAL PROPERTY DETAILS

ITEM 1: | **AGENT DETAILS**

AGENCY NAME:
SEQ Realty

ADDRESS: Po Box 3175

SUBURB: Loganholme   STATE: QLD   POSTCODE: 4129

PHONE: MOBILE: FAX: EMAIL:
07 3180 0289   info@seqrealty.com.au

ITEM 2: | **PROPERTY DETAILS**

ADDRESS: _____

_____

SUBURB: _____   STATE: _____   POSTCODE: _____

Rent: $ _____   Rent period: _____   ← *weekly / fortnightly / monthly*   Bond: $ _____

Tenancy Term: _____   ☐ Fixed term agreement   ☐ Periodic agreement

Starting on: _____   Ending on: _____

PART 2: APPLICANT DETAILS

ITEM 3: | **CONTACT DETAILS**

FULL NAME: DATE OF BIRTH:
_____   _____

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:
_____   _____   _____   _____

Driver's Licence/passport number: _____   State: _____

Number of vehicles: _____   Registration number(s): _____

ITEM 4: | **DEPENDANTS**

Do you have any dependants?   ☐ Yes   ☐ No

DEPENDANT FULL NAME(S):	RELATIONSHIP TO APPLICANT:	DEPENDANT DATE OF BIRTH:
_____	_____	_____
_____	_____	_____
_____	_____	_____

ITEM 5: | **SMOKING**

Are you or any of the dependants living with you a smoker?   ☐ Yes   ☐ No

ITEM 6: | **PETS**

Do you intend to keep pets at the property?   ☐ Yes   ☐ No   Number of pets: _____

Type of Pet/s: _____   Are your pets registered with a council?   ☐ Yes   ☐ No

If Yes, please state which council: _____

INITIALS *(Note: initials not required if signed with Electronic Signature)*

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ITEM 7:	APPLICANTS ADDRESS HISTORY

CURRENT RESIDENTIAL ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

PERIOD OF OCCUPANCY: _____

TYPE OF OCCUPANCY:
☐ Rent   ☐ Owner   ☐ Other: → _____

CURRENT AGENT/LESSOR (If renting): _____

AGENT/LESSOR PHONE: _____ FAX: _____ EMAIL: _____

CURRENT RENT
$ _____ Rent period: _____ ← weekly / fortnightly / monthly

REASON FOR LEAVING: _____

PREVIOUS RESIDENTIAL ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

PERIOD OF OCCUPANCY: _____

TYPE OF OCCUPANCY:
☐ Rent   ☐ Owner   ☐ Other: → _____

PREVIOUS AGENT/LESSOR: _____

AGENT/LESSOR PHONE: _____ FAX: _____ EMAIL: _____

PREVIOUS RENT:
$ _____ Rent period: _____ ← weekly / fortnightly / monthly

REASON FOR LEAVING: _____

ITEM 8:	EMPLOYMENT DETAILS

Are you employed?   ☐ Yes   ☐ No   (if no, please provide details of previous employer, if any)

Employment status: ☐ Full time   ☐ Part time   ☐ Casual   ☐ Contract   ☐ Self employed

OCCUPATION: _____

NET INCOME (per week)
$ _____

DATE COMMENCED EMPLOYMENT (approx.) _____

DATE TERMINATED EMPLOYMENT (if any): _____

EMPLOYER/BUSINESS NAME: _____

ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

PHONE: _____ FAX: _____ EMAIL: _____

IF SELF EMPLOYED, ACCOUNTANT'S NAME: _____ PHONE: _____

ITEM 9:	CENTRELINK PAYMENTS

Are you receiving any regular Centrelink payments?   ☐ Yes   ☐ No

DESCRIPTION OF PAYMENT(S): _____

TOTAL INCOME (PER WEEK):
$ _____

DATE PAYMENTS COMMENCED: _____

ITEM 10:	STUDENT DETAILS

Are you studying full time?   ☐ Yes   ☐ No

NAME OF EDUCATION INSTITUTION YOU ARE CURRENTLY ATTENDING: _____

STUDENT IDENTIFICATION NUMBER: _____

Are you an overseas student?   ☐ Yes   ☐ No   If yes, Visa expiry date: _____

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Please do not list relatives, another applicant or partners and provide business hours contact numbers.

REFEREE 1: _____   RELATIONSHIP: _____

ADDRESS: _____

_____   PHONE/MOBILE: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

REFEREE 2: _____   RELATIONSHIP: _____

ADDRESS: _____

_____   PHONE/MOBILE: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

ITEM 12: **PERSONAL REPRESENTATIVE**

i.e. preferred person(s) to be contacted in the event of an emergency.

REPRESENTATIVE 1: _____   RELATIONSHIP: _____

ADDRESS: _____

_____   PHONE/MOBILE: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

REPRESENTATIVE 2: _____   RELATIONSHIP: _____

ADDRESS: _____

_____   PHONE/MOBILE: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

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 documents you have provided with your application.

IMPORTANT: At least one form of Photo Identification MUST be provided.

70 Points

☐ Passport   ☐ Full birth certificate   ☐ Citizenship certificate

40 Points

☐ Australian Driver's Licence   ☐ Student Photo ID   ☐ Department of Veterans Affairs card

☐ Centrelink card   ☐ Proof of age card   ☐ State/Federal Government Photo ID

25 Points

☐ Medicare card   ☐ Council rates notice   ☐ Motor vehicle registration

☐ Telephone bill   ☐ Electricity bill   ☐ Gas bill

☐ Tenancy History Ledger   ☐ Bank statement   ☐ Credit card statement

☐ Last FOUR rent receipts   ☐ Rent bond receipt   ☐ Previous tenancy agreement

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 statements, Group Certificate, Tax Return or Accountant's letter.

Not employed: Centrelink statement.

INITIALS   *(Note: initials not required if signed with Electronic Signature)*

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PART 4: DECLARATION

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?

PART 5: TENANCY DATABASES

The Agency may use the following tenancy databases to check the rental history of the Applicant/s:

PART 6: ACKNOWLEDGEMENT

PLEASE ACKNOWLEDGE THE FOLLOWING BY SELECTING EITHER YES or NO

I, the Applicant

1.	Acknowledge that my personal contents insurance is not covered under any Lessor insurance 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
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
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 *Electronic Transactions (Queensland) Act 2001 (Qld)* and the *Electronic Transactions Act 1999 (Cth)*.	☐ 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 *(Note: initials not required if signed with Electronic Signature)*

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