

28 BOKISSA RD
PALM COVE QLD 4879
07 4059 0111
propertymanager@ner.net.au

TENANCY APPLICATION FORM

PROPERTY DETAILS

ADDRESS:		
RENT PER WEEK: \$		
PREFERRED LEASE COMMEN	NCEMENT DATE:	
PREFERRED LEASE TERM: 3	mths / 6 mths / 12mt	hs
APPLICANT 1 - DETAIL	<u>s</u>	
NAME:		
DATE OF BIRTH:		
DRIVERS LICENCE NO:		STATE:
HOME TELPHONE NO:	MOBILE	NO:
EMAIL ADDRESS:		
NUMBER OF ADULTS RESID	ING IN THE PROPERTY	/ :
NUMBER OF CHILDREN RSI	DING IN THE PROPERT	ΓΥ:
CHILDREN'S AGES:/	.//	
PETS: YES / NO NUI	MBER OF PETS:	
TYPE/S:	BREED:	

TENANCY HISTORY

CURRENT ADDRESS:	
LENGTH OF TENANCY:	WEEKLY RENT \$
RENTAL AGENCY:	
PHONE:	EMAIL:
REASON FOR LEAVING:	
PREVIOUS ADDRESS:	
LENGTH OF TENANCY:	WEEKLY RENT \$
RENTAL AGENCY:	
PROPERTY MANAGERS NAME:	
PHONE:	EMAIL:
REASON FOR LEAVING:	
EMPLOYMENT DETAILS	
EMPLOYER:	
POSITION:	
EMPLOYMENT: Full Time/ Part	Time/ Casual DURATION:
PAYROLL CONTACT:	PHONE:
NET EARNINGS PER WEEK: \$	
DEFEDENCES	
<u>REFERENCES</u>	
REFERENCE 1:	RELATIONSHIP:
HOME PHONE:	MOBILE:
REFERENCE 2:	RELATIONSHIP:
HOME PHONE:	MOBILE:

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____ HOME PHONE: _____ WORK PHONE: _____

HOME PHONE: W	ORK PHONE:
MOBILE: EMAIL:	
PLEASE ANSWER THE FOLLOWING:	
Have any of your previous tenancies been terminate	d? YES/NO
Do you have any outstanding debt with a previous la	andlord/agent? YES/NO
Is there any existing reason that may affect your ab	ility to pay rent? YES/NO
If you answered yes to any of the above, please pro	vide details:
VEHICLE DETAILS	
NUMBER OF VEHICLES TO BE KEPT AT THE PROPERT	ΓΥ:
MAKE & MODEL:	
REGISTRATION:	
APPLICANT 2 - DETAILS	
NAME:	
DATE OF BIRTH:	
DRIVERS LICENCE NO:	STATE:
HOME TELPHONE NO: MOBILE N	10:
EMAIL ADDRESS:	
NUMBER OF ADULTS RESIDING IN THE PROPERTY:	
NUMBER OF CHILDREN RSIDING IN THE PROPERTY	:
CHILDREN'S AGES://///	
PETS: YES / NO NUMBER OF PETS:	

TYPE/S: ______ BREED: _____

TENANCY HISTORY

CURRENT ADDRESS:	
LENGTH OF TENANCY:	WEEKLY RENT \$
RENTAL AGENCY:	
PROPERTY MANAGERS NAME:	
PHONE:	EMAIL:
REASON FOR LEAVING:	
PREVIOUS ADDRESS:	
LENGTH OF TENANCY:	WEEKLY RENT \$
RENTAL AGENCY:	
PROPERTY MANAGERS NAME:	
PHONE:	EMAIL:
REASON FOR LEAVING:	
EMPLOYMENT DETAILS	
POSITION:	
EMPLOYMENT: Full Time/ Part	: Time/ Casual DURATION:
PAYROLL CONTACT:	PHONE:
NET EARNINGS PER WEEK: \$	
REFERENCES	
REFERENCE 1:	
HOME PHONE:	MOBILE:
REFERENCE 2:	RELATIONSHIP:
HOME PHONE:	MOBILE:

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____ HOME PHONE: _____ WORK PHONE: _____ MOBILE: _____ EMAIL: _____ PLEASE ANSWER THE FOLLOWING: Have any of your previous tenancies been terminated? YES/NO Do you have any outstanding debt with a previous landlord/agent? YES/NO Is there any existing reason that may affect your ability to pay rent? YES/NO If you answered yes to any of the above, please provide details: **VEHICLE DETAILS** NUMBER OF VEHICLES TO BE KEPT AT THE PROPERTY:_____ MAKE & MODEL: REGISTRATION:

OFFICE USE ONLY

100 POINT IDENTIFICATION CHECK

PASSPORT	70 POINTS
BIRTH CERTIFICATE	70 POINTS
DRIVERS LICENSE/PROOF OF AGE	70 POINTS
PAYSLIP/OR RENT RECEIPTS	25 POINTS
CAR REGISTRATION/UTILITY ACCOUNT	25 POINTS
MEDICARE/BANK CARD	25 POINTS
BANK STATEMENT/PHONE BILL	25 POINTS

PRIVACY STATEMENT

PRIVACY DISCLOSURE STATEMENT FOR NORTHERN EXPOSURE REALTY

We are an independently owned and operated business. We are bound by the National Privacy Principles. We collect personal information about you in this form to assess your application for a residential tenancy. We may need to collect information about you from your previous landlords or letting agents, your current or previous employer and your referees. Your consent to us collecting this information is set out below. We may disclose personal information about you to the lessor of the property to which this application relates. If this application is successful we may disclose your details to service providers relevant to the tenancy relationship including maintenance contractors and the lessor's insurers. We may also send personal information about you to lessors/agents of any other properties at your request. You have the right to access personal information that we hold about you by contacting our office. If you do not complete this form or do not sign the consent below then your application for a residential tenancy may not be considered by the lessor or the relevant property or, if considered, may be rejected.

PRIVACY CONSENT

I the applicant acknowledge that I have read the Privacy statement of Cairns Beaches Realty. I authorise Northern Exposure Realty to collect information about me from: My previous landlords and or agents, my personal referees, and the Tenancy Default Database which may contain personal information about me. I also authorize Cairns Beaches Realty to disclose details about my defaults by me under the tenancy to which this application relates to any Tenancy Default Database to which it subscribes including Tenancy Information Centre of Australia (TICA)

I authorise Northern Exposure Realty to disclose the personal information it collects about me to the owner of the property even if the owner is resident outside Australia and to any third parties- valuers, contractors, sales people, insurance companies, body corporates, other agents and Tenancy Default Databases.

Applicant 1 - Name	Signature	Date
 Applicant 2 - Name	 Signature	

ATTENTION ALL APPLICANTS

Please read and consider PRIOR to submitting the application

Should your application be app hours of your application being	,	RENT must be	paid in our office within 24
APPLICANT 1 – INITIAL		APPLICANT	2 – INITIAL
Upon signing your Lease Agree prior to collection of keys. We o	_		nd bond is to be paid in full
APPLICANT 1 – INITIAL		APPLICANT	2 – INITIAL
I/We agree to take the premis unless stated as a special condi			le and outside the property
APPLICANT 1 – INITIAL		APPLICANT	2 – INITIAL
Each applicant is to provide processed.	100 points of iden	tification befo	re your application will be
APPLICANT 1 – INITIAL		APPLICANT	2 – INITIAL
With regard to references we separate with each application agents are acceptable referees.	submitted. Employ		
APPLICANT 1 – INITIAL		APPLICANT	2 – INITIAL
APPLICANT 1	APPLICANT 2		DATE
WITNESS	WITNESS	 <i>I</i>	AGENT

PLEASE EMAIL COMPLETED FORM TO:

<u>propertymanager@ner.net.au</u> with all relevant documents for processing.