

# TENANCY APPLICATION

2 Williams Street,  
Dayboro QLD 4521  
P | 07 3425 5000 M | 0477 800 052



Email: [holly@craigdoyle.com.au](mailto:holly@craigdoyle.com.au)

You are required to meet a 100 point identification criteria upon submission of your application.

These are to be photocopied by Craig Doyle Real Estate. Failure to provide these documents may result in our office refusing to accept your application. Craig Doyle Real Estate also reserves the right to refuse incomplete application forms.

**10 Points:** Medicare Card, Motor Vehicle Registration Papers

**30 Points:** Bank Statements, recent utility accounts **eg:** phone, electricity or gas.

**40 Points:** Drivers Licence, Passport, 18+ Card, Birth Certificate

You are also required to supply the agent with proof of your income.

**Employed:** Last TWO Pay slips

**Self Employed:** Bank Statements, Group Certificates or Accountants Letter.

**Not Employed:** Centrelink Statement

*If you are currently renting a property the last four rent receipts are required for photocopying.*

**This application cannot be processed until it is complete with copies of supporting documents attached. Our agency staff will contact you if the application is approved, the General Tenancy Agreement will need to be signed by all the lease holders and a holding deposit of one weeks rent will need to be paid in cash to the office within 24 hours of acceptance**

## APPLICANT CHECKLIST:

Before submitting this application you must tick off the checklist as you complete:

- Inspected the property both internally and externally
- Completed all details in full on the one application form
- Provided all contact details for references and employment
- Provided all documentation of income and identification
- Read and signed the Privacy Disclosure Statement

By submitting your signed application, you have given your consent for our office to provide your information to and access information from the tenant database – TICA (Tenancy Information Centre Australia)

OFFICE USE ONLY			
100 Points Of Identification sighted and photocopied		Proof of Income Supplied	
Form Fully Completed and Signed by applicants		Rental Reference Faxed to other Agent/Lessor	
Received by:	Date:	Time:	

# Application for Residential Tenancy

(One application to be completed per person)

## PART 1: RENTAL PROPERTY DETAILS

### ITEM 1: AGENT DETAILS

AGENCY NAME:

Craig Doyle Real Estate

ADDRESS: 2 Williams Street

SUBURB: DAYBORO

STATE: QLD

POSTCODE: 4521

PHONE:

07 3425 5000

MOBILE:

0477 800 052

FAX:

07 3425 5001

EMAIL:

holly@craigdoyle.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

**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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**ITEM 11: PERSONAL REFERENCES**

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.

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## PART 4: DECLARATION

PLEASE 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?

## 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

# PET APPLICATION AND AGREEMENT

PROPERTY ADDRESS

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TENANT NAME

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## RESIDENTIAL

Use this form only for Properties where the Lessor has indicated that pet/s may be accepted. Please note: This form is not relevant for Guide, Hearing and Assistance Dogs. If unsure please contact our Agency prior to completing this Pet Application form.

## PET DETAILS

If more than 2 pets, print and complete a separate Pet Agreement form.

**ITEM**

**PET 1**

**PET 2**

TYPE OF PET/S

---

BREED

---

NAME/S

---

AGE

---

DESEXED

YES / NO

YES / NO

---

COUNCIL REG #

---

DESCRIPTION

---

COLOUR

---

PHOTO PROVIDED

YES (copy for file) / NO

YES (copy for file) / NO

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## EMERGENCY PET CARER

The Tenant provides the following information for use in the case of an emergency.

Name

---

Address

---

Phone Number

Work Number

Mobile Number

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## VETERINARIAN

The Tenant provides the following information for use in the case of an emergency.

Name

---

Address

---

Phone Number

Fax Number

After Hours Number

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## TERMS AND CONDITIONS

The Tenant acknowledges and agrees to the following terms:

1. The Lessor has agreed to permit pet/s at the Premises as specified in the General Tenancy Agreement and this Pet Agreement.
2. Any pet/s other than the approved pet/s specified in the General Tenancy Agreement and this Pet Agreement must first be requested by the Tenant in writing via a separate Pet Application giving full details and then be approved in writing by the Lessor PRIOR to the pet/s being allowed onto the Premises. Pet approval may be subject to specific criteria and must be complied with. Approval is NOT guaranteed.
3. The Tenant shall be liable for any damage or injury whatsoever caused by the pet/s on the Property, whether they are the Tenant's pets or their guests pets and regardless of their approval status.
4. The Tenant accepts full responsibility and indemnifies the Lessor for any claims by or injuries to third parties or their Property caused by, or as result of actions by their pet/s or their guests pet/s, and regardless of their approval status.
5. The Tenant agrees to arrange for Flea Fumigation at the end of the Tenancy or at a time during the Tenancy as required or requested by the Lessor / Lessor's Agent to be carried out by a Company complying with Australian Standards.
6. The pet/s are to be outside at all times, unless specified otherwise in the General Tenancy Agreement or this Pet Agreement. Guide dogs are an exception.
7. If the pet is a dog, the Tenant agrees to restrain or remove the dog from the premises for the duration of inspections arranged by the Agent with the required notice given.
8. By signing below you are only asking for approval of the above-mentioned pet/s to be accepted at the Property for which you are applying.
9. If approved, you are required to, at the time of signing the General Tenancy Agreement and associated paperwork, sign the Tenant Agreement section.

## ACKNOWLEDGEMENT BY APPLICANT

**Applicant Name**

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**Signature**

**Date**

---

**Applicant Name**

---

**Signature**

**Date**

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## APPLICATION RESULT

- Application for Pet/s – **DECLINED**
- Application for Pet/s – **APPROVED**

The above mentioned pet/s is/are approved by the Lessor of the Property stated in this Agreement. This Agreement now forms part of the General Tenancy Agreement which includes additional terms related to the pet/s and the Tenant are now bound by the Agreement set out in the Application above as well as the General Tenancy Agreement.

## AUTHORISATION ON BEHALF OF LESSOR / AGENT

**Agency Name**

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**Signature**

**Date**

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**TENANT AGREEMENT**

To be signed only if pet/s are approved.

**Tenant Name**

---

**Signature**

**Date**

---

**Tenant Name**

---

**Signature**

**Date**

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