

	Application for Residential Tenancy (One application to be completed per person)					
	PART 1: RENTAL PROPERTY DETAILS					
ITEM 1:	AGENT DETAILS         AGENCY NAME:         GRANITE BELT PROPERTY MANAGEMENT PTY LTD         ADDRESS:       99A HIGH STREET					
	SUBURB:       STANTHORPE       STATE: QLD       POSTCODE:       4380         PHONE:       MOBILE:       FAX:       EMAIL:         0427 124 785       rentals@gbpm.com.au       FAX:       FAX:					
ITEM 2:	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:	PART 2: APPLICANT DETAILS 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?					
	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?					
ITEM 6:	PETS					
	Do you intend to keep pets at the property?					
	Type of Pet/s: Are your pets registered with a council? Yes No					
	If Yes, please state which council:					
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## ITEM 7: APPLICANTS ADDRESS HISTORY

	CURRENT RESIDENTIAL ADDRESS:							
	SUBURB: PERIOD OF OCCUPANCY:		F OCCUPANCY:	Owner		Other: →	STATE:	POSTCODE:
	CURRENT AGENT/LESSOR (If renting)					Other. 7		
	AGENT/LESSOR PHONE:	FAX:		EMA	IL:			
	CURRENT RENT \$Rent period:	:	← weekly / fortnightly / n			REASON FOR	LEAVING:	
	PREVIOUS RESIDENTIAL ADDRESS:							
	SUBURB:						STATE:	
	PERIOD OF OCCUPANCY:		PF OCCUPANCY:	Owner		Other: $\rightarrow$		
	AGENT/LESSOR PHONE:	FAX:		EMA	IL:			
	PREVIOUS RENT: \$Rent period:	:	← weekly /	fortnightly /	' monthly	REASON FOR	R LEAVING:	
ITEM 8:	EMPLOYMENT DETAILS							
	Are you employed?       Yes         Employment status:       Full ti         OCCUPATION:		o (if no, please art time	provide det		vious employe Contract NET INCOME \$	Self employe	ed
	DATE COMMENCED EMPLOYMENT (	approx.)				DATE TERMI	NATED EMPLOYMENT	(if any):
	EMPLOYER/BUSINESS NAME:							
	ADDRESS:							
	SUBURB: PHONE:	FAX:		EMA	IL:	_ STATE:	POSTCODE:	
	IF SELF EMPLOYED, ACCOUNTANT'S	3 NAME:						PHONE:
ITEM 9:	CENTRELINK PAYMENTS			. —				
	Are you receiving any regular Centr DESCRIPTION OF PAYMENT(S):	elink payment:	s? 📋 \	/es	No			
	TOTAL INCOME (PER WEEK): \$	DATE P	PAYMENTS COMM	MENCED:				
ITEM 10:	STUDENT DETAILS							
	Are you studying full time? NAME OF EDUCATION INSTITUTION			No DING:	STUDEN	T IDENTIFICAT	ION NUMBER:	
	Are you an overseas student?	Y	′es 🗌 N	10	lf yes, V	isa expiry date	:	

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ITEM 11:	PERSONAL REFERENCES							
	Please do not list relatives, anothe REFEREE 1:	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	cted in the event of an emergen	псу.					
	REPRESENTATIVE 1:	RELATIONSHIP:						
	ADDRESS:							
					PHONE/MOBILE:			
			STATE:	POSTCODE:				
	REPRESENTATIVE 2:				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 documents you have provided with your application.							
	IMPORTANT: At least one form of							
	70 Points							
	Passport	Full birth certificate	Cit	izenship certificate				
	40 Points							
	Australian Driver's Licence	Student Photo ID		partment of Veterans Af				
	25 Points	Proof of age card	518	ate/Federal Government				
	Medicare card	Council rates notice		tor vehicle registration				
				is bill				
	Telephone bill	Electricity bill						
	Tenancy History Ledger Last FOUR rent receipts	Bank statement Rent bond receipt		edit card statement evious tenancy agreeme	nt			
ITEM 14:	PROOF OF INCOME							
	You are also required to supply the	cation.						
	Employed: Last TWO pay slips.							
		s, Group Certificate, Tax Returr	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:		

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