Shop 8/452 Stuart Highway COOLALINGA NT 0839 - P O Box 1525, COOLALINGA NT 0839

Ph: (08) 8983 1800 - Email admin@empm.com.au www.empm.com.au - ABN 62 023 797 552 - Licensed Real Estate Agent & member of REINT

Residential Tenancy Application Form

Proposed Property Address:	Rent p/v	w: \$				
Length Of Tenancy: 6 Months (26wks) 12 months (52wks)	Other: Commo	encing:				
First Name: Middle Name:						
Family/last Name: Previous family/last name	e (if applicable):					
Date of Birth: Marital Status:	18+ Card No.:					
Drivers License No.: State: Vehicle Rego. No.: State:						
No. of cars/bikes to be park on premise: Car/s Bike's						
Make, Model and Colour						
Current Address:						
Home Phone No.: Work No.	.:					
Mobile No.: Email Address:						
Occupation: Medi	care No.:					
Are you or any of the dependents residing with you, smokers?	No					
The properties managed by this office may be protected by the Barclay MIS Protect & Collect Plan.						
Required if application successful: 48 hours after notification, Rent (2 wh	ks in advance) & Bond (equivalent to no less than 4 wks rent)				
DEFENCE CLAUSE: Yes / No REGISTERED WITH TERRITORY HOUSING: Yes / No WILL YOU BE PROPOSING TO RUN A BUSINESS FROM THE PROPERTY? Yes / No If 'Yes', please provide the following details on a separate piece of paper: What is the nature of the business? Do you have the relevant Insurance coverage? Do you have the relevant Government approval? PLEASE NOTE: if the relevant documentation is not provided at application stage, then Landlord has NOT given permission for the above COMPANY OR BUSINESS LEASE: (Confirmation letter to be provided on business letterhead, from person who will be signing the Lease). Yes / No Note: please fill in 'Company or Business Lease' Form attached, if Yes has been circled.						
****Before any application will be considered,	you must achieve a	a minimum of 100 points				
Type of I.D.	No. of Points	Attached				
Copy Of Rates Notice (if owned property) or Rent Ledger from current managing agent *must supply one	20	Points Value				
PROOF OF INCOME: A) Last 2 payslips. B) If self-employed- current bank statement; accountant contact details; previous tax return. C) If on Centrelink benefits, statement required and a copy of the Health Care Card.	15	Points Value				
Driver's License	30	Points Value				
Photo I.D. (18+ card)	30	Points Value				
Passport / Birth Certificate / Name change Certificate	30	Points Value				
Current car/bike registration papers						
	15	Points Value				

15

Points Value___

Medicare Card, Bank Card/Statement, Credit Card, Private Health Care Card

Employment Details - NB: Wee	ekly rent represents%	% of your total income.	
If you are <u>employed</u> are yo	u Full Time Part Time	Casual Contract	
Company Name:		_ Contact Person:	
Email		Ph Number:	
How long have you worked there:	Nett Weekly Inco	ome (excl. over time): \$	
If employed less than 6 months plea	se provide previous employer:		
Address:		Email:	
Length of employment:	Position held:		
If you are <u>self-employed</u>			
Registered name of business:		ABN:	
Address:	Ту	pe of business:	
Phone Number:	Personal Nett	Income p/week: \$	
Name of Accountant:	Phone number:		
Length of time in business:	List one major credit	or:	
If you are a <u>student</u> are you	ull Time Part Time		
Are you an overseas student You	es No If yes visa expiry date	e is :/	
Name of learning institution:		Department:	
Student union number:	Student IE	number:	
Income Source:	Contact:	Nett Wkl	y income:
If you receive a <u>Centrelink</u> payment to	tal amount received weekly (total p	payments): \$	_
Type Of Payment:	CRN Number:	Copy Of Card	Attached
Your Rental History			
Current Agent/Landlord:	Fma	ail:	
Address of rented property:		Date vacated:	
Rent per week: \$ Period of	tenancy: Reason for le	aving:	
Was the bond refunded in full Yes	No If no why:		
Previous Agent/Landlord:		Ph:	
Address of rented property:		Date vacated:	
Rent per week: \$ Period of	tenancy: Agents Email:	:	
Was the bond refunded in full Yes	No If no why:		
Emergency Contact (not residing	with you)		
lame:		nship:	
Address:		Phone:	

References

Please complete all 5 references requested below, please do not use the same contact twice and do not use the same person as your emergency contact. Your 5 references should include, parent or guardian, family members not living with you, personal friends (must be Australian residents) and if self-employed at least one established trade or business reference.

1.	Name:	e: Relationship:		p:	
	Address:		Known for:	years/months	
	Hm Phone:	Mobile:	Relationship:		
2.	Name:	Relationshi	p:		
	Address:		Known for:	years/months	
	Hm Phone:	Mobile:	Relationship:		
3.	Name:	Relationshi	p:		
	Address:		Known for:	years/months	
	Hm Phone:	Mobile:	Relationship:		
4.	Name:	Relationshin:			
		relationship.			
		Mobile:			
5.	Name:	Relationshi	p:		
	Address:		Known for:	years/months	
	Hm Phone:	Mobile:	Relationship:		
	s reside at the property?			lease list their names and	
Will there be ar	ny other persons living at the proper	ty?			
If yes who:					
	leted at Tenancy Application Form?				
If no why?					
Do you have an	ny pets? Yes No - If yes how	v many and what type:			
Do you intend t	to have pets residing at the property	please complete a separate 'Pet	Application' form and attach	herewith.	
Do you own a la	awnmower? Yes No If no	how do you intend to care for the	e lawns?		

Do you require approval for a storage container(shipping container), caravan etc to be stored at the property YES/NO

Disclaimer / Authority

I, the said applicant, do solemnly and sincerely declare that the information contained in this application is true and correct and that all of the information was given of my own free will. I further consent to the lessor/agent contacting and /or conducting any enquiries and/ or searches with regard to the information and references supplied in this application. I am also aware that copies of the 100 points ID will be kept on file with this application.

I, the said applicant, do solemnly and sincerely declare that I am over 18 years of age and have read and understand the

contents of this agreement and have the competence and capacity to enter into this agreement. I further declare that I have inspected the property located at I have, of my own accord, decided that I wish to rent the aforementioned property commencing 1. _____/___ for a period of _____ months.

I have been informed, understand and agree that the rental for the said property is to be \$____ 2. week and is within my means. (i) I have been informed, understand and agree that the rental for the said property is to be paid Weekly or 3. Fortnightly and is to be paid before the due date at all times. (ii) I have been informed, understand and agree that the lessor/agent will carry out an inspection on the property on a 3 monthly basis and I further warrant that I will cooperate fully to allow this inspection to be carried out. I have been informed, understand and agree that the acceptance of my application is subject to a satisfactory report being obtained from information supplied on the fully completed Tenancy Application submitted by me. I further consent to the agent carrying out any enquiries necessary to process my application for tenancy. I have been informed, understand and agree that should the landlord be put to any expense or expend any moneys during the currency of the Tenancy Agreement or at the expiration of the Tenancy Agreement as a consequence of a breach by me in the performance and observance of my obligations under the Tenancy Agreement (including but not limited to: evictions, payment of rent, maintenance of the premises, making good any damage to the premises), that all and any such moneys expended by the landlord shall be recoverable from me and payable by me, including, but not limited to, legal fees, mercantile agents fees, accountants fees, etc.. I further consent to the agent disclosing all personal information that they may hold for the purpose of: listing my name with a database as a result of a tribunal order enforcing a tribunal order Commencing recovery action in relation to any debt owed as a result of outstanding rent, repairs and/or damage that occurred or occurs during my period of tenancy. * Please initial clauses 5 & 6 I have been informed and understand that this property may be covered by the Barclay MIS Protect & Collect Plan 6. and in this case, I further consent to the agent supplying my personal information to Barclay MIS Protect & Collect Pty Ltd. 7. I have been informed, understand and agree that should this application not be accepted, the agent is not required or obliged to disclose why or supply any reason for the rejection of this application unless the application is declined as a result of my name being listed with a tenancy data base. 8. I have been informed, understand and consent to the agent supplying all necessary information, as may be required, to any Tenancy Data Base/s that they use, subject to the Tenancy Data Base/s complying with the provisions of the Privacy Act. Furthermore I have read, understand and accept the agents Privacy Statement. 9. I have been informed, understand and acknowledge that the agent has the contact details for the Tenancy Data Base/s they use and that the agent will supply these contacts should I request them. * Have you initialled clauses 5 & 6? Applicants Full Name: Applicants Signature:______ Date:_____

Date:

Signature:

^{***}Page 5 is only if a Company or Business will be renting the property.

COMPANY OR BUSINESS LEASE: (Letterhead document to be provide)

NAME (Company or Business):	
PHYSICAL ADDRESS: physical	
	T
ACN OR ABN:	DATE FORMED:
REPRESENTATIVE RESPONSIBLE FOR SIGNING THE LEASE:	
POSITION HELD:	
PHONE:	FAX:
EMAIL 1:	EMAIL 2:
ACCOUNTANT:	CONTACT:
ACCOUNTANT.	CONTACT.
ACCOUNTANTS ADDRESS:	
	T =
PHONE:	FAX:
EMAIL:	
Any other comments: PLEASE ADD HERE ANY OTHER REQUIREM	MENTS TO THE DENTAL ADDITIONS
Ally other comments. PLEASE ADD HERE ANY OTHER REQUIRER	TENTS TO THE REINTAL APPLICATION