

APPLICATION FOR TENANCY



**James & Fear
Randwick**

43 Belmore Road, Randwick, 2031, Sydney, N.S.W.
Telephone: (02) 9398 2366
Facsimile: (02) 9398 5377
Licensed Real Estate Agents & Auctioneers
Strata Managers, Business Agents, Property Managers

OWNER _____

PROPERTY _____

TENANCY APPLICANTS

THIS OFFICE IS A MEMBER OF TENANCY REFERENCE AUSTRALIA

All applicants for tenancy in this office are processed through Tenancy Reference Australia (TRA). Computer Data Base.

We require the following information to be supplied to process an application on your behalf:-

- 10 - 1. Photographic identification - Passport or Drivers Licence.
- 10 - 2. Two references from previous landlords or agents.
- 20 - 3. Proof of last residential address - Telstra account, Electricity account or Bank / Credit Card Statements.
- 20 - 4. Copies of previous or current rental receipts.
- 20 - 5. Supporting proof of income for payment of rental (if not employed.)
- 20 - 6. Proof of employment (Letter from employer and pay slip.)

NOTE

1. On approval of application all monies must be paid in full, in cash or Bank Cheque (Personal Cheques will only be accepted for subsequent payments).
2. Our office reserves the right to allow for any changes or additions to the above. Should an applicant fail to provide the above details the application may not be processed.



PROPERTY DESCRIPTION	_____		
RENT	\$ _____ PER WEEK / MONTH	FURN. / UNFURN. _____	
TERM DESIRED	6 MONTHS	12 MONTHS	2 YEARS OTHER
APPLICANTS NAME & DETAILS	FIRST NAME: _____ SURNAME: _____ NATIONALITY: _____ COUNTRY OF BIRTH: _____ AGE: _____ DATE OF BIRTH: _____ MARITAL STATUS: _____		
CONTACT PHONE NOS.	HOME: _____ WORK: _____ MOBILE: _____		
PRESENT ADDRESS L / LDRO / AGENT REASON FOR LEAVING	_____ HOW LONG?: _____ _____ RENT \$: _____ PHONE: _____		
PREVIOUS ADDRESS L / LORD / AGENT REASON FOR LEAVING	_____ HOW LONG?: _____ _____ RENT \$: _____ PHONE: _____		
EMAIL:	_____		
CHECKED BY: OFFICE USE ONLY	_____		
OCCUPATION EMPLOYERS NAME EMPLOYERS ADDRESS PREVIOUS EMPLOYER NAME PREVIOUS EMPLOYER ADDRESS	_____ WEEKLY EARNINGS \$: _____ _____ HOW LONG: _____ _____ PHONE: _____ _____ HOW LONG: _____ _____ PHONE: _____		
CHECKED BY: OFFICE USE ONLY	_____		
CREDIT CHECK OFFICE USE ONLY	_____		
PREMISES TO BE OCCUPIED BY	NO. OF ADULTS: _____ NO. OF CHILDREN: _____ CHILDREN'S AGE: _____ ANY PETS: YES / NO _____ WHAT KIND: _____		
BUSINESS / PERSONAL REFERENCES	1. NAME: _____ PHONE NO: _____ ADDRESS _____ 2. NAME: _____ PHONE NO: _____ ADDRESS _____		
BANK/CHQ. ACCOUNT	BANK: _____ BRANCH: _____ BALANCE: _____		
MOTOR VEHICLE & DRIVING LICENCE	MAKE: _____ MODEL: _____ VALUE: \$ _____ OWING: \$ _____ REG'N NO: _____ DRIVERS LICENCE NO: _____		
OTHER ASSETS	PROPERTY: _____ VALUE: \$ _____ FURNITURE: _____ VALUE: \$ _____ OTHER: _____ VALUE: \$ _____		
EMERGENCY NAMES AND ADDRESSES	NAME: _____ RELATIONSHIP: _____ ADDRESS: _____ PHONE NO: _____		

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DECLARATION BY APPLICANT

I, the Applicant, hereby apply to the owner of the premises referred to in this form to become the tenant of those premises on the terms and conditions contained in this form and the Residential Tenancy Agreement to be drawn up by the Owner's Real Estate Agent, **James and Fear, Randwick**, and request that pending consideration of my Application that the premises be reserved in my favour provided a Reservation Fee is paid by myself.

I, the Applicant acknowledge that the payment of one (1) weeks rent is for the purpose to reserve the premises for me for a period of seven (7) days from the date of payment. Should I decide not to proceed or call to sign the lease and supply the information requested within the reservation period, the above reservation fees shall be forfeited to the owner of the premises. Should my application be rejected, the reservation fees will be refunded in full. If accepted, it will be credited towards payment of rent.

I, the Applicant acknowledge that should I decide not to proceed, the above Reservation Fee will be forfeited to the Owner of the premises, calculated on the basis that one (1) day reserved equals one (1) days rent.

I, the Applicant acknowledge that should the Owner decline my Application the above Reservation Fee will be forthwith refunded in full to me, by means of a cheque.

I, the Applicant acknowledge that if the Owner approves my Application the above Reservation Fee will, on completion of the Residential Tenancy Agreement, be credited towards payment of the two (2) weeks rent in advance.

I, the Applicant acknowledge that I will make no claim or demand on, nor commence litigation against the Owner or James and Fear, Randwick, should the premises be found to be unavailable due to occupation by another occupier, or if pending repairs have not been completed due to tradesmen.

I, the Applicant acknowledge that I have inspected the said premises and agree to take tenancy of the premises in their present condition.

I, the Applicant acknowledge that the Application warrants and hereby declares that I am not bankrupt or an undisclosed bankrupt, and that I will notify the Owner or James and Fear, Randwick, in writing within seven (7) days of any such declaration.

I, the Applicant further agree to complete a Record of Inspection Report and to return the same to James and Fear, Randwick, within seven (7) days of the commencement of the Residential Tenancy Agreement.

I, the Applicant do solemnly and sincerely declare and affirm that the information contained herein is true and correct by virtue of the Provisions of the Oaths Act, 1900.

I ACCEPT THAT THE OWNER AND AGENT ARE LIKELY TO CHECK THE INFORMATION SUPPLIED AND AFFIRM THAT THESE INFORMATIONS ARE TRUE AND CORRECT AND I CONSENT TO THEM CARRYING OUT ANY NECESSARY ENQUIRIES.

Applicant's signature:.....**Date:**.....

NOTE:

SECTION 42A OF THE AUCTIONEERS AND AGENTS ACT 1941 PROVIDES THAT APPLICATION TO REVIEW AN ITEMISED ACCOUNT MAY BE MADE TO THE COUNCIL OF AUCTIONEERS AND AGENTS WITHIN 28 DAYS OF THE ITEMISED ACCOUNT BEING SERVED UPON YOU.



OUR REF:

YOUR REF:

IMPORTANT NOTICE TO ALL APPLICANTS

- Every person over the age of 18 years must complete an application and provide references.
- **The application must be completed in full.** It will not be processed without a photocopy of the following documents:

PHOTO IDENTIFICATION (driver's license or passport)

MEDICARE CARD

ACCOUNT or INVOICE WITH YOUR CURRENT ADDRESS

e.g. phone, electricity, credit card, bank account.

PROOF OF INCOME – pay slip or written reference. If **self - employed**, a letter from your accountant or your last tax return. If **unemployed or a student**, a copy of your bank statements and/or a letter from the department of Social Security confirming your payments.

RENTAL REFERENCES – payment ledger, rent receipts or written references. If you have sold your home, please provide a copy of your rates notice or water bill and the selling agent's details.

- This application will take a minimum of 24 hours (once we have all of the above documentation) to be processed. Applications are not processed on weekends.
- We do not accept transfers of bonds.
- You are responsible to arrange facilities such as electricity, gas and telephone.
- The agent reserves the right to deny or accept this application. Not further correspondence will be entered into.

"We do it better"

TENANCY APPLICATION IDENTIFICATION

OUR REF:

YOUR REF:

Before application will be considered, each applicant must provide a minimum of 100 points of ID. At least one form of ID provided must have a signature and photo.

- Driver Licence 30 Points
- Passport 30 Points
- Birth Certificate 30 Points
- Bank Statement (with your name) 20 Points
- Last 4 rent receipts 50 Points
- Pay slip/ Letter of employment 20 Points
- Copy of Utility Accounts 10 Points
- Creditor or Debit cards 10 Points
- Rego Papers 10 Points
- Medicare or healthcare cards 10 Points

If you are home owner, you will need to provide a rates notice.

If you are unable to make the 100 points criteria, please advise our staff for alternative arrangements to be made.

PRIVACY ACT 1988 COLLECTION NOTICE

The personal information the prospective tenant provides in this application or collected from other sources is necessary for the agent to verify the applicant's identity, to process and evaluate the application and to manage the tenancy. Personal information collected about the Applicant in this application and during the course of the tenancy if the applicant is successful may be disclosed for the purpose for which it was collected to other parties including to landlords and their advisers, referees, other agents and third party operators of tenancy references databases. Information already held on tenancy databases may also be disclosed to the Agent and /or landlord. If the Applicant enters into Residential Tenancy Agreement, and if the Applicant fails to comply with their obligation under that agreement, that fact and other relevant personal information collected about the applicant during the course of the tenancy may also be disclosed to the landlord, third party operators of tenancy reference databases and/or other agents.

If the Applicant would like to access the personal information the Agents holds, they can do so by contacting JAMES & FEAR RANDWICK at 43 Belmore Rd, Randwick NSW 2031. Phone (02) 9398 2366, fax (02) 9398 5377, email: rentals@jamesandfear.com.au. The Applicant can also correct this information if it is inaccurate, incomplete or out of date. If the information is not provided, the Agent may not be able to process the application and manage the tenancy.

I agree that I have met the 100 Points ID check set out by JAMES & FEAR RANDWICK and agree to the Privacy Act 1988 Collection Notice.

Signature: _____

Name:

Date:

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(FOR OFFICE USE ONLY)

COMMENCEMENT:	DATE FROM: _____ TO _____ PERIOD: _____
RENT:	\$ _____ PER WEEK. LEASE TO BE SIGNED ON _____ AT: _____ \$ _____ PER MONTH
FIRST PAYMENT (INITIAL PAYMENT MUST BE CASH OR BANK / BUILD. SOC'Y CHEQUE)	RENTAL BOND BOARD _____ \$ _____ PAID \$ _____ R/N _____
	RES. FEE FROM _____ TO _____ \$ _____ PAID \$ _____ R/N _____
APPROVED BY:	RENT FROM _____ TO _____ \$ _____ PAID \$ _____ R/N _____
	PREPARATION FEES _____ \$ _____ PAID \$ _____ R/N _____
	TOTAL _____ PAID \$ _____ R/N _____
	PAID AS SHOWN _____ PAID \$ _____ R/N _____
	BALANCE PAYABLE _____ \$ _____ R/N _____
OWNERS NAME & ADDRESS	_____ _____ _____ MANAGED OR CASUAL

Date: _____

Received the following documents to lease of premises at: _____

Name of Tenant / s: _____

Period from: _____ to _____

- 1) Copy of Lease duly signed by Tenant/s and Agent of the Owner
- 2) Copy of Condition Report dated
- 3) Set of keys for the property
- 4) Copy of "The Renting Guide"

We confirm that the conditions of the lease have been explained to us fully.

(Tenant/s) Signed: (1) _____

(2) _____