

\$

Per Week

\$

Po Box 2, Dayboro, QLD, 4521

Tel: 07 3289 2828



Yes / No

Ref:

Months

Months

Per Month

CRN:

\$

Per Week

Email: rental.management@foxandco.com.au All sections of this form must be completed & signed for your applica-Postcode Proposed Rental Property address Rent Per Week: \$ Bond Amount: \$ Have you inspected the property?: YES / NO (please circle) Length of tenancy: Years Months Tenancy To Commence Pets: Yes / No (Circle) Dependants Adults Ages How many tenants will occupy the property? If yes attach a PHOTO OF EACH pet Reg. No: Breed/s: Outdoor only: YES / NO Pet type: Breed/s: Reg. No: Outdoor only: YES / NO Pet type: Vehicle 1 Rego: Model/Year /Colour Model/Year/Colour Vehicle 2 Rego: 1. First Applicant 1. Second Applicant AND/OR Partner Title First Name Initial Title First Name Initial Last Name Smoker Yes / No Last Name Smoker Place of Birth: Name at Birth Name at Birth: Place of Birth: Age (Years / Months) Date of Birth Age (Years / Months) Date of Birth State Drivers Licence No. State Drivers Licence No. Passport Medicare No. Ref: Passport Medicare No. Pension Type (if applicable) No Pension Type (if applicable) No Home Ph Mobile Ph Home Ph Mobile Ph Email Email Marital status: Single Married De Facto Sep/Div Friends Relatives Marital status: Single Married De Facto Sep/Div Friends Relatives 2. Rental History - Applicant 2 2. Rental History - Applicant 1 Current Address **Current Address** Suburb Postcode Suburb Postcode Years Months Years How Long at Current Address? How Long at Current Address? Rent per week: \$ Reason for Leaving: Rent per week: \$ Reason for Leaving: Phone: Landlord/ Agent Name: Phone: Landlord/ Agent Name: fax. Email: fax Previous Address Previous Address Suburb Suburb Postcode Postcode Length at previous Address? Years Months Length at previous Address? Years Reason for Leaving: Rent per week: \$ Reason for Leaving: Rent per week: \$ Phone: Landlord/ Agent Name: Phone: Landlord/ Agent Name: fax: fax: Email: Email: Bond Refunded Yes / No If not why? Bond Refunded Yes / No If not why? 3. Employment Details - Applicant 1 3. Employment Details - Applicant 2 **Employers Name Employers Name** Occupation Occupation **Employment Address** Employment Address Suburb Postcode Suburb Postcode **Employer Phone No** Employer Phone No Contact Name Contact Name Length at current employment Years Months Length at current employment Years Months Net Income \$ Per Week \$ Per Month \$ Net Income \$ Per Week \$ Per Month \$ Are you self employed? Yes / No ABN: Are you self employed? Yes / No ABN: Accountant Name: _phone: Accountant Name: phone: Social Security Benefits OR Centrelink Payment Social Security Benefits OR Centrelink Payment

Per Month

\$

5. Referees - Applicant 1 - (NOT co-	applicant)	5 . R	eferees - Applican	t 2 - (NOT co-ap	plicant)
1. Reference name		1. Reference name			
Address: Home Phone Mobile No		Address:			
		Z. Refer	ence name		
Address:		Address:			
Home Phone Mobile No		Home P	hone	Mobile No	
6. Emergency Contact Details - Not s Name Phone N		6. En	nergency Contact	Details - Not sa Phone No	me as co-applicant
Address		Address			
Suburb Postcode		Suburb Postcode			
EMAIL Address:			Address:		
7. Please ensure you provide Min.100 p	oints Identification - at lea	st ONE item	from each section is	required - Photo o	copy ALL & bring originals
Section ONE (40) Drivers License (40) Passport (complete the following) Name at Birth: Place of Birth: Passport Country:	ivers License assport (complete the following) th: th: Centre Link incomplete (30) Latest 3 Current Pay Sli Current Bank S Centre Link incomplete		(20) Previou (20) Home o a recent		(10) Birth Certifica
8. FREE Utillities Connections User Cons	ent Form ReduceMyBills is	s the hassle-fr	ree connections service	e that takes the tim	ne and worry out of movin
		. Electric		• Water	• Cleaners
ReduceMyBills Ph	n: 1300 301 001	• Gas	• Insurance	. Removalist	Appliances ilities, ReduceMyBills may
Declaration By signing this application, I/we give consent to ReduceMyBills to make contact by phone, email or sms for the purpose of arranging connections and disconnections of approved utility services. I/we authorise ReduceMyBills to supply collected information to other household service providers for the services including Cleaning, Removal, Insurance and Appliances. I/we authorise ReduceMyBills to contact us via these means even if the telephone numbers supplied are listed on the Do Not Call Register. I/we understand that ReduceMyBills may also send related emails promoting other services provided by ReduceMyBills. I/we acknowledge that all information supplied in the application is true and correct to be best of my/our knowledge and that we have not falsely represented our identity in any manner. I/we understand that ReduceMyBills treat any personal information it collects, uses or discloses in accordance with the Privacy Act 1988. I/We authorise ReduceMyBills to supply collected information to nominated suppliers and/or potential suppliers for the connection and disconnection of nominated utilities or to assist with my obtaining other services including appliances, removalists, cleaners and insurance.		need to obtain an NMI (National Meter Identifier) for electrical points or MIRN (Meter Installation Registration Number) for Natural Gas connections. I/we authorise ReduceMyBills to collect these identifiers and consent to those numbers being supplied to utility providers. I/We acknowledge that whilst ReduceMyBills is a free service, I/we are solely responsible for any and all amounts payable in relation to deposits, connections/disconnections or ongoing supply of the connected services and amounts payable for other services including appliance, removalist, cleaners and insurance. I/we acknowledge that ReduceMyBills, to the extent permitted by law, shall not be liable for any loss or damage (including consequential loss and loss of profits) to me/us as a result of the provision of any service. Nor sha ReduceMyBills be liable for any act or omission by any utility provider for any loss caused by failure to provide nominated services. I/we acknowledge that the nominated real estate entity along with ReduceMyBills acknowledge that the nominated real estate entity along with ReduceMyBills may receive a benefit from suppliers for the provision of connections. I/we declare that we have read and understand the above declaration and wish to be contacted by ReduceMyBills. Signature Date			
9. Declaration of Authority					
hereby offer to rent the property from the owner un Agent. Should this application be accepted by the la Residential Tenancy Agreement. acknowledge that this application is subject to the eclare that all information contained in this applica-	andlord I agree to enter Into a approval of the owner/landlord tion (including the reverse side	d. I e) is	consent to the uses	to which persona	ot provided or I do not al information is put, the e lease/tenancy of the
rue and correct and given of my own free will. I declare that I have Inspected the oremises and am not bankrupt.		Printed Name Applicant 1:			
authorise the Agent to obtain personal Information from: a) The owner or the Agent of my current or previous residence; b) My personal referees and employer/s; c) Any record listing or database of defaults by tenants such as NTD, TICA or E he purpose of checking your tenancy history;		· · · · · · · · · · · · · · · · · · ·			
am aware that I may access my personal informa	tion by contacting :	Ī	Printed Name Applican	• =-	Date
EQUIFAX'S NTD 1300 563 826 • Barclays MIS 1300 883 916 • TICA: 1902			Signature Applicant 2		Date
If I default under a rental agreement, I agree that such default to a tenancy default database, and to apply for in the future.			10. Payment De		
am aware that the Agent will use and disclose my (a) communicate with the owner and select a tenar		r to:	Property Rental P	er Week \$	

(b) prepare lease/tenancy documents

(d) lodge/claim/transfer to/from a Bond Authority

(c) allow tradespeople or equivalent organisations to contact me

(e) refer to Tribunals/Courts & Statutory Authorities (where applicable)
(f) refer to collection agents/lawyers (where applicable)
(g) complete a credit check with NTD (National Tenancies Database)

Cheque / Bank Cheque / EZIRENT

\$

\$

Rent in Advance

Total Due

Rental Bond (4 weeks rent)