



## Tenancy Application Form

**Please complete this application form in full and attach a photocopy of all supporting documentation prior to submission.**

I/We

confirm that we have been to the property

on\_\_\_\_\_. I/We confirm that we accept and wish to apply for the property in its **current condition**.

# Simply Rentals Policy & Procedures



- Applications can only be submitted after you or your representative have viewed and accepted the property in its current condition.
- Applications are processed Monday to Friday only, allow 2 business days.
- Each application form can be completed by two (2) individuals over the age of eighteen (18). Each individual must provide 100 points of photocopied identification. Please complete all details accurately, as incorrect details could void or delay your application.
- All applicants will be checked through the Tenancy Information Centre of Australia (TICA)

Applications are referred to the owner of the property and the owners' decision is considered final.

## Should your Application be Successful

- You will be committed to the property and are required to pay the **bond and first two (2) weeks** rent via either our Payment Gateway System, Money Order or Direct BPay System within 24 hours. Please note: Fees Apply.
- The property will not be removed from our availability list until your bond is paid and agreement fully signed. A tenancy induction will be conducted with all tenants as soon as possible after approval.
- Once the commencement date of the tenancy has been agreed upon, this cannot be changed.
- Methods of paying rent options are Cash, Money Order or Console Pay. Please note: Fees apply.

100 POINT IDENTIFICATION REQUIRED		Must be PHOTOCOPIED prior to submitting your application			
COMPULSORY		Proof of Address	40 Points	Bank Card/Medicare Card	25 Points
Centrelink Statement		Birth Certificate	70 Points	Council Rates Notice	25 Points

I/We have read, understand and agree to all the terms outlined.

Applicant 1

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Applicant 2

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Date 

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**\*\*PLEASE NOTE\*\* FORMS OF ACCEPTED ID & POINTS  
YOU MUST INCLUDE AN ITEM FOR EACH SECTION**

**Section One:**

<input type="checkbox"/> Drivers Licence	40
<input type="checkbox"/> Passport	40
<input type="checkbox"/> 18+ Card	40
<input type="checkbox"/> Birth Certificate	40

**Section Two:**

<input type="checkbox"/> Current Wage Advice	30
<input type="checkbox"/> Centrelink Statement	30
<input type="checkbox"/> Previous Taxation Return	30
<input type="checkbox"/> Business Activity Statement	30

(Proof of Income if Self Employed)

**Section Three:**

<input type="checkbox"/> Previous Tenancy Reference	30
<input type="checkbox"/> Rental Ledger—Current	30
<input type="checkbox"/> Rental Ledger—Previous	30
<input type="checkbox"/> Two Most Recent Rent Receipts	30
<input type="checkbox"/> Council Rates Notice	30
(If Current or Past Home Owner)	30
<input type="checkbox"/> Motor Vehicle Registration Certificate	30
<input type="checkbox"/> Bank Statement	30
<input type="checkbox"/> Telephone Account	30
<input type="checkbox"/> Study enrolment Confirmation	30

**TOTAL POINTS:** \_\_\_\_\_

1. Each Application can be completed by two (2) tenants or approved occupants 18+ years.
2. This application CANNOT be processed until it is fully completed, signed where requested and provided along with copies of ALL supporting documentation.
3. This application CANNOT be processed until all parties in a group provide fully completed, signed applications, with all supporting documents etc.
4. Third parties responsible for rental payments must complete an application.

## APPLICANT 1 – PROPERTY DETAILS

Street Address:		
Suburb:		
Lease term:	years	months
Lease commencement date:		
Rent: \$	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly
Names of all other applicants:		
Number of Occupants	Adults:	Children:
Ages of Children:		

## PERSONAL DETAILS

Given name(s):	
Surname:	
Mobile:	
Home Phone:	
Work Phone:	
Fax:	
Email:	
<small>By confirming your email address you consent to service of any documents required to be given or served in respect of the tenancy/management agency agreement of which you are a party to.</small>	
Date of Birth:	

## IDENTIFICATION

Drivers Licence No:	State:
Passport Number:	
Passport Issuing Country:	

## EMERGENCY CONTACT DETAILS

Name:
Relationship:
Address:
Mobile:
Home Phone:
Work Phone:

## CURRENT TENANCY DETAILS

Street Address:	
Suburb:	
Time at Address:	years months
Rent paid: \$	<input type="checkbox"/> weekly <input type="checkbox"/> monthly
Reason for Leaving:	
Name of Landlord/Agent:	
Landlord/Agent Phone:	
Landlord/Agent Email:	

## PREVIOUS TENANCY DETAILS

Street Address:		
Suburb:		
Time at Address:	From:	To:
Rent paid: \$	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly
Name of Landlord/Agent:		
Landlord/Agent Phone:		
Was the bond refunded in full?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, please specify reasons why:		

## INCOME

Employment Income:	<input type="checkbox"/> weekly	<input type="checkbox"/> annually
Other Income:	<input type="checkbox"/> weekly	<input type="checkbox"/> annually
Other Income source(s):		

## CURRENT EMPLOYMENT

Position Held:		
Business Name:		
Street Address:		
Suburb:	Postcode:	
Contact Name:		
Contact Phone:		
Length of Employment:	years	months

## PREVIOUS EMPLOYMENT DETAILS

Position Held:		
Business Name:		
Street Address:		
Suburb:	Postcode:	
Contact Name:		
Contact Phone:		
Length of Employment	To:	From:

## IF SELF EMPLOYED PLEASE COMPLETE

Company Name:	
Business Type:	
Business Address:	
Suburb:	Postcode:
ABN:	
Accountant Name:	
Accountant Phone:	
Accountant Email:	
Accountant Street Address:	
Suburb:	State:

## PROFESSIONAL REFERENCE

Reference Name:
Relationship:
Phone:
Email:

## PERSONAL REFERENCE 1

Reference Name:
Relationship:
Phone:
Email:

## ADDITIONAL INFO

Pets: <input type="checkbox"/> Yes <input type="checkbox"/> No	Smokers: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state Pet type:	
Pet breed:	
Council registration:	
If you have pets, please fill in pet application attached.	

## APPLICANT 2 - PROPERTY DETAILS

Street Address:		
Suburb:		
Lease term:	years	months
Lease commencement date:		
Rent: \$	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly
Names of all other applicants:		
Number of Occupants	Adults:	Children:
Ages of Children:		

## PERSONAL DETAILS

Given name(s):	
Surname:	
Mobile:	
Home Phone:	
Work Phone:	
Fax:	
Email:	
<small>By confirming your email address you consent to service of any documents required to be given or served in respect of the tenancy/management agency agreement of which you are a party to.</small>	
Date of Birth:	

## IDENTIFICATION

Drivers Licence No:	State:
Passport Number:	
Passport Issuing Country:	

## EMERGENCY CONTACT DETAILS

Name:
Relationship:
Address:
Mobile:
Home Phone:
Work Phone:

## CURRENT TENANCY DETAILS

Street Address:	
Suburb:	
Time at Address:	years months
Rent paid: \$	<input type="checkbox"/> weekly <input type="checkbox"/> monthly
Reason for Leaving:	
Name of Landlord/Agent:	
Landlord/Agent Phone:	
Landlord/Agent Email:	

## PREVIOUS TENANCY DETAILS

Street Address:		
Suburb:		
Time at Address:	From:	To:
Rent paid: \$	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly
Name of Landlord/Agent:		
Landlord/Agent Phone:		
Was the bond refunded in full?:		<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please specify reasons why:		

## INCOME

Employment Income:	<input type="checkbox"/> weekly <input type="checkbox"/> annually
Other Income:	<input type="checkbox"/> weekly <input type="checkbox"/> annually
Other Income source(s):	

## CURRENT EMPLOYMENT

Position Held:	
Business Name:	
Street Address:	
Suburb:	Postcode:
Contact Name:	
Contact Phone:	
Length of Employment:	years months

## PREVIOUS EMPLOYMENT DETAILS

Position Held:	
Business Name:	
Street Address:	
Suburb:	Postcode:
Contact Name:	
Contact Phone:	
Length of Employment	To: From:

## IF SELF EMPLOYED PLEASE COMPLETE

Company Name:	
Business Type:	
Business Address:	
Suburb:	Postcode:
ABN:	
Accountant Name:	
Accountant Phone:	
Accountant Email:	
Accountant Street Address:	
Suburb:	State:

## PROFESSIONAL REFERENCE

Reference Name:
Relationship:
Phone:
Email:

## PERSONAL REFERENCE 1

Reference Name:
Relationship:
Phone:
Email:

## ADDITIONAL INFO

Pets: <input type="checkbox"/> Yes <input type="checkbox"/> No	Smokers: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state: Pet type:	
Pet breed:	
Council registration:	
If you have pets, please fill in pet application attached.	

# Privacy Disclosure Statement of Simply Rentals



We are an independently owned and operated business. We are bound by the National Privacy Principals. We collect personal information about you in this form to assess your application for residential tenancy. We may need to collect information about you from previous landlords or letting agents, your current employer and your referees.

PRIVACY CONSENT: I, the applicant, declare that the above information is true and correct. I have supplied the information at my own free will, I also acknowledge that the Agent/Lessor have collected the information to determine whether I am suitable tenant for the property—to check my ability to care for the property, my identification, my credit worthiness and my character. For this such purposes, I authorise Simply Rentals Pty Ltd to contact the persons named in this application, and to under- take searches and also that information provided by me may be disclosed to, and further information obtained from, referees names in this application and other third parties. I understand that if this application is not approved, the agent is not legally obliged to provide reasons as to why. I also consent and understand that should my application 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 not limited to) insurance companies, body corporate, contractors, other real estate agents, salespeople and tenancy default databases.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Pet Application and Agreement

Property Address: \_\_\_\_\_

## PET DETAILS

	Pet 1	Pet 2
Type/Breed of Pet/s		
Name/s		
De-sexed		
Council Registration Number		
Description		
Photo Provided		

## TERMS AND CONDITIONS

The Tenant/s 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 other than the approved pet/s specified in the General Tenancy Agreement and this Pet Agreement must first be requested by Tenant/s in writing and then be approved in writing by the Lessor PRIOR to the pet/s being allowed onto the premises. Approval is not guaranteed
3. The Tenant shall be liable for any damages or injury whatsoever caused by the pets on the property, whether they are the pet of a Tenant or guest, Tenant's pets or their guest's 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 on their Property caused by, or as a 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
7. By signing below, you are only asking for approval for the above-mentioned pet/s to be accepted at the property for which you are applying
8. That the pet/s will not be fed on carpeted areas inside the property
9. During the tenancy, when a routine inspection is to be conducted, please ensure your pets/s are tied up and restrained at all times
10. The Tenant/s are required to ensure that the Approved Pet/s are registered with the relevant City Council at all times, and all relevant laws relating to the keeping of animals are complied with at all times
11. The tenant/s agrees that should there be evidence of pet urine or smells in the property, it will be professionally cleaned and deodorised, or if necessary the affected carpet and underlay is to be replaced at the tenant/s own expense
12. That pet/s shall not be allowed outside of the premises unsupervised
13. That the pet/s shall not become an annoyance or source of discomfort to other tenant/s or neighbours
14. To ensure grounds and surrounding outdoor areas are kept clean and free from animal faeces and other mess
15. To repair any damage caused by the pet immediately, including returfing of lawns if there are track marks, holes or worn out areas, and any significant damage to ground level, walls, carpet, fly screens, fences or furniture

Applicant 1 \_\_\_\_\_

Date \_\_\_\_\_

Applicant 2 \_\_\_\_\_

Date \_\_\_\_\_