

Two Birds Property Management Suite 7B 136-140 Margaret Street Toowoomba Qld 4350

PHONE: 0400 973 385 EMAIL: kerrie@twobirdsproperty.com.au

RESIDENTIAL TENANCY APPLICATION FORM	
Proposed Rental Property Address:	Postcode:
Rent per week: \$ Bond amount: \$ Have you in	spected the property? YES/NO(please circle)
Tenancy to commence: Length of te	enancy: Years months
How many tenants will occupy this property? Ad	ults Children Ages
Pets? YES/NO (please circle) Types: Breeds:	Registered? YES/NO (please circle)
Vehicle 1 rego: model/year: Ve	hicle 2 rego: model/year:
1. First applicant	2. Second applicant AND/OR Partner
First name: Middle name:	First name: Middle name:
Last name: smoker? YES/NO	Last name: smoker? YES/NO
DOB: AGE:	DOB: AGE:
<u>Drivers Licence No.:</u> State:	Drivers Licence No.: State:
Passport: Medicare No.:	Passport: Medicare No.:
Home Ph.: Mobile Ph.:	Home Ph.: Mobile Ph.:
Email:	Email:
Occupation Work No.:	Occupation Work No.:
Marital Status? SINGLE MARRIED DEFACTO	Marital Status? SINGLE MARRIED DEFACTO
2. Rental History – Applicant 1	2. Rental History – Applicant 2
Current address:	Current address:
Suburb: Postcode:	Suburb: Postcode:
How long at current address? Years: Months:	How long at current address? Years: Months:
Reason for leaving:	Reason for leaving:
Rent per week: \$	Rent per week: \$
Landlord/agency: Agent Ph.:	Landlord/agency: Agent Ph.:
Previous address:	Previous address:
Suburb: Postcode:	Suburb: Postcode:
Length at previous address? Years: Months:	Length at previous address? Years: Months:
Reason for leaving:	Reason for leaving:
Rent per week: \$	Rent per week: \$
Landlord/agency: Agent Ph.:	Landlord/agency: Agent Ph.:
Agent/landlord email:	Agent/landlord email:



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3. Employment Details – Applicant 1	3. Employment Details – Applicant 2
Occupation: Employer:	Occupation: Employer:
Employer Ph.: Contact name:	Employer Ph.: Contact name:
Length of employment: Years: Months:	Length of employment: Years: Months:
4. Social Security Benefits OR Centrelink Payment	4. Social Security Benefits OR Centrelink Payment
Type: CRN:	Type: CRN:
\$ Per Week \$ per month	\$ Per Week \$ per month
5. Referees – Applicant 1 (NOT family)	5. Referees – Applicant 2 (NOT family/different to app 1)
1 Reference name:	1 Reference name:
Home Phone: Mobile No.:	Home Phone: Mobile No.:
2 Reference name:	2 Reference name:
Home Phone: Mobile No.:	Home Phone: Mobile No.:
3 Reference name:	3 Reference name:
Home Phone: Mobile No.:	Home Phone: Mobile No.:
6. Emergency contact (not each other)	6. Emergency contact (not each other)
Name: Phone no.:	Name: Phone no.:
Address:	Address:
Suburb: Post code:	Suburb: Post code:
7. The following documents should be enclosed with your a	pplication

ALL DOCUMENTS ARE TO BE COPIED AND ATTACHED TO YOUR APPLCIATION BEFORE SUBMITTING

Drivers licence or Passport Medicare Card Payslips or Bank Statement

Income Statement from Centrelink (if applicable)

I acknowledge that this application is subject to the approval of the owner/landlord. I declare that all information contained in this application (including the reverse side) is true and correct and given of my own free will. I declare that I am not bankrupt.

I agree that by submitting this application I/we agree to accepting the property upon approval by owner. I/We agree that we have inspected the property and are happy with the condition.

I authorise the agent to obtain personal information from:

- a) The owner or the agent of my current or previous residence
- b) My personal references and employer/s
- c) Any record listing or database of defaults by tenants such as TICA, NTD or TRA $\,$

I am aware that the agent will use and disclose my personal information to:

- a) Communicate with the owner and select a tenant
- b) Lodge/claim/transfer to/from a bond authority
- c) Refer to tribunals/courts and statutory authorities (where applicable)
- d) Refer to collection agents/lawyers (where applicable)

Date:
Date: