

APPLICATIONS FOR PROCESSING MUST BE RETURNED OR EMAILED TO:

Property Shop - 66-68 Reed Road, Trinity Park, 4879

Telephone: 07 4040 2030

Fax: 07 4040 2032

Email: support@property-shop.com.au



TENANCY APPLICATION – TENANT CHECKLIST

Our agency welcomes your application and any queries you may have. The following information and checklist will assist you to complete your application so that it can be processed as quickly as possible.

Please read prior to completing your application

One application is to be completed for each person over **18 years of age**.

The application must include a **PROOF OF INCOME** e.g. 2 recent Pay Slip's, Bank Statement, Centrelink Statement.

The application must also be accompanied by **100 points** of identification.

Please note that this must include one form of photo I.D e.g. a Driver's License, Passport or 18+ Card.

• Driver's License	40 points
• Passport	40 points
• 18+ card	40 points
• Current photo ID	40 points
• Birth certificate	20 points
• Current wage advice or last 2 pay slips	20 points
• Current rent ledger	20 points
• Last two rent receipts	20 points
• Medicare Card	20 points
• Bank Card	20 points
• Motor vehicle registration certificate	20 points
• Bank statement	10 points
• Telephone account	10 points
• Utility account	10 points

Applications will not be processed until all sections are completed in full, signed where necessary and all supporting documents attached. If the application is successful a deposit equivalent to two week's rent or more will need to be taken immediately. If you do decide to retract your application once it has been approved and deposit paid, we reserve the right to retain the deposit.

APPLICATION CHECKLIST

- 100 points of ID photocopied with application
- Proof of income photocopied with application
- Property inspected both internally and externally
- Application form completed in full
- Application Form and Privacy Disclosure Statement both signed

OFFICE USE ONLY

- ID sighted and photocopied, 100 points or more taken Y / N
- Check to confirm property has been inspected Y / N
- Form completed in full, telephone numbers and emails collected and Privacy Disclosure Statement signed, as well as Tenant Property Check. Y / N

TENANT PROPERTY INSPECTION

During my inspection of _____ (property address)

on the ____/____/____ (date)

I found the property to be in satisfactory condition **Yes / No**

If No, I request for the following items to be attended to prior to the commencement of the lease. I appreciate that these items are not guaranteed to be addressed, and are subject to the lessor's approval.

If the property has not been viewed, **please find disclosure attached.**

Please tick this box if you confirm you are applying for the property, sight unseen

I acknowledge that this is an application to rent this property and that my application is subject to the lessor's approval and understand that there is no legal obligation for a reason to be given, should the application not be accepted.

I declare that the information being provided is true and correct and consent to this application being verified and a reference check with the Tenancy Information Centre of Australia be undertaken. If you are found to be listed on a database our agency will inform you and provide information on the database that has you listed, how you are able to obtain a copy of the listing and how to have it removed or amended if you don't agree.

I, the applicant, apply for approval to rent the premises referred to in this form and acknowledge that my application will be referred to the Lessor of the property for their consideration.

I, the applicant declare that I am not a bankrupt or an undischarged bankrupt or have ever been known by another name and that the information provided by me is true and correct. I have inspected the above premises and wish to apply for a tenancy of

_____ months/years, at a rental amount of \$_____ per week, commencing on ____/____/_____.

I, the applicant confirm that should I be approved for this property that the total of 6 weeks rent must be paid and the lease agreement signed by all parties before possession is given to me.

Applicant's Signature _____ Date _____

PRIVACY DISCLOSURE STATEMENT

I acknowledge that this is an application to lease this property and that my application is subject to satisfactory checks being undertaken, the owner's approval of my application and availability of the premises on the due date.

I hereby offer to rent the property from the owner under a lease to be prepared by the agent pursuant to the Residential Tenancies Act 1997.

I acknowledge that I will be required to pay rent in advance and a rental bond equivalent to 4 weeks rent, and that this application is subject to approval from the landlord. I declare that all information contained in this application is true and correct and given of my own free will. I declare that I have inspected the premises and am not bankrupt.

I authorise the Agent to obtain details of my credit worthiness from, the owner of my current or previous residence, my personal referees, and any record, listing or database of defaults by tenants. If I default under a rental agreement, the agent may disclose details of any such default to any person whom the Agent considers has an interest receiving such information.

I acknowledge that my contact information contained in this application may be used for Property Shop database marketing.

Name _____

Date _____

Signature _____

TENANCY APPLICATION

Name: _____ D.O.B _____ Driver's License # _____

Home Phone: _____ Mobile: _____ Email: _____

Please list any Other Proposed Occupants, D.O.B and relationship to applicant:

1 _____ 2 _____

3 _____ 4 _____

5 _____ 5 _____

Please list any pets: _____

Current Residence

Street Address: _____ Suburb: _____ State: _____ Postcode: _____

Owner or Agent Name: _____ Owner or Agent Number: _____

Rent Amount Paid: _____ Is / Was rent paid in full? Y / N Was notice given? Y / N

Were you asked to move? Y / N Date of Residency: _____

Reason for leaving: _____

Previous Residence

Street Address: _____ Suburb: _____ State: _____ Postcode: _____

Owner or Agent Name: _____ Owner or Agent Number: _____

Rent Amount Paid: _____ Is / Was rent paid in full? Y / N Was notice given? Y / N

Were you asked to move? Y / N Date of Residency: _____

Reason for leaving: _____

Current Employment

Employed By: _____ Start Date: _____

Address: _____

Managers Name: _____ Phone: _____

Occupation: _____ Monthly Gross Pay: _____

Previous Employment

Employed By: _____ Start Date: _____

Address: _____

Managers Name: _____ Phone: _____

Occupation: _____ Monthly Gross Pay: _____

Personal Reference 1

Name: _____

Address: _____ Suburb: _____

State: _____ Postcode: _____ Phone: _____

Next of Kin

Name: _____

Address: _____ Suburb: _____

State: _____ Postcode: _____ Phone: _____

By signing this application you grant us permission to communicate with all the contacts if we can't locate you. If you abandon the tenancy for any reason then you grant us permission to allow your relative listed above to remove all contents of the dwelling on your behalf.

Vehicle 1

Make: _____ Model: _____ Colour: _____ Registration: _____

Vehicle 2

Make: _____ Model: _____ Colour: _____ Registration: _____

Boat or Trailer

Make: _____ Model: _____ Colour: _____ Registration: _____

Are you a smoker? **YES / NO**

Why are you moving from your current address? _____

Have you ever been served a late rent notice? _____

Have you ever been served an eviction notice? _____

Have you ever attended court regarding a rental matter? _____

Have you convicted of a criminal offence? _____

APPLICATION TO KEEP A PET

Applicant Name: _____

Property Address : _____

Work Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

Your Status (Please Tick): Owner Tenant Agent Other _____

***Tenants – Please attach to this application, written permission from the unit owner and/or their agent for you to keep a pet in the unit. Application will not be considered without this written permission.**

Pet Details (Please provide description/size/age/appearance/type)

Pet's Behaviour (Please provide details of pet's disposition/behaviour/habits)

Conditions of Application to Keep a Pet

- a) The approval is given for the animal specified in this application only. A new application would be required for any additional and or replacement animal.
- b) The occupier must ensure that the animal is kept within the property and not allowed to roam, dig, soil or otherwise damage property/common property or another property except that the animal may be transported across common property to provide access to and from the property.
- c) The animal must be kept in compliance with all statutory and or governmental regulations in respect with the care, keeping all control of such animal.
- d) The animal must be vaccinated if/as recommended by practicing Veterinary Surgeon and evidence of compliance must be supplied to Property Management within seven days of respect.
- e) The occupier of the property in which the animal is being kept shall indemnify and keep indemnified the over or occupant of any other property against ant injury, damage, loss or expense, legal or otherwise, incurred or suffered as result of animal being on property.
- f) If the animal;
 - Causes damage to roams, or soils the common property or any other property and or;
 - Causes injury or death to any other animals (including wildlife) on the common property or any other property and/or;
 - Causes noise of nuisance to any other property owner or person lawfully using the property and or common property.

Property Management reserves the right to withdraw the approval and require that the animal be removed from the property, what constitutes damage, noise or nuisance shall be decided by the Property Management in its sole discretion acting reasonably.

Signature: _____

Date: ____ / ____ / _____

PROPERTY VIEWING DISCLAIMER

I, _____ hereby confirm that I am willing to enter into a lease agreement with Property Shop – Cairns for the property

I enter into this agreement confirming that I have not opted to view the property internally to ascertain its confirmation that its suits my requirements.

With that in mind, I understand that I am unable to make requests to make changes to the property or to report for certain maintenance items to be undertaken, unless of course they are of a serious and urgent nature.

I am satisfied that this property meets my requirements.

Name _____

Dated _____

Signed _____



ACN 601 396 543 | Authorised Representative under AFSL 315388

DIRECT DEBIT REQUEST

PH: 07 4040 2030 Fax: 07 4040 2032
ABN/ACN: 68 965 301 587

NEW CUSTOMER FORM

YOUR DETAILS | Please complete this form using a BLACK PEN. * Indicates a MANDATORY FIELD

Business: The Trustee for B & J Trust ABN/ACN: 68 965 301 587 **100-712-119**

Customer Reference:

* Surname: * Given Name:

* Mobile #: I authorise Ezidebit to remind me of upcoming debits via SMS

* Email:

* Address:

* Suburb: * State: * Postcode:

DEBIT ARRANGEMENT | Including details and associated fees/charges detailed below and/or the total amount for the specified period for this and as per any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit

Once Only Debit On Date: / / Debit this amount: \$

D D M M Y Y

Regular Debits Starting on Date: / / Debit this amount: \$

D D M M Y Y

Frequency: Weekly Fortnightly Monthly 4 Weekly

Duration: Continue regular debits until further notice (Minimum of debits)

Administration Fee (once only up to): N/A	Bank Account Transaction Fee: \$1.50	Credit Card Transaction Fee: VISA/Mastercard: 1.50% (Min \$1.50) AMEX/Diners: 4.40% (Min \$1.50)	Optional SMS Payment Reminder: N/A	Failed Payment Fee: \$14.80
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CHOOSE YOUR PAYMENT METHOD

Debit from Credit Card

VISA MasterCard AMEX Diners

Card Number: Expiry Date: /

M M Y Y

Name of Cardholder:

By signing this form, I/we authorise Global Payments Australia 1 Pty Ltd, acting as Direct Debit Agent on instruction from the Business, to debit payments from my Credit Card.

Debit from Bank, Building Society or Credit Union Account

Financial Institution: Branch:

BSB Number: - Account Number:

Account Holder Name:

I/we authorise Global Payments Australia 1 Pty Ltd ACN 601 396 543 (User ID No 342190, 342191, 428198) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with this Direct Debit Request.

The Authorisation in this Request remains in force in accordance with the terms and conditions of the DDR Service Agreement (Ver 1.11). I/We have read, understand and agree to the same. I/We declare that the information in this Request is true and correct. I/We acknowledge that my/our personal information will be collected, used, held and disclosed in accordance with the Ezidebit Privacy Policy found at <http://www.ezidebit.com/au/privacy-policy/>

Signature(s) of Account Holder: Date: / /

D D M M Y Y



DDR SERVICE AGREEMENT (Ver 1.11)

DDR Service Agreement (Ver 1.11)

I/We hereby authorise Global Payments Australia 1 Pty Ltd ACN 601 396 543 (Direct Debit User ID number 342190, 342191, 428198) (referred to as "Ezidebit") to make periodic debits on behalf of the Business (referred to as "the Business") as indicated on the attached Direct Debit Request which incorporates this DDR Service Agreement.

I/We acknowledge that Ezidebit is acting as a Direct Debit Agent for the Business and that Ezidebit does not provide any goods or services (other than the direct debit collection services) to me/us for the Business pursuant to the Direct Debit Request and has no express or implied liability in relation to the goods and services provided or to be provided by the Business or the terms and conditions of any agreement that I/We have with the Business.

I/We acknowledge that the debit amount will be debited from my/our nominated card or bank account according to the terms and conditions of my/our agreement with the Business and the terms and conditions of the Direct Debit Request (and specifically the Debit Arrangement including the Fees/Charges in the Direct Debit Request).

I/We acknowledge that the details of my/our nominated card or bank account should be verified (eg: against a recent card or bank statement) to ensure accuracy of the details provided and I/we will contact my/our financial institution if uncertain of the accuracy of these details.

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient available/cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the due date for the debit. Direct debits normally occur overnight, however transactions can take up to 3 banking business days depending on the financial institution. Accordingly, I/we acknowledge and agree that sufficient funds will remain in the nominated account until the debit amount has been debited from the account. If there are insufficient funds available, I/we agree that Ezidebit will not be responsible for any fees and charges that may be charged by either my/our or its financial institution.

I/We acknowledge that there may be a delay in processing the debit if:

1. a payment request is received by Ezidebit after Ezidebit's usual cut off time, being 3:00pm Qld time, Monday to Friday;
2. a payment request is received by Ezidebit on a day that is not a banking business day in Sydney, NSW and Melbourne, VIC; or
3. there is a public or bank holiday on the day when the debit transaction is due to be processed or on any of the following days until the debit is processed.

Any payment that falls due on any of the above will be processed on the next business day.

I/We authorise Ezidebit to vary the amount of the payments from time to time upon receiving instructions from the Business of a variation provided for within my/our agreement with the Business or as may be agreed by me/us and the Business. I/We do not require Ezidebit to notify me/us of the variation to the debit amount.

I/We acknowledge that Ezidebit is to provide at least 14 days' notice if it proposes to vary any of the terms and conditions of the Direct Debit Request (including this DDR Service Agreement) including varying the Debit Arrangement.

I/We will contact the Business if I/we wish to alter or defer the Debit Arrangement. I/We acknowledge that any request by me/us to stop or cancel the Debit Arrangement will be directed to the Business.

I/We acknowledge that any dispute regarding a debit will be directed to the Business and/or Ezidebit. If no resolution is forthcoming, I/we will contact my/our financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee (as referred to in the Debit Arrangement) may be payable by me/us to Ezidebit. I/We will also be responsible for any fees and charges applied by my/our financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.

I/We authorise Ezidebit to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that certain fees and charges (including setup, variation, SMS or processing fees) may apply to the Direct Debit Request and may be payable to Ezidebit and agree to pay those fees and charges to Ezidebit.

"Ezidebit" may appear as the merchant for a payment from my/our credit card (including a debit or charge card). I/We acknowledge and agree that Ezidebit will not be liable for any disputed transactions resulting from the supply or non supply of goods and/or services and that all disputes will be directed to the Business (as Ezidebit is acting only as a Direct Debit Agent for the Business). The Transaction Fee for a debit to a Credit Card calculated as a percentage may be subject to a minimum amount.

I/We appoint Ezidebit as my/our agent for the control, management and protection of my/our personal information (relating to the Business and this Direct Debit Request) which is disclosed to Ezidebit. I/We irrevocably authorise Ezidebit to take all necessary action (which Ezidebit deems necessary) to protect and/or correct, if required, my/our personal information, including (but not limited to) correcting account numbers and providing such information to relevant third parties and otherwise disclosing or allowing access to my/our personal information to third parties in accordance with the Ezidebit Privacy Policy.

Other than as provided in this Direct Debit Request or the Ezidebit Privacy Policy, Ezidebit will keep your personal information about your nominated account private and confidential unless this information is required to investigate a claim made relating to an alleged incorrect or wrongful debit, to be referred to a debt collection agency for the purposes of debt collection or as otherwise required or permitted by law. The Ezidebit Privacy Policy can be found at <http://www.ezidebit.com/au/privacy-policy/>.

I/We hereby irrevocably authorise, direct and instruct any third party who holds/stores my/our personal information (relating to the Business and this Direct Debit Request) to release and provide such information to Ezidebit.

I/We authorise:

1. Ezidebit to verify with my/our financial institution and/or correct, if necessary, details of my/our account; and
2. My/our financial institution to release information allowing Ezidebit to verify my/our account details.

PO Box 3327
Newstead, QLD 4006
Ph: (07) 3124 5500