

Application for Residential Tenancy

(One application to be completed per person)

PART 1: RENTAL PROPERTY DETAILS

ITEM 1: AGENT DETAILS

AGENCY NAME:

Sage Realty Pty Ltd as trustee for the Sage Management Trust

ADDRESS: P O Box 3380

SUBURB: Loganholme

STATE: QLD

POSTCODE: 4129

PHONE:

0424361441

MOBILE:

0424361441

FAX:

EMAIL:

michelle@sagerealty.net.au

ITEM 2: PROPERTY DETAILS

ADDRESS:

SUBURB:

STATE:

POSTCODE:

Rent: \$ _____ Rent period: _____ ← weekly / fortnightly / monthly Bond: \$ _____

Tenancy Term: _____ Fixed term agreement Periodic agreement

Starting on: _____ Ending on: _____

PART 2: APPLICANT DETAILS

ITEM 3: CONTACT DETAILS

FULL NAME:

DATE OF BIRTH:

Have you been known by any other name(s)? Yes No

If Yes, what other name(s) have you been known by? _____

WORK PHONE:

MOBILE:

HOME PHONE:

EMAIL:

Driver's Licence/passport number: _____ State: _____

Number of vehicles: _____ Registration number(s): _____

ITEM 4: DEPENDANTS

Do you have any dependants? Yes No

DEPENDANT FULL NAME(S):

RELATIONSHIP TO APPLICANT:

DEPENDANT DATE OF BIRTH:

ITEM 5: SMOKING

Are you or any of the dependants living with you a smoker? Yes No

ITEM 6: PETS

Do you intend to keep pets at the property? Yes No Number of pets: _____

Type of Pet/s: _____ Are your pets registered with a council? Yes No

If Yes, please state which council: _____

INITIALS (Note: initials not required if signed with Electronic Signature)

INITIAL
000011577677

ITEM 7: APPLICANTS ADDRESS HISTORY

CURRENT RESIDENTIAL ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

PERIOD OF OCCUPANCY: _____ TYPE OF OCCUPANCY:
 Rent Owner Other: → _____

CURRENT AGENT/LESSOR (If renting): _____

AGENT/LESSOR PHONE: _____ FAX: _____ EMAIL: _____

CURRENT RENT \$ _____ Rent period: _____ ← weekly / fortnightly / monthly REASON FOR LEAVING: _____

PREVIOUS RESIDENTIAL ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

PERIOD OF OCCUPANCY: _____ TYPE OF OCCUPANCY:
 Rent Owner Other: → _____

PREVIOUS AGENT/LESSOR: _____

AGENT/LESSOR PHONE: _____ FAX: _____ EMAIL: _____

PREVIOUS RENT: \$ _____ Rent period: _____ ← weekly / fortnightly / monthly REASON FOR LEAVING: _____

ITEM 8: EMPLOYMENT DETAILS

Are you employed? Yes No (if no, please provide details of previous employer, if any)

Employment status: Full time Part time Casual Contract Self employed

OCCUPATION: _____ NET INCOME (per week)
\$ _____

DATE COMMENCED EMPLOYMENT (approx.) _____ DATE TERMINATED EMPLOYMENT (if any): _____

EMPLOYER/BUSINESS NAME: _____

ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

PHONE: _____ FAX: _____ EMAIL: _____

IF SELF EMPLOYED, ACCOUNTANT'S NAME: _____ PHONE: _____

ITEM 9: CENTRELINK PAYMENTS

Are you receiving any regular Centrelink payments? Yes No

DESCRIPTION OF PAYMENT(S): _____

TOTAL INCOME (PER WEEK): \$ _____ DATE PAYMENTS COMMENCED: _____

ITEM 10: STUDENT DETAILS

Are you studying full time? Yes No

NAME OF EDUCATION INSTITUTION YOU ARE CURRENTLY ATTENDING: _____ STUDENT IDENTIFICATION NUMBER: _____

Are you an overseas student? Yes No If yes, Visa expiry date: _____

INITIALS (Note: initials not required if signed with Electronic Signature)

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ITEM 11: PERSONAL REFERENCES

Please do not list relatives, another applicant or partners and provide business hours contact numbers.

REFeree 1:	_____	RELATIONSHIP:	_____
ADDRESS:	_____	PHONE/MOBILE:	_____
SUBURB:	_____	STATE:	_____
POSTCODE:	_____		_____
REFeree 2:	_____	RELATIONSHIP:	_____
ADDRESS:	_____	PHONE/MOBILE:	_____
SUBURB:	_____	STATE:	_____
POSTCODE:	_____		_____

ITEM 12: PERSONAL REPRESENTATIVE

i.e. preferred person(s) to be contacted in the event of an emergency.

REPRESENTATIVE 1:	_____	RELATIONSHIP:	_____
ADDRESS:	_____	PHONE/MOBILE:	_____
SUBURB:	_____	STATE:	_____
POSTCODE:	_____		_____
REPRESENTATIVE 2:	_____	RELATIONSHIP:	_____
ADDRESS:	_____	PHONE/MOBILE:	_____
SUBURB:	_____	STATE:	_____
POSTCODE:	_____		_____

PART 3: SUPPORTING DOCUMENTS**ITEM 13: IDENTIFICATION**

You are required to meet a 100 point identification criterion upon submission of your application. The Agent/Lessor may photocopy any item and retain as part of your application.

Please tick the identifying documents you have provided with your application.

IMPORTANT: At least one form of Photo Identification MUST be provided.

70 Points

- Passport Full birth certificate Citizenship certificate

40 Points

- Australian Driver's Licence Student Photo ID Department of Veterans Affairs card
 Centrelink card Proof of age card State/Federal Government Photo ID

25 Points

- Medicare card Council rates notice Motor vehicle registration
 Telephone bill Electricity bill Gas bill
 Tenancy History Ledger Bank statement Credit card statement
 Last FOUR rent receipts Rent bond receipt Previous tenancy agreement

ITEM 14: PROOF OF INCOME

You are also required to supply the Agent/Lessor with proof of your income upon submission of your application.

- Employed:** Last TWO pay slips.
Self employed: Bank statements, Group Certificate, Tax Return or Accountant's letter.
Not employed: Centrelink statement.

PART 4: DECLARATION

PLEASE DECLARE THE FOLLOWING BY SELECTING EITHER TRUE or FALSE

I, the Applicant

1. Have never been evicted by an Agent/Lessor True False
2. Have no known reasons that would affect my ability to pay rent True False
3. Was refunded the rental bond for my last address in full (if applicable) True False

If false, please advise what deductions were made from your bond?

4. Have no outstanding debt to another Agent/Lessor? True False

If false, why are you in debt to your past Agent/Lessor?

PART 5: TENANCY DATABASES

The Agency may use the following tenancy databases to check the rental history of the Applicant/s:

PART 6: ACKNOWLEDGEMENT

PLEASE ACKNOWLEDGE THE FOLLOWING BY SELECTING EITHER YES or NO

I, the Applicant

1. Acknowledge that my personal contents insurance is not covered under any Lessor insurance policy/s and understand that it is my responsibility to insure my own personal belongings. Yes No
2. Understand that you as the Agent/Lessor have collected this information for the purpose of determining whether I am a suitable tenant for the property - in particular to check my identification, my ability to care for the property, my character and my creditworthiness.
 - 2.1 for such purposes, I authorise you to contact the persons named in this application, and to undertake such enquiries and searches (including tenancy databases searches) as you consider reasonably necessary. Yes No
 - 2.2 in doing so, I understand that information provided by me may be disclosed to, and further information obtained from, referees named in this application and other relevant third parties. Yes No
3. Acknowledge and accept that if this application is denied, the Agent is not legally obliged to provide reasons as to why. Yes No
4. Consent and understand that should my tenancy 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 is not limited to) insurance companies, body corporates, contractors, other real estate agents, salespeople and tenancy default databases. Yes No
5. Acknowledge that I have received and reviewed the General Tenancy Agreement (Form 18a), the Standard Terms and any special terms before completing this application. Yes No
6. Acknowledge that I have received or have available the Information Statement (Form 17a), body corporate by-laws (if applicable) before completing this application. Yes No
7. Acknowledge that I have signed the agency's Privacy Notice and Consent. Yes No
8. Acknowledge that the Lessor and Applicant (tenant) are bound by this agreement immediately upon communication of either the lessor or agent's acceptance of the application. Yes No
9. Consent to the use of email and facsimile in accordance with the provisions set out in Chapter 2 of the *Electronic Transactions (Queensland) Act 2001 (Qld)* and the *Electronic Transactions Act 1999 (Cth)*. Yes No
10. Declare that the above information is true & correct and that I have supplied it of my own free will. Yes No

Name of Applicant: _____

Signature: _____



Date: _____

**SIGN
HERE**

INITIALS (Note: initials not required if signed with Electronic Signature)

INITIAL

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PRIVACY DISCLOSURE STATEMENT

The trustee for the Sage Management trust is in independently owned and operated business. We are bound by the National Privacy Principles. We collect personal information about you in this form to assess your application for a residential tenancy. We may need to collect information about you from your previous Lessors or Letting Agents, your current Employer, and your Referees. We will also check whether any details of tenancy defaults by you are held on a tenancy default database. We use databases operated by TICA Default Tenancy Control Pty Ltd (TICA). You can find our more information about this database on their website: www.tica.com.au. By completing and signing this form, you consent to us collecting this information. The privacy of your personal information is paramount. Some changes have recently been made to the Privacy Act of Australia. We've been updating our Privacy Policy to make it even clearer about how we collect, use, store and disclose your personal information. For more details, please refer to our website: <http://www.sagerealty.net.au>.

COLLECTION NOTICE The personal information you provide in this application or that our Agents collect from other sources is necessary for The trustee for the Sage Management trust to verify your identity, to process and evaluate the application and to manage the tenancy. If the application is successful, personal information collected about you in this application and during the course of your tenancy may be disclosed for the purpose for which it was collected to other parties including the Lessor/s, Referrers, Other Agents, Third Part Operators of Tenancy Reference Databases, and any Law Enforcement. This also includes if you enter into a Residential Tenancy Agreement and you fail to comply with your obligations under this agreement. Information already held on Tenancy Databases may also be disclosed to The trustee for the Sage Management trust and/or the Lessor/s. You have the right to access personal information that we hold about you. You can also correct this information if it is inaccurate, incomplete or out of date. If your application is not successful, it will be stored securely for a small period of time up to 2 weeks, before it is safely discarded. If you decide not to collect your application, The trustee for the Sage Management trust will destroy your documents to comply with our Privacy Legislation. If you do not complete this form or do not sign the consent below, then your application for this Residential Tenancy may not be considered by the Lessor/s of the relevant property, or if considered, may be rejected due to insufficient information to assess the application adequately.

PRIVACY CONSENT: I, The Applicant, acknowledge that I have read the above Privacy Disclosure Statement, Privacy Policy and Collection Notice of The trustee for the Sage Management trust. I authorise The trustee for the Sage Management trust to collect information about me from: My Previous Letting Agents/ and or Lessor/s; My Personal Referees, Employers and all other References on this application; Any Tenancy Default Database which may contain personal information about me. I also authorise The trustee for the Sage Management trust to disclose details about any defaults by me under the tenancy to which this application relates to, any Tenancy Default Database to which it subscribes to. I authorise The trustee for the Sage Management trust to refer my name and contact details to an arranger or service provider including tradespeople (to attend to work required at this Property), sales people (Primary and Secondary Agents), Valuers, the Lessor/s, other Agents and Property Managers, Database Operators, Body Corporate Offices, Insurance Companies, Financial Services (to assist with home loan applications, if required in the future), and to Authorities as required by law. I agree to be contacted by electronic and/or SMS methods.

APPLICANT TO COMPLETE

Applicant Full Name: _____

Contact Number/s: _____

Signature: _____ Date: ____ / ____ / ____