


AGENCY NAME	Sheldon Realty
ADRESS	2 Industrial Avenue, Stratford
PHONE	07 4033 1366
EMAIL	reception@sheldonrealty.com.au  Please email application to this email

Our agency welcomes your application and any queries you may have about the property you wish to apply for, the tenancy and the process. The following information and checklist will assist you to complete the Tenancy Application form in full so it can be processed promptly.

Please read the following carefully before submitting your application.

- One application form is to be completed by **every person** over the age of 18 years old.
- This application cannot be processed until it is completed in full, including copies of supporting documentation attached as required for 100 Points Identification Check, which must include 1 item of photo ID. Proof of income is also required. Refer to the list below:

DOCUMENTS ACCEPTED FOR IDENTIFICATION CHECK	POINTS PER DOCUMENT
<input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate	70
<input type="checkbox"/> Drivers Licence <input type="checkbox"/> Proof of Age Card Other Photo ID from Government eg. Pension Card, Student Card	40
<input type="checkbox"/> 2 Recent Rent Receipts <input type="checkbox"/> Tenant Ledger	25
Documents on which have your name and current address appear: <input type="checkbox"/> Car Registration Forms <input type="checkbox"/> Council Rates Notice <input type="checkbox"/> Electricity Account <input type="checkbox"/> Bank or Credit Card Statement <input type="checkbox"/> Gas Account <input type="checkbox"/> Telephone Account	25
TOTAL POINTS ACHIEVED	_____
PROOF OF INCOME DOCUMENTS (At least 1 of the below is required)	
2 most recent payslips	<input type="checkbox"/>
Copy of Signed Employment Contract	<input type="checkbox"/>
Letter from Accountant (If self Employed)	<input type="checkbox"/>
Copies of Bank Statements (With Account Name Visible)	<input type="checkbox"/>
2 most recent centrelink statements	<input type="checkbox"/>

Please take note that our agency will contact you within 24-48 hours of receiving a completed application (Subject to Reference checks getting back to us promptly). If the application is successful, you will be required to pay a total of 6 weeks rent (2 weeks rent + 4 weeks' bond).

Within the first 24 hours the 2 weeks rent will need to be paid and the General Tenancy Agreement will need to be signed by all approved parties. The remaining 4 weeks' bond owed will need to be paid and be **cleared funds** in our trust account before you can collect the keys on the lease start date.

Application Checklist- Before I submit this application, I have:

- Attached photocopies of documents to meet 100 or more points of ID
- Inspected the property both internally and externally
- Completed the application form fully, including signing the Privacy Disclosure Statement
- Attached proof of Income and or/savings

PLEASE NOTE: Our agency does not accept bond transfers

PROPERTY ADDRESS YOU ARE APPLYING FOR: _____

RENT AMOUNT PER WEEK: \$ _____ TOTAL BOND AMOUNT: \$ _____

LEASE START DATE: ____/____/____ LEASE TERM: _____ (6 OR 12 MONTHS)

APPLICANTS DETAILS

FULL NAME: _____ DATE OF BIRTH: _____

MOBILE NUMBER: _____ EMAIL ADDRESS: _____

DRIVERS LICENCE NUMBER: _____ EXPIRY DATE: _____

PASSPORT NUMBER: _____ EXPIRY DATE: _____

NUMBER OF CHILDREN TO RESIDE AT THE PREMISES: _____ NAMES/ AGES: _____

NAMES OF OTHER OCCUPANTS TO RESIDE AT THE PROPERTY: _____

CURRENT ADDRESS

RENTING OWNED WITH FRIENDS/FAMILY SHARING/NOT ON LEASE OTHER _____

FULL ADDRESS: _____

RENT PER WEEK: \$ _____ PERIOD OF OCCUPANCY: _____ YEARS _____ MONTHS

REALESTATE AGENT OR LANDLORD: _____ NAME: _____

CONTACT NUMBER: _____ EMAIL ADDRESS: _____

REASON FOR LEAVING: _____

BOND REFUNDED IN FULL: Yes NO If No, Reason why? _____

PREVIOUS ADDRESS

RENTING OWNED WITH FRIENDS/FAMILY SHARING/NOT ON LEASE OTHER _____

FULL ADDRESS: _____

RENT PER WEEK: \$ _____ PERIOD OF OCCUPANCY: _____ YEARS _____ MONTHS

REALESTATE AGENT OR LANDLORD: _____ NAME: _____

CONTACT NUMBER: _____ EMAIL ADDRESS: _____

REASON FOR LEAVING: _____

BOND REFUNDED IN FULL: Yes NO If No, Reason why? _____

EMPLOYMENT (If self-employed or have another source of income please complete next page)

CURRENT EMPLOYERS COMPANY NAME: _____

YOUR POSITION WITH THE COMPANY: _____

EMPLOYMENT STATUS: FULL TIME PART TIME CASUAL CONTRACT BASIS OTHER

LENGTH OF EMPLOYMENT: _____ YEARS _____ MONTHS

MANAGER/PAYROLL MANAGER NAME: _____ CONTACT NUMBER: _____

EMAIL ADDRESS: _____

SELF EMPLOYMENT

COMPANY NAME: _____

TRADING AS: _____

COMPANY ADDRESS: _____

INDUSTRY/NATURE OF THE BUSINESS: _____

ABN NUMBER: _____ PERIOD OF SELF EMPLOYMENT: _____ YEARS _____ MONTHS

ACCOUNTANT NAME: _____ CONTACT NUMBER: _____

EMAIL ADDRESS: _____

IF STUDENT OR NOT CURRENTLY EMPLOYED

STUDENT ID #: _____ INSTITUTION: _____ COURSE: _____

IF NOT A STUDENT PLEASE SPECIFY OTHER INCOME SOURCE: _____

OTHER INCOME DOCUMENTS ATTACHED (Eg. Centrelink Statement, Bank Statements etc) YES NO

INCOME CONFIRMATION

EMPLOYMENT	\$ _____ gross per annum	\$ _____ net weekly
SELF EMPLOYMENT	\$ _____ gross per annum	\$ _____ net weekly
OTHER SOURCE	\$ _____ gross per annum	\$ _____ net weekly
TOTAL:	\$ _____ gross per annum	\$ _____ net weekly

VEHICLES TO BE KEPT AT THE PROPERTY

NUMBER OF VEHICLES TO BE KEPT AT THE PROEPRTY: _____ CAR MODEL/S: _____

REGISTRATION NUMBER/S: _____ STATE OF REGISTRATION/S: _____

PETS TO RESIDE AT THE PROPERTY YES NO (If yes please complete below)

NUMBER OF PET/S: _____ TYPE OF PET/S: _____

BREED OF PETS: _____ COUNCIL REGISTRATION #: _____

EMERGENCY CONTACT DETAILS (Person must NOT reside at the property with you)

1. FULL NAME: _____ CONTACT NUMBER: _____
RELATIONSHIP TO YOU: _____ EMAIL: _____
ADDRESS: _____

2. FULL NAME: _____ CONTACT NUMBER: _____
RELATIONSHIP TO YOU: _____ EMAIL: _____
ADDRESS: _____

REFEREES (Please ensure they are not relatives. Make note that they may be contacted in regards to your application)

PROFESSIONAL REFEREE:

FULL NAME: _____ CONTACT NUMBER: _____

EMAIL ADDRESS: _____

PERSONAL REFEREE:

FULL NAME: _____ CONTACT NUMBER: _____

EMAIL ADDRESS: _____

DECLARATIONS (Please ensure you complete every question below and provide details where required)

Have you ever been evicted by any lessor or agent? _____
Are you in debt to another agent? _____
Is there any reason known to you that would affect your ability to pay rent when due? _____
Was your bond at your previous address refunded in full? _____
Was the property in a satisfactory condition when you inspected it? _____

I apply for Tenancy for a period of _____ months, at a rental of \$ _____ per week commencing ____ / ____ / ____
I confirm I am aware that the General Tenancy Agreement is available for viewing on the Residential Tenancies Authority website before submitting this application.

- I declare the information provided is true and correct. I consent to verify my details via Tenancy Information Centre of Australia and National Tenancy Database records.
- I understand that if the nominated Applicant is advised this application is approved then within 24 hours, all approved applicants are to sign the General Tenancy Agreement and an amount, equal to six (6) weeks rent (being the first two (2) weeks rent and the bond which is equal to four (4) weeks rent). The tenant is then bound to the Terms of the Agreement and the Property will cease to be available for rent.
- I understand the Agent recommends the tenants use Direct Transfer, money order or bank cheque etc for future rental payments and the tenants bank may charge them (the tenant) a fee for each transaction.
- Pre-moving costs as itemised below are to be paid by DIRECT DEPOSIT, BANK CHEQUE or MONEY ORDER made payable to Vowles Real Estate and must be cleared funds in our Trust Account before the keys to the property can be released on the selected lease start date.
- I understand that in the event of this application being rejected there is no requirement at law for the agent to disclose to me any reason for such rejection. I also agree that I will not raise any objection for not being provided with a reason for any rejection of this application.
- I agree to allow the agent to photocopy the information supplied to me for their records.
- I authorise the agent to access and check information that may be listed on me on the TICA DEFAULT TENANCY DATABASE and any other tenancy database which may be available.
- I the applicant declare that I am not bankrupt and that I have not entered into any scheme of arrangement for payment of monies to any creditors. I further declare that I am not paying off any previous rental debt.

ITEM	CALCUALTION	\$ PAYABLE	IMPORTANT NOTES
RENT – FIRST 2 WEEKS RENT	2 x \$ =	\$	Must be paid at signing of the lease
BOND – 4 TIMES WEEKLY RENT <i>N.B If rent is over \$700 per week, Bond is as specified on rent list</i>	4 x \$ =	\$	Must be paid & cleared funds in our trust account before the lease start date
TOTAL PRE-MOVING IN COST \$			2 weeks rent to be paid at signing of lease & bond to be paid and cleared funds before lease start date.

APPLICANTS FULL NAME: _____

APPLICANTS SIGNATURE: _____ DATE: _____

PRIVACY DISCLOSURE STATEMENT

We are an independently owned and operated business and are bound by the National Privacy principles. We collect personal information about you in this form to assess your Application for Tenancy. We may need to collect information about you from your previous Lessors or Letting Agents, your Employer and Referees. We will also check if details of Tenancy defaults by you are held on a Tenancy Database. Your consent for us to collect the information is set out below in the Privacy Consent section.

COLLECTION NOTICE

The personal information you provide in this Application or our Agency collects from other sources is necessary for Sheldon Realty 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, Referees, other Agents and third party operators of Tenancy Databases. Information already held on Tenancy Databases may also be disclosed to our Agency and/or the Lessor. If you enter into a General Tenancy Agreement and if you fail to comply with your obligations under the Agreement, the facts and other relevant personal information collected about you during the course of your Tenancy may also be disclosed to the Lessor, third party operators of Tenancy Databases and/or other Agents. You have the right to access personal information that we hold about you by contacting our Privacy Officer. 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 period of one month only. If you decide not to collect your Application, we will destroy your documents to comply with Privacy Legislation. If you do not complete this form or do not sign the consent below then your Application for Tenancy may not be considered by the owner of the relevant Property or, if considered, may be rejected, due to insufficient information to assess the Application.

PRIVACY CONSENT

I acknowledge that I have read the above Privacy Disclosure Statement and Collection Notice of Sheldon Realty.

I authorise Sheldon Realty to collect information about me from:

- My previous letting Agents and/or Lessors;
- My personal referees, employers and all other references on this application;
- Tenancy Databases to which Sheldon Realty subscribes. I can refer to their Privacy Disclosure Statements via: www.tica.com.au

I authorise Sheldon Realty to refer my name and contact details to an arranger or service provider including tradespeople (to attend to work required at this Property), salespeople (primary and secondary Agents), valuers, the Lessor, other Agents, database operators, other Property Managers, Body Corporate, Insurance companies, Financial services, if required in the future, and to Authorities as required by law.

ELECTRONIC TRANSMISSION

It is agreed by ticking this box, consent is given to receive any documentation relevant to the Tenancy by electronic communication methods such as email or facsimile and the method of receiving advice or notification by SMS is accepted.

ACKNOWLEDGEMENT AND CONSENT BY APPLICANT

APPLICANT FULL NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____