

SUNCOAST PROPERTY

MANAGEMENT

Application for tenancy

In order for us to process your application for this property, we require true and accurate completion of the form below. Please be aware that this office is a member of the tenancy Information Centre of Australia Pty Ltd (TICA) and as such conducts searches in conjunction with this agency. Please be advised also that you complete this application in full knowledge of the above and that you complete the application of your own free will.

Please complete all questions

Property address: _____

Date required: _____ Term of Lease: _____ Rent: \$ _____

First Applicant	Smoker:	YES	NO
Surname: _____			
Given Names: _____			
Phone: _____			
Email: _____			
Date of birth: _____			
Driver License Number: _____			
Car Rego number: _____			
Present Address: _____			
			Rent: \$ _____
Agent/L'Lord: _____			
Phone: _____			Fax: _____
Period Occupied: _____			
Reason for leaving: _____			
Previous Address: _____			
			Rent: \$ _____
Agent/L'Lord: _____			
Phone: _____			Fax: _____
Period Occupied: _____			
Reason for leaving: _____			

Second Applicant	Smoker:	YES	NO
Surname: _____			
Given Names: _____			
Phone: _____			
Email: _____			
Date of birth: _____			
Driver License Number: _____			
Car Rego number: _____			
Present Address: _____			
			Rent: \$ _____
Agent/L'Lord: _____			
Phone: _____			Fax: _____
Period Occupied: _____			
Reason for leaving: _____			
Previous Address: _____			
			Rent: \$ _____
Agent/L'Lord: _____			
Phone: _____			Fax: _____
Period Occupied: _____			
Reason for leaving: _____			

P O Box 478

PALMWOODS

0401024809

E-mail: maryanne@scpropertymanagement.com.au

First Applicant

Occupation: _____
Employer and contact number: _____

Income per week: \$ _____
Additional Benefits: \$ _____
(Proof of income must be provided with application)

If Self Employed
Accountants Name: _____
Phone: _____ Fax: _____

Personal References (not relatives)

1. _____
Phone: _____
2. _____
Phone: _____

Next of kin (not living with you)

Address: _____
Phone: _____

Pets owned:

Breed/type: _____
Is the pet registered: _____

Are there any other people that will be living with you?

Name: _____ Age: _____
 Name: _____ Age: _____
 Name: _____ Age: _____

Second Applicant

Occupation: _____
Employer and contact number: _____

Income per week: \$ _____
Additional Benefits: \$ _____
(Proof of income must be provided with application)

If Self Employed
Accountants Name: _____
Phone: _____ Fax: _____

Personal References (not relatives)

1. _____
Phone: _____
2. _____
Phone: _____

Next of kin (not living with you)

Address: _____
Phone: _____

Pets owned:

Breed/type: _____
Is the pet registered: _____

Are there any other people that will be living with you?

Name: _____ Age: _____
 Name: _____ Age: _____
 Name: _____ Age: _____

- Check list:**
Proof of Identification
Proof of Current address
Medicare care/Bank card
Proof of Income
Complete Application Form
Signed Privacy Disclosure Statement

Before you can move into your new home you must pay **2 weeks rent & 4 weeks bond in cleared funds only**. If your weekly rent is more than \$700 per week the bond required may vary. This office does **NOT** accept bond transfers. If you were relying on a bond transfer please discuss this with your Property Manager when we call you to approve your application.

All monies must be paid in cleared funds prior to collecting the keys or the access will not be provided.

PRIVACY STATEMENT
PRIVACY DISCLOSURE STATEMENT OF SUNCOAST PROPERTY MANAGEMENT PTY LTD

I am an independently owned and operated business. In order for me to assess your application for residential tenancy, I will be collecting personal information about you from your previous landlord or letting agents, your current employer to show me your ability to pay the rent and your nominated referees.

I will also be checking whether any details of tenancy defaults by you are held on the TICA Default Tenancy Control Pty Ltd database.

Please note that I may disclose personal information about you to the owner of the property to which this application relates. If you are successful in this application, I may disclose your details to service providers relevant to the tenancy relationship including maintenance contractors and the landlord insurers. I may also send personal information about you to the owners of any other properties at your request.

In accordance with the National Privacy Act, I require that you read and sign the acknowledgement set out below.

PRIVACY CONSENT

I/We the said applicant/s acknowledge that I have read the Privacy Notice of Suncoast Property Management Pty Ltd. I authorised Suncoast Property Management Pty Ltd to collect information about me/us to allow them to process the said application from:

My previous letting agents and/or Landlords;

My personal referees;

Any Tenancy Default Database which may contain personal information about me

Applicant/s Name/s: _____

Applicant/s Signatures: _____

I have inspected the property I am applying for and wish to take up tenancy of the property for a period of _____ months from _____ / _____ / _____ at the weekly rent of \$ _____

TO BE COMPLETED BY AGENT

Tenants Name & Address: _____

Was this tenant on the lease: _____

Were any Notices issued during the tenancy: _____

If so, what for and how many: _____

Was there every any cause for concern regarding the tenant: _____

If so, what for: _____

Was this tenant every rude/hostile to anyone in your office: _____

Was there every cause to complain regarding routine inspections: _____

Was the property well maintained inside and outside: _____

Was the Bond refunded in full: _____

Would you rent to these tenants again: _____ If not why? _____

How would you rate these tenants? Excellent _____ Good _____ Fair _____ Poor _____

Name of person completing this form : _____

PLEASE RETURN THIS TOGETHER WITH A COPY OF THE TENANTS LEDGER TO: FAX 5457 3315
OR e-mail to maryanne@scpropertymanagement.com.au

Thank you for your assistance.