

	PART 1: REN	NTAL PROPER	RTY DETAILS				
ITEM 1:	AGENT DETAILS						
	AGENCY NAME:						
	Billy Mitchell Pty Ltd T/A Century 21 Platinum Agents						
	ADDRESS: 69 Mor	nkland Street					
				212			
	SUBURB: GYMP PHONE:	MOBILE:	FAX:	STATE: QLD POST	CODE: 4570		
	07 54898000	0407447048	1700.	deanne.kelly@century21.com.au			
TEM 2:	PROPERTY DETAIL	s		Pulse	ELFRASOA SUSWARA		
	ADDRESS: 44 Cha	annon Street					
	SUBURB: Gympi	e		STATE: QLD POST	CODE: 4570		
	Rent: \$	Rent	period:	← weekly / fortnightly / monthly Bond: \$_	-7		
	Tenancy Term:		Fixed term agreemer	nt Periodic agreement			
	Starting on:			Ending on:			
	DADT 2. ADD	N ICANT DET	AH C				
	PART 2: APF	PLICANT DETA	AILS				
ITEM 3:	CONTACT DETAILS		AILS		DATE OF NOTE		
ITEM 3:			AILS		DATE OF BIRTH:		
ITEM 3:	CONTACT DETAILS				DATE OF BIRTH:		
TEM 3:	FULL NAME: Have you been known	own by any other nar	ne(s)? Yes	No	DATE OF BIRTH:		
ITEM 3:	CONTACT DETAILS FULL NAME: Have you been known if Yes, what other in	own by any other name(s) have you be	me(s)?		DATE OF BIRTH:		
ITEM 3:	FULL NAME: Have you been known	own by any other nar	ne(s)? Yes	□ No	DATE OF BIRTH:		
3:	CONTACT DETAILS FULL NAME: Have you been known if Yes, what other is WORK PHONE:	own by any other name(s) have you be	me(s)?	EMAIL:	DATE OF BIRTH:		
ITEM 3:	CONTACT DETAILS FULL NAME: Have you been known of Yes, what other is WORK PHONE: Driver's Licence/pa	own by any other nar name(s) have you be MOBILE:	me(s)?	EMAIL: State:	DATE OF BIRTH:		
3:	CONTACT DETAILS FULL NAME: Have you been known if Yes, what other is WORK PHONE:	own by any other nar name(s) have you be MOBILE:	me(s)?	EMAIL:	DATE OF BIRTH:		
	CONTACT DETAILS FULL NAME: Have you been known of Yes, what other is work phone: Driver's Licence/pa Number of vehicles	own by any other name(s) have you be MOBILE: assport number:	me(s)?	EMAIL: State:	DATE OF BIRTH:		
	CONTACT DETAILS FULL NAME: Have you been known of Yes, what other is WORK PHONE: Driver's Licence/pa Number of vehicles DEPENDANTS Do you have any desired.	own by any other name(s) have you be MOBILE: assport number:	me(s)?	EMAIL: State:	DATE OF BIRTH:		
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TEM 4:	CONTACT DETAILS FULL NAME: Have you been known of Yes, what other is WORK PHONE: Driver's Licence/pass Number of vehicles DEPENDANTS Do you have any did DEPENDANT FULL Is	own by any other name(s) have you be MOBILE: assport number:	me(s)?	EMAIL: State: egistration number(s):	CAROLINA TINE A		
TEM 4:	CONTACT DETAILS FULL NAME: Have you been known if Yes, what other is work phone: Driver's Licence/panumber of vehicles DEPENDANTS Do you have any did dependent full is smoking	own by any other name(s) have you be MOBILE: assport number: ependants?	me(s)?	State: egistration number(s): RELATIONSHIP TO APPLICANT:	CAROLINA TINE A		
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TEM 4: TEM 5:	CONTACT DETAILS FULL NAME: Have you been known if Yes, what other is work phone: Driver's Licence/panumber of vehicles DEPENDANTS Do you have any did dependent full is smoking Are you or any of the pers	own by any other name(s) have you be MOBILE: assport number: ependants?	me(s)?	EMAIL: State: egistration number(s): RELATIONSHIP TO APPLICANT: Yes No	CAROLINA TINE A		
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INITIALS

ΓΕM 7:	APPLICANTS ADDRESS HISTORY							
	CURRENT RESIDENTIAL ADDRESS:							
	SUBURB: STATE:	POSTCODE:						
	PERIOD OF OCCUPANCY: TYPE OF OCCUPANCY:							
	Rent Owner Other: → CURRENT AGENT/LESSOR (If renting):	of other T						
	CORRENT AGENTILESSOR (ITTellulig).							
	AGENT/LESSOR PHONE: FAX: EMAIL:	-						
	CURRENT RENT REASON FOR LEAVING:							
	\$ Rent period: \(\square weekly / fortnightly / monthly \)							
	PREVIOUS RESIDENTIAL ADDRESS:	top to a co						
	SUBURB: STATE	DOCTOODS.						
	PERIOD OF OCCUPANCY: TYPE OF OCCUPANCY: STATE:	POSTCODE:						
	Rent							
	PREVIOUS AGENT/LESSOR:	A CALCARAGE						
		1925 F						
	AGENT/LESSOR PHONE: FAX: EMAIL:							
	PREVIOUS RENT: REASON FOR LEAVING:							
	Rent period: ← weekly / fortnightly / monthly							
EM 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 employe	9 a						
	OCCUPATION: NET INCOME (per week)							
	\$							
	DATE COMMENCED EMPLOYMENT (approx.) DATE TERMINATED EMPLOYMENT (if an							
	EMPLOYER/BUSINESS NAME:							
	ENT ESTEROSONICOS ITARIE.							
	ADDDECC.	- 6						
	ADDRESS:	- Valuati						
								
	SUBURB: STATE: POSTCODE:	<u> </u>						
	PHONE: FAX: EMAIL:							
	20 9 2 10 1							
	IF SELF EMPLOYED, ACCOUNTANT'S NAME:	PHONE:						
		<u> </u>						
EM 9:	CENTRELINK PAYMENTS							
	Are you receiving any regular Centrelink payments? Yes No							
	DESCRIPTION OF PAYMENT(S):							
	TOTAL INCOME (DED WIFTIO). DATE DAYLIFILIZA COMMITMORD							
	TOTAL INCOME (PER WEEK): DATE PAYMENTS COMMENCED: \$							
	Ψ							
EM 10:	STUDENT DETAILS							
	Are you studying full time?							
	NAME OF EDUCATION INSTITUTION YOU ARE CURRENTLY ATTENDING: STUDENT IDENTIFICATION NUMBER:							
		K TELEPIN						
	Are you an overseas student? Yes No If yes, Visa expiry date:							

ITEM 11:	PERSONAL REFERENCES							
	Please do not list relatives, anothe REFEREE 1:	r applicant or partners and pro	ovide business hou	ırs contact numbers.	RELATIONSHIP:			
	ADDRESS:							
					PHONE/MOBILE;			
	SUBURB:		STATE:	POSTCODE:	DEL ATIONICI III			
	REFEREE 2:				RELATIONSHIP:			
	ADDRESS:							
					PHONE/MOBILE:			
	SUBURB:		STATE:	POSTCODE:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
ITEM 12:	PERSONAL REPRESENTATIVE							
	i.e. preferred person(s) to be conta	cted in the event of an emerg	ency.					
	REPRESENTATIVE 1:				RELATIONSHIP:			
	ADDRESS:				1.8119 8.91.559			
				tar of our loss	PHONE/MOBILE:			
	SUBURB:	Manual style in the	STATE:	POSTCODE:	DELATION DEL			
	REPRESENTATIVE 2;				RELATIONSHIP:			
	ADDRESS:							
					PHONE/MOBILE:			
	SUBURB:		STATE:	POSTCODE:				
	PART 3: SUPPORTING	DOCUMENTS						
ITEM 13:	IDENTIFICATION							
	You are required to meet a 100 por The Agent/Lessor may photocopy	int identification criterion upon any item and retain as part of	submission of you your application.	ır 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	Citiz	zenship certificate				
	40 Points							
	Australian Driver's Licence	Student Photo ID	☐ Dep	partment of Veterans Af	fairs card			
	Centrelink card	Proof of age card		te/Federal Government				
	25 Points							
	Medicare card	Council rates notice	☐ Mot	or vehicle registration				
	Telephone bill	Electricity bill	Gas	bill				
	Tenancy History Ledger	Bank statement	Cree	dit card statement				
	Last FOUR rent receipts	Rent bond receipt	Prev	vious tenancy agreeme	nt			
ITEM 14:	PROOF OF INCOME			THE ST. PROPERTY CO.				
	You are also required to supply the	Agent/Lessor with proof of yo	our income upon su	ubmission of your applic	cation.			
	Employed: Last TWO pay s	slips.						
	Self employed: Bank statements, Group Certificate, Tax Return or Accountant's letter.							
	Not employed: Centrelink state							

PART 4: DECLARATION

PLE.	ASE DECLARE THE FOLLOWING BY SELECTING EITHER TRUE OF FALSE		
	I, the Applicant	-	<u>-</u>
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?		
	The State of the S		
•	Have no outstanding debt to another Agent/Lessor?	True	False
	If false, why are you in debt to your past Agent/Lessor?		
Э Д,	RT 5: TENANCY DATABASES		
Γhe.	Agency may use the following tenancy databases to check the rental history of the Applicant/s:		
A	RT 6: ACKNOWLEDGEMENT		
LE	ASE ACKNOWLEDGE THE FOLLOWING BY SELECTING EITHER YES or NO		
	I, the Applicant		
•	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
	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.	Yes	☐ No
	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	T Voc	No
	third parties.	Yes	NO
١.	Acknowledge and accept that if this application is denied, the Agent is not legally obliged to provide reasons as to why.	Yes	□ No
۱.	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
	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
	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
•	Acknowledge that I have signed the agency's Privacy Notice and Consent.	☐ Yes	☐ No
3.	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
).	Consent to the use of email and facsimile in accordance with the provisions set out in Chapter 2 of the <i>Electronic Transactions (Queensland) Act 2001 (Qld)</i> and the <i>Electronic Transactions Act</i> 1999 (Cth).	Yes	☐ No
	Declare that the above information is true & correct and that I have supplied it of my own free will.	Yes	☐ No
LO.			
LO.	Name of Applicant:		

INITIALS