

	PART 1: RENT	AL PROPER	TY DETAILS					
EM 1:	AGENT DETAILS							
	AGENCY NAME:							
	McCrae Property Gro							
	ADDRESS: 26b Kenne	edy Street						
	SUBURB: Bowen				STATE: Ç		CODE: 4805	
		MOBILE:	FAX:	EMAIL:			4005	
	07 4786 2222	0474 003 522		office@mcc	raegroup.com.au			
TEM 2:	PROPERTY DETAILS							
	ADDRESS:							
	SUBURB: Bowen				STATE: <u>Ç</u>	old POSTC	CODE: 4805	
	Rent: \$	Rent p	eriod:	← weekly / fo	rtnightly / monthly	Bond: \$ <u>4x</u>	weekly rent	
	Tenancy Term:	\checkmark	Fixed term agreem	ient	Periodic agreemer	nt		
	Starting on:			Ending on:				
	PART 2: APPLI	CANT DETA	ILS					
TEM 3:	PART 2: APPLI	CANT DETA	ILS					
TEM 3:		by any other nam	e(s)? 🗌 Yes	No			DATE OF BIF	RTH:
TEM 3:	CONTACT DETAILS FULL NAME: Have you been known If Yes, what other nam	n by any other nam ne(s) have you bee MOBILE:	e(s)? Yes n known by? HOME PHONE:	EMAIL:	tate:		DATE OF BIF	RTH:
TEM 3: TEM 4:	CONTACT DETAILS FULL NAME: Have you been known If Yes, what other nam WORK PHONE: Driver's Licence/passp	n by any other nam ne(s) have you bee MOBILE:	e(s)? Yes n known by? HOME PHONE:	EMAIL:			DATE OF BIF	RTH:
	CONTACT DETAILS FULL NAME: Have you been known If Yes, what other nam WORK PHONE: Driver's Licence/passp Number of vehicles:	by any other nam ne(s) have you bee MOBILE: 	e(s)? Yes n known by? HOME PHONE:	EMAIL:			DATE OF BIF	RTH:
	CONTACT DETAILS FULL NAME: Have you been known If Yes, what other nam WORK PHONE: Driver's Licence/passp Number of vehicles: DEPENDANTS	by any other nam ne(s) have you bee MOBILE: port number:	e(s)? Yes n known by? HOME PHONE:	EMAIL: S Registration numbe			DATE OF BIF	
	CONTACT DETAILS FULL NAME: Have you been known If Yes, what other nam WORK PHONE: Driver's Licence/passp Number of vehicles: DEPENDANTS Do you have any dependent	by any other nam ne(s) have you bee MOBILE: port number:	e(s)? Yes n known by? HOME PHONE:	EMAIL: S Registration numbe	r(s):			
	CONTACT DETAILS FULL NAME: Have you been known If Yes, what other nam WORK PHONE: Driver's Licence/passp Number of vehicles: DEPENDANTS Do you have any dependent	by any other nam ne(s) have you bee MOBILE: port number:	e(s)? Yes n known by? HOME PHONE:	EMAIL: S Registration numbe	r(s):			
	CONTACT DETAILS FULL NAME: Have you been known If Yes, what other nam WORK PHONE: Driver's Licence/passp Number of vehicles: DEPENDANTS Do you have any dependent	by any other nam ne(s) have you bee MOBILE: port number:	e(s)? Yes n known by? HOME PHONE:	EMAIL: S Registration numbe	r(s):			
TEM 4:	CONTACT DETAILS FULL NAME: Have you been known If Yes, what other nam WORK PHONE: Driver's Licence/passp Number of vehicles: DEPENDANTS Do you have any dependent DEPENDANT FULL NAM	by any other nam ne(s) have you bee MOBILE: port number:	e(s)? Yes n known by? HOME PHONE:	EMAIL: S Registration numbe	r(s):			
TEM 4:	CONTACT DETAILS FULL NAME: Have you been known If Yes, what other nam WORK PHONE: Driver's Licence/passp Number of vehicles: Dependants Do you have any dependents DEPENDANT FULL NAM SMOKING	by any other name(s) have you been MOBILE:	e(s)? Yes HOME PHONE: Yes No	EMAIL: S Registration numbe	r(s):			
TEM 4: TEM 5:	CONTACT DETAILS FULL NAME: Have you been known If Yes, what other nam WORK PHONE: Driver's Licence/passp Number of vehicles: DEPENDANTS Do you have any dependent DEPENDANT FULL NAM SMOKING Are you or any of the o	by any other name(s) have you been MOBILE:	e(s)? Yes HOME PHONE: Yes No	EMAIL: S Registration numbe	r(s):			
TEM 4: TEM 5:	CONTACT DETAILS FULL NAME: Have you been known If Yes, what other nam WORK PHONE: Driver's Licence/passp Number of vehicles: DEPENDANTS Do you have any dependent DEPENDANT FULL NAM DEPENDANT FULL FULL FULL FULL FULL FULL FULL FUL	by any other names in the symmetry of the symm	e(s)? Yes n known by? HOME PHONE: Yes No	EMAIL: S Registration numbe	r(s):			
TEM 4: TEM 5:	CONTACT DETAILS FULL NAME: Have you been known If Yes, what other nam WORK PHONE: Driver's Licence/passp Number of vehicles: DEPENDANTS Do you have any dependent DEPENDANT FULL NAM SMOKING Are you or any of the o	by any other names in the symmetry of the symm	e(s)? Yes n known by? HOME PHONE: Yes No	EMAIL: S Registration numbe	r(s):			
TEM 4: TEM 5:	CONTACT DETAILS FULL NAME: Have you been known If Yes, what other nam WORK PHONE: Driver's Licence/passp Number of vehicles: DEPENDANTS Do you have any dependent DEPENDANT FULL NAM DEPENDANT FULL FULL FULL FULL FULL FULL FULL FUL	by any other names in the symmetry of the symm	e(s)? Yes n known by? HOME PHONE: Yes No	EMAIL: S Registration numbe	r(s):		DEPENDANT DA	
TEM 4:	CONTACT DETAILS FULL NAME: Have you been known If Yes, what other nam WORK PHONE: Driver's Licence/passp Number of vehicles: DEPENDANTS Do you have any dependent DEPENDANT FULL NAM Second Sec	by any other name (s) have you been MOBILE: bort number:	e(s)? Yes n known by? HOME PHONE: Yes No	EMAIL: S Registration numbe	r(s):		DEPENDANT DA	

ITEM 7: APPLICANTS ADDRESS HISTORY

	CURRENT RESIDENTIAL ADDRESS:		
	SUBURB: PERIOD OF OCCUPANCY:		
	CURRENT AGENT/LESSOR (If renting)		
	AGENT/LESSOR PHONE:	FAX: EMAIL:	
	CURRENT RENT \$Rent period:	REASON FOR LEAVING:	
	PREVIOUS RESIDENTIAL ADDRESS:		
	SUBURB: PERIOD OF OCCUPANCY:	TYPE OF OCCUPANCY:	
	PREVIOUS AGENT/LESSOR:	Rent Owner Other: →	
	AGENT/LESSOR PHONE:	FAX: EMAIL:	
	PREVIOUS RENT: \$Rent period:	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 tin OCCUPATION:	ne Part time Casual Contract Self employed NET INCOME (per week) \$	
	DATE COMMENCED EMPLOYMENT (approx.) DATE TERMINATED EMPLOYMENT (if a	ny):
	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 Centro DESCRIPTION OF PAYMENT(S):	elink payments? Yes No	
	TOTAL INCOME (PER WEEK): \$	DATE PAYMENTS COMMENCED:	
ITEM 10:	STUDENT DETAILS		
	Are you studying full time? NAME OF EDUCATION INSTITUTION	Yes No 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)

ITEM 11:	PERSONAL REFERENCES					
	Please do not list relatives, another REFEREE 1:	RELATIONSHIP:				
	ADDRESS:				PHONE/MOBILE:	
	SUBURB:		STATE:	POSTCODE:	THOME MODILE.	
	REFEREE 2:				RELATIONSHIP:	
	ADDRESS:					
	SUBURB:		STATE:	POSTCODE:	PHONE/MOBILE:	
ITEM 12:	PERSONAL REPRESENTATIVE					
	i.e. preferred person(s) to be conta	cted in the event of an emerge	ency.			
	REPRESENTATIVE 1:				RELATIONSHIP:	
	ADDRESS:					
					PHONE/MOBILE:	
	SUBURB:		STATE:			
	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	Cit	izenship certificate		
	40 Points					
	Australian Driver's Licence	Student Photo ID	De	partment of Veterans Af	fairs card	
	Centrelink card	Proof of age card	Sta	ate/Federal Government	Photo ID	
	25 Points					
	Medicare card	Council rates notice	Mo	otor vehicle registration		
	Telephone bill	Electricity bill	Ga	ıs bill		
	Tenancy History Ledger	Bank statement	Cre	edit card statement		
	Last FOUR rent receipts	Rent bond receipt	Pre	evious tenancy agreeme	nt	
ITEM 14:	PROOF OF INCOME					
	You are also required to supply the	Agent/Lessor with proof of yo	our income upon s	submission of your appli	cation.	
	Employed: Last TWO pay slips.					
	Self employed: Bank statement	s, Group Certificate, Tax Retu	Irn or Accountant'	's letter.		

Not employed: Centrelink statement.

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

PART 4: DECLARATION

PLE	ASE 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
5.	If false, please advise what deductions were made from your bond?	Inde	- Taise
	in laise, please auvise what deductions were made norm 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?		
PA	RT 5: TENANCY DATABASES		
The	Agency may use the following tenancy databases to check the rental history of the Applicant/s:		
DΔ	RT 6: ACKNOWLEDGEMENT		
	ASE 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.	Yes	No 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 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 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 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 <i>Electronic Transactions (Queensland) Act 2001 (Qld)</i> and the <i>Electronic Transactions Act 1999 (Cth)</i> .	Yes	No 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:		

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