



Application for tenancy

NAME

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Licence Agent Number 18401450
Independent Property Management (ACT) Pty Limited Lic. Agent.
Ground Floor, 91 Northbourne Ave, Turner ACT 2612
ACN 143 878 415 ABN 75 143 878 415

 independent.com.au

PROPERTY DETAILS

Address 1:	<input type="text"/>	Viewed:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Weekly Rental:	\$ <input type="text"/>
Address 2:	<input type="text"/>	Viewed:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Weekly Rental:	\$ <input type="text"/>
Address 3:	<input type="text"/>	Viewed:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Weekly Rental:	\$ <input type="text"/>
Address 4:	<input type="text"/>	Viewed:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Weekly Rental:	\$ <input type="text"/>
Address 5:	<input type="text"/>	Viewed:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Weekly Rental:	\$ <input type="text"/>
Address 6:	<input type="text"/>	Viewed:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Weekly Rental:	\$ <input type="text"/>

Number of persons who wish to occupy the premises: Adults: Children: Shared Tenancy: Yes No

Name(s) of other Applicant(s):

I wish to apply for tenancy for a period of weeks commencing on / /

Note: Each person over the age of eighteen (18) years who intend to occupy the premises must supply a separate Application for tenancy form.

I heard about the property through:

Independent Website All Homes Phone Enquiry Sign Word of Mouth Other

APPLICANTS DETAILS

Title: Mr Mrs Miss Ms Dr DOB:

First Name: Surname:

Current address:

Phone (w): Phone (h): Phone (m):

Preferred name: Email:

Postal address:

ID Number: License: Other

CURRENT RENTAL REFERENCE

Agency name: or private lessor contact name:

Agency/lessor phone: Rent paid: \$ p/w Period rented: months

Rental property address:

Reason for vacating:

PREVIOUS RENTAL REFERENCE (IF OWNED OWN HOME, COPY OF RATES NOTICE)

Agency name: or private lessor contact name:
 Agency/lessor phone: Rent paid: \$ p/w Period rented: months
 Rental property address:
 Reason for vacating:

IF YOU DO NOT HAVE ANY RENTAL REFERENCE(S) PLEASE STATE WHY:

EMPLOYMENT

Name of employer/company: Name of manager:
 Position title (optional): Contact number:
 Annual salary: Copy of employment attached: Yes No

SECOND EMPLOYER (IF APPLICABLE)

Name of employer/company: Name of manager:
 Position title (optional): Contact number:
 Annual salary:

If you are currently not employed please state why/circumstances:

PLEASE SUPPLY TWO PERSONAL REFERENCES (MUST NOT BE RELATIVES)

Name: Mobile/email:
 Name: Mobile/email:

EMERGENCY CONTACT (CAN NOT BE OTHER APPLICANT/S)

Name: Relationship: Mobile no:
 Other contact no: Email:

NEXT OF KIN

Name: Relationship: Mobile no:
 Other contact no: Email:

The following must be completed before your application can be processed. Please initial to confirm you understand the following:

I will make no claim or demand nor commence litigation against the owner or Independent Property Management should the premises be found to be unavailable due to occupation by another occupier Initial _____

I give permission for Independent Property Management to conduct application reference checks for the sole purpose of establishing my credentials and suitability to enter into a tenancy agreement Initial _____

I am aware that "The Renting Book" is available for my reference as a guide to the rights and responsibilities as a tenant, property owner or Real Estate Agent from the ACT Office of Fair Trading. Initial _____

I solemnly and sincerely declare that I am not bankrupt or an undischarged bankrupt Initial _____

I intend to have a pet in or on the premises YES NO Initial _____

Number of pet(s) Type Age Desexed YES NO Initial _____

(PLEASE NOTE: Pets are not permitted in units or townhouses unless written authorisation is provided by both the Body Corporate and the owner) Initial _____

If the property has lawns/gardens I understand that it is my responsibility to maintain the them including watering and lawn mowing Initial _____

I am aware that all rent in advance, after the initial rent payment, will be accepted by Direct Debit only. I will complete and sign a request for Direct Debit form at the execution of the tenancy and understand that any arrangements with my bank need to be made prior to this Initial _____

INDEPENDENT PROPERTY GROUP Privacy Act 1988 Collection Notice

The personal information the prospective tenant provides in this application or collected from the sources is necessary for the Agent to verify the Applicants identity, to process and evaluate the application and to manage the tenancy. Personal information collected about the Application in this application and during the course of the tenancy if the application is successful may be disclosed for the purpose for which it was collected to parties including the lessor, referees, and other agents and third party operators of tenancy reference data bases. Information already held on tenancy databases may also be disclosed to the Agent and/or Lessor. If the applicant enters into a Residential Tenancy Agreement, and if the Applicant fails to comply with their obligations under that agreement that fact and the other relevant personal information collected about the Applicant during the course of the tenancy may also be disclosed to the landlord, third party operators of the tenancy reference databases and/or other agents.

If the applicant would like to access personal information the Agents holds, they can do so by contacting Independent Property Management at Leasingconsultant@independent.com.au or 02 62091555. The Applicant can also correct this information if it is inaccurate, incomplete or out-of-date. If the information is not provided, the Agency may not be able to process the application and manage the tenancy.

I have read the above Privacy Collection Notice issued by Independent Property Management Initial _____

If approved, I will require a clause to be included in the tenancy agreement allowing me to end the tenancy early by providing four weeks written notice to Independent Property Management if I am posted outside of the Canberra Region for my employment. YES NO Initial _____

I confirm that I attended the exhibition/s of the premises and if approved I accept the current condition Initial _____

The exhibition was carried out by: (Leasing Consultant's Name)

The property was viewed on my behalf by:

I confirm that the rent to be paid is within my means. I undertake to pay rent in advance, initial payment will be as either a bank cheque or money order, and all following payments will be direct debit. The security bond will be paid by bank cheque or money order at the time of signing the tenancy agreement. All monies must be received prior to the commencement of the Tenancy Agreement. (Cash and personal cheques can not be accepted). Initial _____

I have read, understood and agree to the above

Signature of Applicant: Name: Dated: / /

In the presence of: Name: Dated: / /

You are required to include evidence of your salary (which could consist of your most recent pay advice, a letter from your employer, a bank account statement or other financial evidence) **and 100 points of identification with your application.**

Drivers licence	40 points	Medicare card	20 points	Current wage advice	20 points
Passport	40 points	Previous 2 rent receipts	20 points	Motor vehicle registration certificate	10 points
Other photo ID	30 points	Bank statement	10 points	Telephone account	10 points
Birth certificate	30 points	Electricity account	10 points	Gas account	10 points

Please submit your application by email, fax or in person. Your application must be fully complete and all necessary attachments included before it can be processed.

Email applications@independent.com.au

Fax 02 6257 3532

In person Ground Floor, 91 Northbourne Avenue, Turner ACT 2612

Please note if your application is unsuccessful you will be notified via text message or email.