

CAROL NEED REAL ESTATE

5/7 Fannie Bay Place, Fannie Bay, NT, 0820
PO Box 2264, Parap, NT, 0804
ABN 89133605151

Phone: 8941 4950
Fax: 8941 9719

Email: reception@carolneed.com.au

TENANCY APPLICATION

Property Address:	
Name/s:	
Phone/s:	Email:
Rental Amount:	Security Deposit:
Commencement Date:	Lease Term:
Number of Adult Occupants:	Number of Occupants under 18yrs:

PLEASE COMPLETE THE FOLLOWING QUESTIONS

Reason for moving from current address: _____

Have you had any deductions from your previous security deposit? YES / NO

If yes, what were the deductions: _____

Have you applied for Territory Housing? YES / NO

Do you require a Defence clause? YES / NO

Have you applied for any other properties? YES / NO

If you are successful do you wish to be present at the ingoing inspection? YES / NO

Declaration – I declare that the above information is true and to the best of my knowledge and I am able to assist with further information if required to assist in the assessment of my/our application form. If I am the successful applicant for a unit I approve for my contact details to be provided to the body corporate as required.

Name: _____

Applicant signature: _____ Date: _____

Name: _____

Applicant signature: _____ Date: _____

TO PROCESS THIS APPLICATION, PLEASE COMPLETE ALL THE INFORMATION BELOW, INCLUDING INCOME/SALARY OTHERWISE FAILURE TO DO SO MAY RESULT IN YOUR APPLICATION NOT BEING COMPLETED.

APPLICANT 1

Full Name:	DOB:
License #:	Ph #:
Vehicle & Registration #:	
Emergency Contact:	Phone:

CURRENT EMPLOYMENT DETAILS

Occupation:	
Salary/Income:	
Period of Employment:	
Employer:	Phone:

PREVIOUS EMPLOYMENT DETAILS IF CURRENT EMPLOYMENT IS LESS THAN 3 MONTHS

Occupation:	
Period of Employment:	
Employer:	Phone:

RESIDENTIAL HISTORY (INCLUDING IF YOU HAVE OWNED YOUR HOME)

Current Address:	
Agent/Owner:	Phone:
Rent/Mortgage Amount:	Length of stay:

PERSONAL REFERENCES (CANNOT BE A RELATIVE OR FRIEND)

Name:	Phone:
Relation:	

Name:	Phone:
Relation:	

APPLICANT 2

Full Name:	DOB:
License #:	Ph #:
Vehicle & Registration #:	
Emergency Contact:	Phone:

CURRENT EMPLOYMENT DETAILS

Occupation:	
Salary/Income:	
Period of Employment:	
Employer:	Phone:

PREVIOUS EMPLOYMENT DETAILS IF CURRENT EMPLOYMENT IS LESS THAN 3 MONTHS

Occupation:	
Period of Employment:	
Employer:	Phone:

RESIDENTIAL HISTORY (INCLUDING IF YOU HAVE OWNED YOUR HOME)

Current Address:	
Agent/Owner:	Phone:
Rent/Mortgage Amount:	Length of stay:

PERSONAL REFERENCES (CANNOT BE A RELATIVE OR FRIEND)

Name:	Phone:
Relation:	

Name:	Phone:
Relation:	

PET APPLICATION

Animal:	Breed:	Age:
Animal:	Breed:	Age:

CAROL NEED REAL ESTATE

5/7 Fannie Bay Place, Fannie Bay, NT, 0820
PO Box 2264, Parap, NT, 0804
ABN 89133605151

Phone: 8941 4950
Fax: 8941 9719
Email: jess@carolneed.com.au

REQUEST FOR RENTAL REFERENCE

Your urgency to complete this form as quickly as possible would be greatly appreciated.

Agent:	
Attention:	Fax:
From:	

PLEASE COMPLETE THE FOLLOWING QUESTIONS & PROVIDE AS MUCH INFORMATION AS POSSIBLE

Applicants Names:	
Are the above applicants listed as the tenants:	YES / NO
Weekly Rental Amount:	
When has/will the lease expire:	
Duration of Tenancy:	
Was the tenancy ever in arrears?	YES / NO
Were any breaches served on the tenant?	YES / NO
What was the condition of inspections?	
Did the tenants receive the full bond return?	YES / NO
If not, what were the deductions?	YES / NO
Any problems during the tenancy?	YES / NO
If so, details & reason?	
Would you rent to the tenants again?	YES / NO
In your opinion, please rate the tenant between 1-10 (eg: 10 being excellent):	
Any further comments?	
Name of Property Manager giving reference:	

Please return by fax to (08) 8941 9719

PRIVACY DISCLOSURE (Prospective tenants must sign only this section on this page)

I authorise Carol Need Real Estate to obtain details of my rental and employment history and complete a search on the TICA database.

Name: _____ **Signature:** _____ **Date:** _____

Name: _____ **Signature:** _____ **Date:** _____

CAROL NEED REAL ESTATE

5/7 Fannie Bay Place, Fannie Bay, NT, 0820
PO Box 2264, Parap, NT, 0804
ABN 89133605151

Phone: 8941 4950
Fax: 8941 9719
Email: jess@carolneed.com.au

INDENTIFICATION

THE FOLLOWING IDENTIFICATION FOR EACH APPLICANT MUST BE SUBMITTED WITH THE APPLICATION, IT MUST BE PHOTOCOPIED AND CANNOT BE SIGHTED

Passport & Driver's License / Proof of Age Card.

If both forms of identification cannot be provided, you can provide one of the above plus any 2 of the following:

- Passport
- Driver's License / Proof of age card
- 3x current play slips
- Current Centrelink statement
- Electricity Bill
- Rates Notice
- Water Bill
- Bank Statement/s