

# TENANCY APPLICATION

**AGENCY NAME** Cartwright Property Group  
**ADDRESS** 165 Long Street East, Graceville QLD 4075  
**PHONE** 07 3373 5800  
**EMAIL** info@cartwrightpg.com.au



## Please read and sign before submitting your application

Our agency welcomes your Application and any queries you may have about the Property, Tenancy or process. The following information will assist you to complete the Tenancy Application so it can be processed promptly.

One Application form is to be completed per person over the age of 18 years old and must be submitted with legible copies of 100 points of Identification. (refer to Supporting Document Checklist page 3 of 4, of the Tenancy Application attached.)

If applicant's parent/s are to act as guarantor/s, they must submit a tenancy application and provide 100 points of ID also.

Please note Cartwright Property Group does not offer photocopying services for the photocopying of identification etc.

***\*Applications that are incomplete &/or unsigned will not be accepted\****

## Policies of Cartwright Property Group Rentals

**Tenancy Check** – Upon authorisation, your application will be checked against a national tenancy database for information. If we discover personal information about you on a tenancy database during the application process, we will advise you in writing within 7 days of using the database. If you have ever had a problem with a previous tenancy, it is imperative that you advise us so that we can discuss it with you.

**If Application accepted** – I understand that **if approved within 24 hours of being notified, all approved applicants are to sign the General Tenancy Agreement and pay the first 2 weeks rent and bond (equivalent to 4 weeks rent)**. I am then bound to the Terms of the Agreement and the Property will cease to be available for rent.

**If Application not accepted** – Applicant will be notified by the real estate agency. Our office will retain your application form for only one month after lodgement. At this point unless otherwise directed, it will be shredded as per the Privacy Act.

**Condition Reports & Inspections** – Our company conducts photo Condition Reports & Routine Inspection Reports, taking photographic images of the outside and internal areas of the property during the term of the Tenancy Agreement.

**Rental payment method** – Rent must be paid IN ADVANCE at all times. Our first preferred method of payment is electronically through DEFT Payment System or BPAY using specific reference number (please ask Property Management for this). Our office does not accept cash. In office payments must be either money order, bank cheque, or using our eftpos facility. Please note AMEX cards are not accepted. Due to the banks processing procedure, it can take up to 3 business days to show into our trust account. You must ensure rent is paid before it is due including any possible banking delays. Dishonoured payments will incur an estimated charge of \$55.00 inc GST.

**Privacy Consent** – I authorise Cartwright Property Group to collect information about me from:

- My previous letting Agents and/or Lessors
- My personal referees, employers and all other references on this application
- Tenancy Databases to which Cartwright Property Group subscribes.

I authorise Cartwright Property Group to refer my name and contact details to an arranger or service provider including tradespeople ( to attend to work required at this Property), salespeople (primary and secondary Agents), valuers, the Lessor, other Agents, database operators, other Property Managers, Body Corporate, Insurance companies, Financial services, Government agencies if required in the future , and to Authorities as required by law.

**Electronic Transmisson** – I give consent to receive any documenation relevant to the Tenancy by email/fax and the method of receiving advice or notification by SMS is accepted.

Was the Property in a satisfactory condition when you inspected? \_\_\_\_\_ If not, list items:

**I have read, understood and agree with the above policies and wish to submit an application for a property through Cartwright Property Group.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Application for Residential Tenancy

(One application to be completed per person)

## PART 1: RENTAL PROPERTY DETAILS

### ITEM 1: AGENT DETAILS

AGENCY NAME:

Cartwright Property Group Pty Ltd

ADDRESS: 165 Long Street East

SUBURB: GRACEVILLE

STATE: QLD POSTCODE: 4075

PHONE:  
07 3373 5800

MOBILE:

FAX:  
07 3278 6237

EMAIL:  
info@cartwrightpg.com.au

### ITEM 2: PROPERTY DETAILS

ADDRESS:

Date you inspected property:

SUBURB:

STATE: POSTCODE:

Rent: \$ \_\_\_\_\_ Rent period: \_\_\_\_\_ ← weekly / fortnightly / monthly Bond: \$ \_\_\_\_\_

Tenancy Term: \_\_\_\_\_  Fixed term agreement  Periodic agreement

Starting on: \_\_\_\_\_ Ending on: \_\_\_\_\_

## PART 2: APPLICANT DETAILS

### ITEM 3: CONTACT DETAILS

FULL NAME:

DATE OF BIRTH:

Have you been known by any other name(s)?  Yes  No

If Yes, what other name(s) have you been known by? \_\_\_\_\_

WORK PHONE: MOBILE: HOME PHONE: EMAIL:

Driver's Licence/passport number: \_\_\_\_\_ State: \_\_\_\_\_

Number of vehicles: \_\_\_\_\_ Registration number(s): \_\_\_\_\_

### ITEM 4: DEPENDANTS

Do you have any dependants?  Yes  No

DEPENDANT FULL NAME(S): RELATIONSHIP TO APPLICANT: DEPENDANT DATE OF BIRTH:

_____	_____	_____
_____	_____	_____
_____	_____	_____

### ITEM 5: SMOKING

Are you or any of the dependants living with you a smoker?  Yes  No

### ITEM 6: PETS

Do you intend to keep pets at the property?  Yes  No Number of pets: \_\_\_\_\_

Type of Pet/s: \_\_\_\_\_ Are your pets registered with a council?  Yes  No

If Yes, please state which council: \_\_\_\_\_ -Fill out Pet Application attached

INITIALS

**ITEM 7: APPLICANTS ADDRESS HISTORY**

CURRENT RESIDENTIAL ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

PERIOD OF OCCUPANCY: \_\_\_\_\_ TYPE OF OCCUPANCY:

Rent  Owner  Other: → \_\_\_\_\_

CURRENT AGENT/LESSOR (If renting): \_\_\_\_\_ AGENT/LESSOR PHONE: \_\_\_\_\_

CURRENT RENT \$ \_\_\_\_\_ Rent period: \_\_\_\_\_ ← weekly / fortnightly / monthly REASON FOR LEAVING: \_\_\_\_\_

PREVIOUS RESIDENTIAL ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

PERIOD OF OCCUPANCY: \_\_\_\_\_ TYPE OF OCCUPANCY:

Rent  Owner  Other: → \_\_\_\_\_

PREVIOUS AGENT/LESSOR: \_\_\_\_\_ AGENT/LESSOR PHONE: \_\_\_\_\_

PREVIOUS RENT \$ \_\_\_\_\_ Rent period: \_\_\_\_\_ ← weekly / fortnightly / monthly 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 time  Part time  Casual  Contract  Self employed

OCCUPATION: \_\_\_\_\_ NET INCOME (per week) \$ \_\_\_\_\_

DATE COMMENCED EMPLOYMENT (approx.) \_\_\_\_\_ DATE TERMINATED EMPLOYMENT (if any): \_\_\_\_\_

EMPLOYER/BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

IF SELF EMPLOYED, ACCOUNTANT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**ITEM 9: CENTRELINK PAYMENTS**

Are you receiving any regular Centrelink payments?  Yes  No

DESCRIPTION OF PAYMENT(S): \_\_\_\_\_

TOTAL INCOME (PER WEEK): \$ \_\_\_\_\_ DATE PAYMENTS COMMENCED: \_\_\_\_\_

**ITEM 10: STUDENT DETAILS**

Are you studying full time?  Yes  No

NAME OF EDUCATION INSTITUTION YOU ARE CURRENTLY ATTENDING: \_\_\_\_\_ STUDENT IDENTIFICATION NUMBER: \_\_\_\_\_

Are you an overseas student?  Yes  No If yes, Visa expiry date: \_\_\_\_\_

**ITEM 11: PERSONAL REFERENCES**

Please do not list relatives, another applicant or partners and provide business hours contact numbers.

REFEREE 1:

RELATIONSHIP:

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_

STATE: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

PHONE/MOBILE: \_\_\_\_\_

REFEREE 2:

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_

STATE: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

PHONE/MOBILE: \_\_\_\_\_

**ITEM 12: PERSONAL REPRESENTATIVE**

i.e. preferred person(s) to be contacted in the event of an emergency.

REPRESENTATIVE 1:

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_

STATE: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

PHONE/MOBILE: \_\_\_\_\_

REPRESENTATIVE 2:

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_

STATE: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

PHONE/MOBILE: \_\_\_\_\_

**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

Citizenship certificate

**40 Points**

Australian Driver's Licence

Student Photo ID

Department of Veterans Affairs card

Centrelink card

Proof of age card

State/Federal Government Photo ID

**25 Points**

Medicare card

Council rates notice

Motor vehicle registration

Telephone bill

Electricity bill

Gas bill

Tenancy History Ledger

Bank statement

Credit card statement

Last FOUR rent receipts

Rent bond receipt

Previous tenancy agreement

**ITEM 14: PROOF OF INCOME**

You are also required to supply the Agent/Lessor with proof of your income upon submission of your application.

**Employed:** Last TWO pay slips.

**Self employed:** Bank statements, Group Certificate, Tax Return or Accountant's letter.

**Not employed:** Centrelink statement.

INITIALS

## PART 4: DECLARATION

PLEASE 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

If false, please advise what deductions were made from your bond?

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4. Have no outstanding debt to another Agent/Lessor?  True  False

If false, why are you in debt to your past Agent/Lessor?

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## PART 5: TENANCY DATABASES

The Agency may use the following tenancy databases to check the rental history of the Applicant/s:

TICA (Tenancy Information Centre of Australia) 1902 220 346 or P.O. Box 120 Concord NSW 2137  
Barclay MIS Protect & Collect 1300 883 916 or P.O. BOX 553 WYNNUM QLD 4178

## PART 6: ACKNOWLEDGEMENT

PLEASE 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
  - 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 third parties.  Yes  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
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 *Electronic Transactions (Queensland) Act 2001 (Qld)* and the *Electronic Transactions Act 1999 (Cth)*.  Yes  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

# PET APPLICATION AND AGREEMENT

## PROPERTY ADDRESS

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## TENANT NAME

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## RESIDENTIAL

Use this form only for Properties where the Lessor has indicated that pet/s may be accepted. If unsure please contact our Agency prior to completing this application form.

## PET DETAILS

If more than 2 pets, print and complete a separate Pet Agreement form.

ITEM	PET 1	PET 2
TYPE OF PET/S		
BREED		
NAME/S		
AGE		
DESEXED	YES / NO	YES / NO
COUNCIL REG #		
DESCRIPTION		
COLOUR		
PHOTO PROVIDED	YES (copy for file) / NO	YES (copy for file) / NO

## EMERGENCY PET CARER

The Tenant provides the following information for use in the case of an emergency.

Name

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Address

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Phone Number	Work Number	Mobile Number
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## VETERINARIAN

The Tenant provides the following information for use in the case of an emergency.

Name

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Address

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Phone Number	Fax Number	After Hours Number
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## TERMS AND CONDITIONS

The Tenant acknowledges and agrees to the following terms:

1. The Lessor has agreed to permit pet/s at the Premises as specified in the General Tenancy Agreement and this Pet Agreement.
2. Any pet/s other than the approved pet/s specified in the General Tenancy Agreement and this Pet Agreement must first be requested by the Tenant in writing via a separate Pet Application giving full details and then be approved in writing by the Lessor

PRIOR to the pet/s being allowed onto the Premises. Pet approval may be subject to specific criteria and must be complied with. Approval is NOT guaranteed.

3. The Tenant shall be liable for any damage or injury whatsoever caused by the pet/s on the Property, whether they are the Tenant's pets or their guests pets and regardless of their approval status.
4. The Tenant accepts full responsibility and indemnifies the Lessor for any claims by or injuries to third parties or their Property caused by, or as result of actions by their pet/s or their guests pet/s, and regardless of their approval status.
5. The Tenant agrees to arrange for Flea Fumigation at the end of the Tenancy or at a time during the Tenancy as required or requested by the Lessor / Lessor's Agent to be carried out by a Company complying with Australian Standards.
6. The pet/s are to be outside at all times, unless specified otherwise in the General Tenancy Agreement or this Pet Agreement. Guide dogs are an exception.
7. If the pet is a dog, the Tenant agrees to restrain or remove the dog from the premises for the duration of inspections arranged by the Agent with the required notice given.
8. By signing below you are only asking for approval of the above-mentioned pet/s to be accepted at the Property for which you are applying.
9. If approved, you are required to, at the time of signing the General Tenancy Agreement and associated paperwork, sign the Tenant Agreement section.

### ACKNOWLEDGEMENT BY APPLICANT

Applicant Name

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Signature

Date

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Applicant Name

---

Signature

Date

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### APPLICATION RESULT

- Application for Pet/s – **DECLINED**
- Application for Pet/s – **APPROVED**

The above mentioned pet/s is/are approved by the Lessor of the Property stated in this Agreement. This Agreement now forms part of the General Tenancy Agreement which includes additional terms related to the pet/s and the Tenant are now bound by the Agreement set out in the Application above as well as the General Tenancy Agreement.

### AUTHORISATION ON BEHALF OF LESSOR / AGENT

Agency Name

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Signature

Date

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### TENANT AGREEMENT

To be signed only if pet/s are approved.

Tenant Name

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Signature

Date

---

Tenant Name

---

Signature

Date

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