Bertram Ellis Pty Limited

Licensed Real Estate Agent - Auctioneer

Member REI ACT ABN: 67 071 582 628 Ph: 6288 6277 Fax: 6288 6983

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TENANCY APPLICATION FORM

Please complete in full.

Applications can be submitted by email, fax or in person at the above address.

Attached is an Application Form which asks you to supply some details about yourself. **The most important** aspect of the application is that you demonstrate your ability to pay the rent and look after the property.

- Please attach recent payslips or proof of earnings
- o Photo id/proof of residency status if applicable

If your application is successful we will make a time for you to read and sign the Tenancy Agreement. You will need to allow about an hour for this appointment.

Initial costs associated with renting a property:

- 2 weeks rent in advance due at time of lease signing
- > Bond (equal to 4 weeks rent) due at time of lease signing

These 2 payments (initial 2 weeks rent and bond) MUST be paid by BANK CHEQUE or MONEY ORDER made payable to BERTRAM ELLIS PTY LTD

Ongoing payment:

Pet Clause:

EER:

Rent is paid fortnightly in advance. Bertram Ellis collects rent by Direct Debit form your nominated bank account.

account.					
PROPERTY DETAIL Property Address:	<u>.s</u>				
Rent per week:	\$ Date required:				
Number of persons t	o occupy: Adults Children (ages)				
Pets: Yes/No	Type (age)				
Motor Vehicles: No of vehicles regularly housed at property					
Term of lease:	6 months 12 months other				
Please make sure that you sign the last page of this application form					
Office Use Only	Lease Signing:				
Lease commencing:	First Inspection:				

Diplomatic Clause:

Solar Panels:

1st APPLICANT DETAILS

Applicant (Full Name)			_ Title:
Phone: (Hm)	(Wk)	(Mob)	
Email:		Date of birth	
ACCOMMODATION HISTOR	RY (Minimum of 3 ve	ars)	
Are you currently: renting			
Present address:			
Agent/landlord:		Phone:	
Current Rental: \$	How lo	ng have you been there?:	
Previous address:			
Agent/landlord:		Phone:	
Rental: \$	How long	were you there?:	
EMPLOYMENT INFORMATION	ON (Attach payslips	or proof of earing documents)	
Company name:			
Employment position/occupat	ion:		
Length of employment:			
Employer contact name:		Phone:	
Self-employed: <i>please attach i</i>	recent tax return		
Accountants name:		Phone:	
NEXT OF KIN			
Name (Other than spouse/partner):			
Phone: (Hm)	(Wk)	(Mob)	
Address:			
PERSONAL REFEREES			
Please provide two personal refe	rences (not relatives or	employers)	
Full Name:			
		Phone:	
Full Name:			
Relationship to you:			

2nd APPLICANT DETAILS

Applicant (Full Name)			litle:_		
Phone: (Hm)	(Wk)	(Mob)			
Email:		Date of birth	/	/	
ACCOMMODATION HISTO	ORY (Minimum of 3 yea	ars)			
Are you currently: renting					
Present address:	_				
		Phone:			
Current Rental: \$	How lor	ng have you been there?:			
Previous address:					
		Phone:			
Rental: \$	How long w	vere you there?:			
EMPLOYMENT INFORMAT	TION (Attach payslips o	or proof of earing documents)			
Company name:					
Employment position/occup	ation:				
Length of employment:					
Employer contact name:		Phone:			
Self employed: please attach	recent tax return				
Accountants name:		Phone:			
NEXT OF KIN					
Name (Other than spouse/partner):					
Phone: (Hm)	(Wk)	(Mob)			
Address:					
PERSONAL REFEREES					
Please provide two personal re-	ferences (not relatives or e	mployers)			
Full Name:					
Relationship to you:		Phone:			
Full Name:					
Relationship to you:		Phone:			

PRIVACY ACT 1988 Collection Notice:

The personal information you provide in this application or is collected from other sources is necessary for the Agent to verify your identity, to process and evaluate the application and to manage the tenancy. Personal information collected about you 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 other parties including to the landlord, referees, other agents and third party operators of tenancy reference databases. Information already held on tenancy reference databases may also be disclosed to the Agent and/or Landlord. If you enter into a residential tenancy agreement, and if you fail to comply with their obligations under that agreement, that fact and other relevant personal information collected about you during the course of the tenancy may also be disclosed to the landlord, third party operators of the tenancy databases and/or other agents.

If you would like to access the personal information the Agent holds, you can do so by contacting your Property Manager. You can also correct this information if it is inaccurate, incomplete or out of date.

If the information is not provided, the Agent may not be able to process your application and manage the tenancy.

'The Renting Book' may be downloaded from the ACT Revenue website:

https://www.revenue.act.gov.au/ data/assets/pdf file/0008/1097333/The-Renting-Book-ACT-Government.pdf

NAME OF APPLICANT/S:				
PROPERTY:				
I have inspected the above mentioned premises and wish to apply for a tenancy period of rate of \$ per week and declare rental to be paid within my means.	weeks at a			
I, the applicant, do solemnly and sincerely declare that I am not a bankrupt or an undischarged bankrupt, and that I am at least 18 years of age, and affirm that the above information is true and correct.				
I will respect the owners request not to smoke in the property. I DO NOT HAVE NOR INTEND TO HAVE A PET IN OR ON THE PREMISIS WITHOUT WRITTEN PERMISSION FROM THE LANDLORD OR HIS AGENT.				
I have read the Privacy Collection Notice and give permission for Bertram Ellis to contact people named in this application.				
I undertake to pay a security bond with a bank cheque or money order on or before the commencement of lease. I, the applicant, further acknowledge that I will make no claim or demand nor commence litigation against the lessor or his agent should the premises be found to be unavailable. I/we understand that the agent is not obliged to disclose or supply any reason for the rejection of this application.				
APPLICANT NAME:	_ Date:			
APPLICANT SIGNATURE:	Date:			
APPLICANT NAME:	Date:			
APPLICANT SIGNATURE:	_ Date:			
In the presence of WITNESS NAME:				
WITNESS SIGNATURE:	_ Date:			