



PO BOX 765 MANUNDA Q 4870

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FAX: 40279605

PERMITTED OCCUPANT APPLICATION

PROPERTY ADDRESS: _____

Every section of this application must be completed – including phone & fax numbers. Any sections that are not applicable, cross out. APPLICATIONS THAT HAVE NOT BEEN COMPLETED IN FULL WILL NOT BE PROCESSED. PLEASE DOUBLE CHECK THE APPLICATION IS COMPLETED PROPERLY BEFORE SUBMITTING. Initial _____

This office does **NOT** do photocopying. You must ensure **ALL** associated paperwork that needs to accompany this application is attached. Applications that do not have all paperwork attached will not be processed. Please initial _____

For us to consider your application, the proposed rent cannot be more than one third of your take home weekly income. Please do not submit this application if your income is less than one third of the rent. Please initial _____

The processing of applications will take a MINIMUM of 48 WORKING hours. Rental Revolution will contact you once your application has been processed. Please initial: _____

I, the applicant, do solemnly and sincerely declare that the information on this form & attached is true & correct and that I have supplied this information of my own free will. I authorise the Agent to conduct any and all inquiries and or searches as required to verify the information contained in this application. Please initial: _____

In accordance with the privacy principle 1.3 of the Privacy Act, we require you to read and sign this acknowledgement. In order to process a Tenancy Application, a tenancy applicant is required under the National Privacy Principles of the Privacy Act, to be made aware that an organisation may access a database. In addition a tenancy applicant is entitled to know what will happen to their information when it is passed onto an Agent.

In accordance with the National Privacy Principles, the database member discloses that in addition to information being supplied to a database company, other organisations may receive information from time to time. Other organisations may include debt collection agencies, insurance companies, government departments and other landlords or Agents.

I, the said applicant, declare that I give my permission to the Agent to collect my information and pass on such information onto TICA Default Tenancy Control Pty Ltd. I further give my permission for my information to be provided to any other tenancy database for the assessment of my tenancy application. I further consent to the database company to contact any other database for the assessment of my tenancy application. I further give consent to the member of the database company to contact any of my referees provided by me in my tenancy application.

I agree and understand that once a tenancy application has been lodged with a member of a database and an inquiry made with a tenancy database, my information may be recorded as making an enquiry.

I agree that in the event of a default occurring under a tenancy agreement, I give my permission to the member of a tenancy database to register any of my details of such breach with a tenancy database. I further agree & understand that the removal of such information from a database company is subject to the conditions of the database company.

I understand that TICA Default Tenancy Control Pty Ltd is a database company that allows its members access to information accumulated from members about tenants who have breached their tenancy agreements.

I agree and understand that should I fail to provide the database member with the information and acknowledgements required, the database member may elect not to proceed with my tenancy application. I agree & understand that a listing with TICA Default Tenancy Control Pty Ltd could have an adverse effect on my ability to obtain future rental accommodation.

I acknowledge and understand that TICA Default Tenancy Control Pty Ltd can be contacted on 1900 222 0346. I understand that the calls to TICA Default Tenancy Control Pty Ltd are charged at \$5.45 per minute inclusive of GST.

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

FULL NAME:		PH (H):
D.O.B. / /	MALE / FEMALE	PH (WK):
EMAIL ADDRESS:		MOBILE:

CURRENT ADDRESS:		\$ PER WEEK
PERIOD OF OCCUPANCY:	BREAKING LEASE: YES / NO	SOLE TENANT: Y / N
LESSOR / AGENT:	FAX:	PH (DAY):
IF PROPERTY FOR SALE / SOLD – SELLING AGENT NAME:		PHONE:
REASON FOR LEAVING:		
OFFICE USE:		

**IF YOU ARE THE HOME OWNER, PLEASE ATTACH A COPY OF YOUR LATEST RATES NOTICE
IF YOU ARE NOT A LEASE HOLDER, PLEASE STILL PROVIDE DETAILS OF AGENT / LESSOR & DETAILS OF LEASE HOLDERS**

PERSONAL REFEREE (NOT FAMILY MEMBERS). PLEASE INCLUDE DAYTIME CONTACT NUMBERS

NAME:		PH (H):
ADDRESS:		PH (WK):
RELATIONSHIP:	KNOWN SINCE:	MOBILE:
OFFICE USE:		

INCOME DETAILS – IF YOU ARE ON A GOVERNMENT BENEFIT YOU MUST PROVIDE AN UP TO DATE INCOME STATEMENT

EMPLOYER:		PH:
FULL TIME / PART TIME / CASUAL (HRS PER WEEK IF CAUSAL)		
NET WEEKLY \$	PERIOD EMPLOYED:	OCCUPATION:
OFFICE USE:		

RELATIVE (NOT LIVING WITH YOU) TO CONTACT IN CASE OF EMERGENCY

NAME:		PH (H):
ADDRESS:		PH (WK)
RELATIONSHIP TO YOU:		MOBILE
OFFICE USE:		

AUXILARY INFORMATION

PETS: YES / NO	CAT / BIRD / DOG (BREED)	OTHER
NUMBER OF PETS IN TOTAL	REGISTERED: YES / NO	
NUMBER OF DEPENDANTS:	AGES OF DEPENDANTS	
DRIVERS LICENCE	VEHICLE REGO:	FINANCED Y / N