

# Renting Through E-Fishient Property Solutions

**PLEASE RETURN THE APPLICATION VIA:  
EMAIL: RENTALS@EFISHIENTPS.COM.AU  
OR DROP IT INTO OUR OFFICE: 8/59-63 TANSEY DRIVE,  
TANAH MERAH 4128  
IF YOU HAVE ANY QUESTIONS, PLEASE CALL 0481 947 882**

**AN APPLICATION WILL NEED TO BE COMPLETED BY EACH OCCUPANT**

## **VIEWING PROPERTIES**

Please note, that it is our office policy that properties must be viewed prior to submitting applications. Should you be unable to view the property, please advise and we'll try to assist as much as possible.

## **APPLICATION PROCESS**

At E-Fishient Property Solutions, we know it takes time to complete application forms and provide I.D, therefore you can be assured that you will be notified whether you've been successful within 48 hours should all references be contactable. Please note, in most circumstances we will be able to do this within 24 hours (Please note, if we cannot reach your references, your application will be put on hold).

Please understand that we cannot accept incomplete applications or begin processing applications without the I.D required.

If you have been unsuccessful, we will retain your application for a period of 14 days, after which time it will be securely destroyed in accordance with the Privacy Legislation.

## **INITIAL PAYMENT OF RENT - SIGNING LEASE AGREEMENT WITHIN 24 HOURS OF APPROVAL**

Once you've been approved, we will require you to pay your first two weeks rent + 4 weeks bond and sign your lease agreement within 24 hours. This initial payment can be made by either Bank Cheque, Money Order or EFT (Electronic Funds Transfer).

## **PREFERRED METHODS OF RENT PAYMENTS**

During your tenancy, we offer a convenient payment system that allows you to pay your rent via electronic transfer using DEFT payment systems. Please note we do not accept personal Cheques or Cash under any circumstances.

## **BOND**

We require equivalent of 4 weeks rent. Your bond will be lodged with the Residential Tenancy Authority and you will be provided with a receipt. Please note, we will not accept Bond Transfers.

## **OUR OFFICE HOURS**

Our office is open:  
Monday to Friday: 9.00am – 5.00pm  
Saturday: 9:00am – 12.00pm

## **APPLICATION FOR RESIDENTIAL TENANCY**





**SUPPORTING DOCUMENTS**

|   |  |   |  |
|---|--|---|--|
| <b>ITEM 1: IDENTIFICATION - PLEASE TICK THE IDENTIFYING DOCUMENTS YOU HAVE PROVIDED</b> |  |   |  |
| <b>MUST PROVIDE AT LEAST 1 ITEM:</b>  |  |   |  |
| <input type="checkbox"/> DRIVERS LICENCE  | <input type="checkbox"/> PROOF OF AGE CARD                                 | <input type="checkbox"/> PASSPORT             | <input type="checkbox"/> BIRTH CERTIFICATE |
| <b>MUST PROVIDE AT LEAST 3 ITEMS:</b>   |  |   |  |
| <input type="checkbox"/> MEDICARE CARD  | <input type="checkbox"/> TELEPHONE BILL                                    | <input type="checkbox"/> BANK STATEMENT       |  |
| <input type="checkbox"/> VEHICLE REGISTRATION   | <input type="checkbox"/> ELECTRICITY BILL                                  | <input type="checkbox"/> LAST 4 RENT RECEIPTS |  |
| <input type="checkbox"/> PREVIOUS TENANCY AGREEMENT                                     | <input type="checkbox"/> TENANT HISTORY LEDGER                             | <input type="checkbox"/> COUNCIL RATES NOTICE |  |
| <input type="checkbox"/> RENT BOND RECEIPT  | <input type="checkbox"/> CREDIT CARD STATEMENT                             | <input type="checkbox"/> GAS BILL             |  |
| <b>PROOF OF INCOME: MUST SUPPLY THESE ITEMS (WHERE APPLICABLE):</b>                     |  |   |  |
| <b>EMPLOYED:</b>  | <input type="checkbox"/> TWO RECENT PAY SLIPS                              |   |  |
| <b>SELF EMPLOYED</b>  | <input type="checkbox"/> BANK STATEMENT                                    | <input type="checkbox"/> ABN                  | <input type="checkbox"/> EOFY STATEMENT    |
| <b>NOT EMPLOYED</b>   | <input type="checkbox"/> TWO RECENT CENTRELINK STATEMENTS FOR EACH BENEFIT |   |  |
|   | <input type="checkbox"/> CENTRELINK CARD                                   | <input type="checkbox"/> STUDENT CARD         |  |

**PART 1: RENTAL PROPERTY DETAILS**

|                                 |                                   |                                    |                      |
|---------------------------------|-----------------------------------|------------------------------------|----------------------|
| <b>ITEM 1: PROPERTY DETAILS</b> |                                   |                                    |                      |
| <b>ADDRESS:</b>                 |                                   |                                    |                      |
| <b>SUBURB:</b>                  |                                   | <b>STATE:</b>                      | <b>POSTCODE:</b>     |
| <b>RENT:</b>                    | \$                                | <b>PER WEEK</b>                    | <b>INSPECTED ON:</b> |
| <b>TENANCY TERM:</b>            | <input type="checkbox"/> 6 MONTHS | <input type="checkbox"/> 12 MONTHS | <b>STARTING ON:</b>  |

**PART 2: GENERAL DETAILS**

|  |              |                  |  |
|--|--------------|------------------|--|
| <b>ITEM 1: ALL OCCUPANTS / DEPENDANTS TO RESIDE AT THE PROPERTY INCLUDING CHILDREN</b> |              |                  |  |
| <b>1. NAME:</b>  |              |                  |  |
| <b>AGE:</b>  | <b>D.O.B</b> | <b>TICK ONE:</b> | <input type="checkbox"/> OCCUPANT <input type="checkbox"/> DEPENDANT |
| <b>2. NAME:</b>  |              |                  |  |
| <b>AGE:</b>  | <b>D.O.B</b> | <b>TICK ONE:</b> | <input type="checkbox"/> OCCUPANT <input type="checkbox"/> DEPENDANT |
| <b>3. NAME:</b>  |              |                  |  |
| <b>AGE:</b>  | <b>D.O.B</b> | <b>TICK ONE:</b> | <input type="checkbox"/> OCCUPANT <input type="checkbox"/> DEPENDANT |
| <b>4. NAME:</b>  |              |                  |  |
| <b>AGE:</b>  | <b>D.O.B</b> | <b>TICK ONE:</b> | <input type="checkbox"/> OCCUPANT <input type="checkbox"/> DEPENDANT |
| <b>5. NAME:</b>  |              |                  |  |
| <b>AGE:</b>  | <b>D.O.B</b> | <b>TICK ONE:</b> | <input type="checkbox"/> OCCUPANT <input type="checkbox"/> DEPENDANT |
| <b>6. NAME:</b>  |              |                  |  |
| <b>AGE:</b>  | <b>D.O.B</b> | <b>TICK ONE:</b> | <input type="checkbox"/> OCCUPANT <input type="checkbox"/> DEPENDANT |



# E-FISHIENT PROPERTY SOLUTIONS

EMPOWERING PEOPLE THROUGH PROPERTY

| ITEM 2: PETS – PLEASE COMPLETE PET APPLICATION ALSO |  |
|---|--|
| DO YOU INTEND TO KEEP PETS AT THE PROPERTY?         | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NUMBER OF PETS:                                     |  |
| TYPE OF PETS:                                       |  |

## PART 3: APPLICANT DETAILS

| ITEM 1: CONTACT DETAILS             |  |                      |  |
|-------------------------------------|--|----------------------|--|
| FULL NAME:                          |  | D.O.B                |  |
| ARE YOU KNOWN BY ANY OTHER NAME?    | <input type="checkbox"/> YES <input type="checkbox"/> NO | NAME:                |  |
| MOBILE:                             |  | HOME PHONE:          |  |
| EMAIL:                              |  |                      |  |
| DRIVER'S LICENCE / PASSPORT NUMBER: |  | STATE:               |  |
| NUMBER OF VEHICLES:                 |  | REGISTRATION NUMBER: |  |
| TYPE OF VEHICLE/S                   |  |                      |  |
| ARE YOU A SMOKER:                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |                      |  |

| ITEM 3: ADDRESS HISTORY             |  |                |           |
|-------------------------------------|--|----------------|-----------|
| <b>CURRENT RESIDENTIAL ADDRESS</b>  |  | STREET:        |           |
| SUBURB:                             |  | STATE:         | POSTCODE: |
| PERIOD OF OCCUPANCY:                |  | CURRENT RENT:  |           |
| TYPE OF OCCUPANCY:                  | <input type="checkbox"/> RENT <input type="checkbox"/> OWNER <input type="checkbox"/> BOARDING |                |           |
| CURRENT AGENT / LESSOR:             |  |                |           |
| AGENT / LESSOR PHONE:               |  |                |           |
| REASON FOR LEAVING:                 |  |                |           |
| <b>PREVIOUS RESIDENTIAL ADDRESS</b> |  | STREET:        |           |
| SUBURB:                             |  | STATE:         | POSTCODE: |
| PERIOD OF OCCUPANCY:                |  | PREVIOUS RENT: |           |
| TYPE OF OCCUPANCY:                  | <input type="checkbox"/> RENT <input type="checkbox"/> OWNER <input type="checkbox"/> BOARDING |                |           |
| PREVIOUS AGENT / LESSOR:            |  |                |           |
| AGENT / LESSOR PHONE:               |  |                |           |
| REASON FOR LEAVING:                 |  |                |           |

| ITEM 4: APPLICANT STATUS                                 |  |   |  |
|--|--|---|--|
| ARE YOU CURRENTLY STUDYING?                              | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |  |
| NAME OF INSTITUTION:                                     |  |   |  |
| ARE YOU AN OVERSEAS STUDENT?                             | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |  |
| ARE YOU AN AUSTRALIAN CITIZEN?                           | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |  |
| IF NO, VISA EXPIRY DATE:<br>MUST PROVIDE VISA & PASSPORT |  |   |  |



## E-FISHIENT PROPERTY SOLUTIONS

EMPOWERING PEOPLE THROUGH PROPERTY

| ITEM 5: EMPLOYMENT DETAILS  |  |  |                                 |
|---|--|--|---------------------------------|
| ARE YOU CURRENTLY EMPLOYED?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |                                 |
| CURRENT EMPLOYMENT STATUS:  | <input type="checkbox"/> PART TIME                       | <input type="checkbox"/> FULL TIME     | <input type="checkbox"/> CASUAL |
|   | <input type="checkbox"/> CONTRACT                        | <input type="checkbox"/> SELF EMPLOYED |                                 |
| OCCUPATION:   |  |  |                                 |
| NET INCOME (PER WEEK):  | \$   |  |                                 |
| LENGTH OF EMPLOYMENT:   |  |  |                                 |
| EMPLOYERS BUSINESS NAME:  |  |  |                                 |
| PAYROLL / MANAGER'S NAME:   |  | CONTACT NUMBER:                        |                                 |
| PREVIOUS EMPLOYMENT – IF YOUR CURRENT EMPLOYMENT IS LESS THAN 12 MONTHS |  |  |                                 |
| BUSINESS NAME:  |  |  |                                 |
| CONTACT NAME:   |  | CONTACT NUMBER:                        |                                 |
| LENGTH OF EMPLOYMENT:   |  |  |                                 |
| SELF EMPLOYED   |  |  |                                 |
| ARE YOU SELF EMPLOYED?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |                                 |
| ACCOUNTANTS NAME:   |  | CONTACT NUMBER:                        |                                 |
| ABN #   |  |  |                                 |
| CENTRELINK PAYMENTS   |  |  |                                 |
| ARE YOU RECEIVING ANY REGULAR CENTRELINK PAYMENTS?                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |                                 |
| DESCRIPTION OF PAYMENT/S:   |  |  |                                 |
| TOTAL INCOME PER WEEK:  | \$   |  |                                 |
| ARE YOU RECEIVING ANY OTHER INCOME                                      |  |  |                                 |
| <input type="checkbox"/> YES <input type="checkbox"/> NO                | WEEKLY AMOUNT:   | \$                                     |                                 |
| DESCRIPTION OF PAYMENT:   |  |  |                                 |
| DEBT INFORMATION  |  |  |                                 |
| PERSONAL LOAN:  | \$   | CAR LOAN:                              | \$                              |
| CREDIT CARD:  | \$   | ANY OTHER LAONS:                       | \$                              |

| ITEM 6: PERSONAL & BUSINESS REFERENCES  |  |               |  |
|---|--|---------------|--|
| DO NOT LIST RELATIVES, ANOTHER APPLICANT OR PARTNERS & PROVIDE BUSINESS HOURS CONTACT NUMBERS |  |               |  |
| 1. REFERENCE NAME:  |  | RELATIONSHIP: |  |
| CONTACT NUMBER:   |  | OCCUPATION:   |  |
| 2. REFERENCE NAME:  |  | RELATIONSHIP: |  |
| CONTACT NUMBER:   |  | OCCUPATION:   |  |



| ITEM 7: EMERGENCY CONTACTS |  |                      |  |             |
|----------------------------|--|----------------------|--|-------------|
| MUST BE IN AUSTRALIA       |  |                      |  |             |
| <b>1. NAME:</b>            |  | <b>RELATIONSHIP:</b> |  |             |
| <b>ADDRESS:</b>            |  |                      |  |             |
| <b>SUBURB:</b>             |  | <b>STATE:</b>        |  | <b>P/C:</b> |
| <b>PHONE NUMBER:</b>       |  |                      |  |             |
| <b>2. NAME:</b>            |  | <b>RELATIONSHIP:</b> |  |             |
| <b>ADDRESS:</b>            |  |                      |  |             |
| <b>SUBURB:</b>             |  | <b>STATE:</b>        |  | <b>P/C:</b> |
| <b>PHONE NUMBER:</b>       |  |                      |  |             |

| DECLARATION   |                               |                                |
|---|-------------------------------|--------------------------------|
| I, THE APPLICANT  |                               |                                |
| 1. HAVE NEVER BEEN EVICATED BY AN AGENT / LESSOR                        | <input type="checkbox"/> TRUE | <input type="checkbox"/> FALSE |
| 2. HAVE NO KNOWN REASONS THAT WOULD AFFECT MY ABILITY TO PAY RENT       | <input type="checkbox"/> TRUE | <input type="checkbox"/> FALSE |
| 3. WAS REFUNDED THE RENTAL BOND FOR MY LAST ADDRESS IN FULL             | <input type="checkbox"/> TRUE | <input type="checkbox"/> FALSE |
| <i>IF FALSE, PLEASE ADVISE WHAT DEDUCTIONS WERE MADE FROM YOUR BOND</i> |                               |                                |
| 4. HAVE NO OUTSTANDING DEBT TO ANOTHER AGENT / LESSOR?                  | <input type="checkbox"/> TRUE | <input type="checkbox"/> FALSE |
| <i>IF FALSE, WHY ARE YOU IN DEBT TO YOUR PAST AGENT / LESSOR?</i>       |                               |                                |

| INFORMATION ABOUT YOUR APPLICATION AND TENANCY DATABASES  |
|---|
| TENANCY DATABASES ARE USED TO PROTECT A PROPERTY OWNER'S INVESTMENT. HOWEVER, UNFAIR AND OLD LISTINGS CAN DISADVANTAGE SOME PEOPLE WHEN THEY TRY TO SECURE PRIVATE RENTAL HOUSING.  |
| <b>WHAT THIS MEANS FOR YOU</b><br>AS A PROPERTY MANAGER/OWNER, WE ARE REQUIRED BY LAW TO LET YOU KNOW WHICH DATABASES WE USE TO CHECK YOUR RENTAL HISTORY.  |
| <b>OUR AGENCY USES THE FOLLOWING TENANCY DATABASES:</b><br>✓ TICA (TENANCY INFORMATION CENTRE AUSTRALIA)  |
| <b>WHAT IF I AM LISTED?</b><br>IF YOU ARE LISTED ON A TENANCY DATABASE THAT WE USE, WE ARE REQUIRED BY LAW TO LET YOU KNOW THAT YOU ARE LISTED, AND PROVIDE YOU WITH THE CONTACT DETAILS OF THE DATABASE OPERATOR SO YOU CAN FIND OUT INFORMATION ABOUT YOUR LISTING. |
| <b>WHERE CAN I GET FURTHER INFORMATION?</b><br>IF YOU WOULD LIKE MORE INFORMATION ABOUT TENANCY DATABASE LAWS, YOU CAN VISIT THE RESIDENTIAL TENANCIES AUTHORITY WEBSITE AT <a href="http://RTA.QLD.GOV.AU">RTA.QLD.GOV.AU</a> OR CALL 1300 366 311.                  |

| I UNDERSTAND AND ACKNOWLEDGE THE DECLARATION AND THE INFORMATION ABOUT MY APPLICATION AND TENANCY DATABASES |  |              |
|---|--|--------------|
| <b>NAME OF APPLICANT:</b>   |  |              |
| <b>SIGNATURE:</b>   |  | <b>DATE:</b> |



**PRIVACY DISCLOSURE AND ACKNOWLEDGEMENT**

**I, THE APPLICANT**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| <p>1. HEREBY OFFER TO RENT THE PROPERTY FROM THE OWNER UNDER A LEASE TO BE PREPARED BY THE AGENT. SHOULD THIS APPLICATION BE ACCEPTED BY THE LADNLD, I AGREE TO ENTER INTO A RESIDENTIAL TENANCY AGREEMENT. I ACKNOWLEDGE THAT THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE OWNER / LANDLORD. WILL</p>  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <p>2. I DECLARE THAT I HAVE INSPECTED THE PREMISES AND ACCEPT IT IN THE CURRENT CONDITION.</p>  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <p>3. 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</p>   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <p>43. 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.</p>  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <p>4.1 FOR SUCH PURPOSES, I AUTHORISE YOU TO CONTACT THE PERSONS NAME IN THIS APPLICATION, AND TO UNDERTAKE SUCH ENQUIRIES AND SEARCHES (INCLUDING TENANCY DATABASES SEARCHES) AS YOU CONSIDER REASONABLY NECESSARY.</p>  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <p>4.2 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</p>  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <p>5. IF I DEFAULT UNDER A RENTAL AGREEMENT, I AGREE THAT THE AGENT MAY DISCLOSE DETAILS OF ANY SUCH DEFAULT TO A TENANCY DEFAULT DATABASE, AND TO AGENTS / LANDLORDS OF PROPERTIES I MAY APPLY FOR IN THE FUTURE</p>   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <p>6. ACKNOWLEDGE AND ACCEPT THAT IF THIS APPLICATION IS DENIED, THE AGENT IS NOT LEGALLY OBLIGED TO PROVIDE REASONS AS TO WHY</p>  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <p>7. 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 NOT LIMITED TO) INSURANCE COMPANIES, BODY CORPORATES, CONTRACTORS, OTHER REAL ESTATE AGENTS, SALESPEOPLE AND TENANCY DEFAULT DATABASES.</p> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <p>8. CONSENT TO THE USE OF EMAIL AND FACSIMILE IN ACCORDANCE WITH THE PROVISIONS SET OUT IN CHAPTER 2 OF THE ELECTRONIC TRANSACTION (QUEENSLAND) ACT 2011 AND THE ELECTRONIC TRANSACTIONS ACT 1999 (CTH)</p>   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <p>9. DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT I HAVE SUPPLIED IT OF MY OWN FREE WILL.</p>   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**I UNDERSTAND AND ACKNOWLEDGE THE PRIVACY DISCLOSURE AND ACKNOWLEDGEMENT INFORMATION**

NAME OF APPLICANT:

SIGNATURE:

DATE: