

'We love to sell or rent your home'

NSW OFFICE

Address: 24 Gibraltar St, Bungendore NSW 2621
 Phone: (02) 6238 1600
 Fax: (02) 6238 1400
 Email: rentals@bradysrealestate.com.au
 Website: www.bradysrealestate.com.au
 ABN: 44 559 637 635

CANBERRA OFFICE

Address: Unit 163/148 Flemington Road, Harrison ACT 2914
 Phone: (02) 6162 0333
 Fax: (02) 6162 1650
 Email: rentals@bradysrealestate.com.au
 Website: www.bradysrealestate.com.au
 ABN: 44 559 637 635

| | | |
|--------------------------------------|----|----------------------------------|
| ADDRESS OF PROPERTY: | | |
| RENTAL AMOUNT ADVERTISED FOR: | \$ | (must be same amount as website) |

| PERSONAL DETAILS | APPLICANT ONE | APPLICANT TWO |
|---------------------------------|---|---|
| Surname | | |
| Given Names | | |
| Home Telephone | | |
| Work Number | | |
| Mobile Telephone | | |
| Home Email Address | | |
| Work Email Address | | |
| Fax Number | | |
| Vehicle Registration No. | | |
| Driver's License No. | | |
| Medicare Number | | |
| Next of Kin Name | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Next of Kin Address | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Next of Kin Telephone Number | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Are you a smoker? | Yes / No | Yes / No |
| Do you like gardening? | Yes / No | Yes / No |
| Do you own gardening equipment? | Yes / No | Yes / No |
| Gardening Equipment Owned | | |

| BANKING DETAILS | APPLICANT ONE | APPLICANT TWO |
|-----------------|---------------|---------------|
| Bank | | |
| Account Name | | |
| Account Number | | |
| BSB | | |

| EMPLOYMENT DETAILS | APPLICANT ONE | APPLICANT TWO |
|--------------------------------|---------------|---------------|
| Position Held | | |
| Employers Name | | |
| Employers Telephone Number | | |
| Employers Address | | |
| Name of Supervisor | | |
| Supervisors Telephone Number | | |
| Supervisors Email Address | | |
| Full Time / Part Time / Casual | | |
| Duration of Employment | | |

| PREVIOUS EMPLOYMENT DETAILS | APPLICANT ONE | APPLICANT TWO |
|--------------------------------|---------------|---------------|
| Position Held | | |
| Employers Name | | |
| Employers Telephone Number | | |
| Employers Address | | |
| Name of Supervisor | | |
| Supervisors Telephone Number | | |
| Supervisors Email Address | | |
| Full Time / Part Time / Casual | | |
| Duration of Employment | | |

| | | |
|-------------------------------|--|--|
| PROPERTY APPLYING FOR: | | |
| APPLICANTS NAMES: | | |

| | APPLICANT ONE | APPLICANT TWO |
|----------------------------------|--|--|
| Self Employed? | Yes <input type="checkbox"/> / No <input type="checkbox"/> | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| Do you work from home? | Yes <input type="checkbox"/> / No <input type="checkbox"/> | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| Are you applying under a company | Yes <input type="checkbox"/> / No <input type="checkbox"/> | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| Directors Names | | |
| ACN Number | | |

IF SELF EMPLOYED YOU WILL BE REQUIRED TO PROVIDE CREDITOR REFERENCES AND A STATEMENT FROM YOUR ACCOUNTANT, IN ADDITION YOU MAY BE REQUIRED TO PROVIDE PROOF OF INCOME FROM TAXATION DEPARTMENT.

GENERAL DETAILS

In addition to the applicants who else will live in the house, please provide names:

| | |
|--|--|
| | |
| | |

Will you be looking for a boarder? Yes / No

| CURRENT ADDRESS | APPLICANT ONE | APPLICANT TWO |
|-------------------------------------|----------------------|----------------------|
| Your current address | | |
| Your own home or renting? | | |
| Telephone number | | |
| Landlord/Agents Name (if renting) | | |
| Landlord/Agents Telephone Number | | |
| Landlord/Agents Email Address | | |
| Landlord/Agents Fax Number | | |
| Amount Rent Paid | | |
| How Long at the property | | |
| Reason for Vacating/Breaking Lease | | |
| Have you ever been issued a notice? | | |

| PREVIOUS RENTAL REFERENCES | APPLICANT ONE | APPLICANT TWO |
|--|----------------------|-------------------------------|
| Previous Address | | |
| Landlord/ Agents Name | | |
| Landlord/ Agents Telephone Number | | |
| Landlord/ Agents Email Address | | |
| Landlord/ Agents Fax Number | | |
| Rent Paid | | |
| How Long There | | |
| Dates (Start – Finish) | | |
| Are you breaking the lease? Yes <input type="checkbox"/> / No <input type="checkbox"/> if yes,reason why? | | |
| Is the property currently been advertised on a website? Yes <input type="checkbox"/> / No <input type="checkbox"/> | | |
| If so please provide details Agent: | | Website: <input type="text"/> |

| APPLICANTS WHO OWN OR HAVE OWNED THEIR OWN PROPERTY | | | |
|--|-------------------------|-------------|--|
| Address of Property: | | | |
| Is it Currently Rented? Yes <input type="checkbox"/> / No <input type="checkbox"/> | Name of Managing Agent: | | |
| Telephone Number: | Email: | Fax Number: | |
| Name of Property Manager | | | |

| If You are Selling or Have Sold the Home | | | |
|--|--|-------------------|--|
| Name of Selling Agent: | | Telephone Number: | |
| Is the Property Currently on a Website? If so Please Provide Website: <input type="text"/> | | | |
| Can you Provide Copies of Rates Notices? Yes <input type="checkbox"/> (Please Provide) / No <input type="checkbox"/> , Why? <input type="text"/> | | | |

| | |
|-------------------------------|--|
| PROPERTY APPLYING FOR: | |
| APPLICANTS NAMES: | |

| PERSONAL REFERENCES (DO NOT USE SAME AS EMPLOYMENT/RENTAL REFERENCES OR FAMILY MEMBERS) | | | |
|--|--|------------|--|
| Name: | | Telephone: | |
| Name: | | Telephone: | |

| PETS | | | |
|---|---|--|--|
| Do you Have a Pet? Yes <input type="checkbox"/> / No <input type="checkbox"/> | Type of Pet: | How Many? | |
| Age: | Male <input type="checkbox"/> / Female <input type="checkbox"/> | Are They Inside <input type="checkbox"/> or Outside <input type="checkbox"/> ? | Are they Desexed? Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| Please Specify Breed & Size: | | | |
| Microchip Number: | | | |
| Registration Number: | | | |

| DETAILS OF LEASE REQUIREMENTS | |
|---|--|
| Date you want the lease to commence (this must be after the available date on the web) | |
| Are you able to pay four weeks bond upon your application being accepted? | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| Are you able to pay your rent on a fortnightly basis? | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| Have you personally viewed the property inside and outside | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| If not, has someone viewed on your behalf | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| If not, you will be fully responsible for accepting the property 'as is' and in accordance with the inventory | |

| | OFFICE USE |
|--|---|
| PLEASE PROVIDE A COPY OF YOUR DRIVERS LICENCE. | RECEIVED Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| If not, why? | |
| PLEASE PROVIDE A COPY OF YOUR MEDICARE CARD | RECEIVED Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| If not, why? | |
| PLEASE PROVIDE A COPY OF YOUR RENTAL LEDGERS | RECEIVED Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| If not, why? | |
| PLEASE PROVIDE A COPY OF YOUR ROUTINE INSPECTION REPORT | RECEIVED Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| If not, why? | |
| PLEASE PROVIDE TWO MOST RECENT COPIES OF YOUR PAYSLIPS. | RECEIVED Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| If not, why? | |

(Please be advised your application may not be processed until all the above items are received)

Disclaimer: While all care had been taken in compiling information regarding properties marketed for rent or sale, we accept no responsibility and disclaim all liabilities in regards to any errors or inaccuracies contained herein. All parties should rely on their own investigation to validate information provided.

THIS FORM IS AN APPLICATION ONLY AND IS TAKEN SUBJECT TP APPROVAL. PLEASE NOTE: THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL INFORMATION IS FILLED OUT AND REQUIRED DOCUMENTS (as requested above) ARE SUPPLIED. WE RECOMMEND THAT YOU ASK ALL REFEREES TO CONTACT US DIRECTLY AS OFTEN AN INABILITY TO REACH A REFEREE CAN RESULT IN ANOTHER APPLICATION BEING ACCEPTED.

Banking details can be used to garnish wages following court orders if rent is left unpaid after the end of a tenancy.

| | | |
|-----------------------|--|--|
| PROPERTY APPLYING FOR | | |
| APPLICANTS NAMES | | |

SIGNATURE REQUIRED ONLY ON THIS PAGE

Please find attached the privacy statement for the applicant below. If you could please contact Brady's Countrywide on 02 6238 1600 to provide a reference it would be appreciated.

TENANT STATEMENT AND ACKNOWLEDGEMENTS

The applicant/s acknowledge that they will make no claim or demand nor commence litigation against the lessor should the premises be found to be unavailable. It is also acknowledged that the applicant gives permission to the lessor to carry out any necessary checking of this application.

THE UNDERSIGNED, HEREBY CONFIRMS THAT THE ABOVE PROVIDED PERSONAL INFORMATION AS STATED IS CORRECT AND TRUE IN EVERY RESPECT. THE APPLICANT/S HEREBY DECLARES THAT THEY ARE NOT BANKRUPT OR AN UNDISCHARGED BANKRUPT.

PRIVACY STATEMENT

THE UNDERSIGNED HEREBY PERMITS PERSONAL INFORMATION TO BE OBTAINED ON THEIR BEHALF FROM ANY OF THE REFEREES OR PERSONS NAMED ON THIS APPLICATION BY THE APPLICANT.

TENANCY PRIVACY CONSENT/STATEMENT

- I/we hereby offer to rent the property from the owner under a lease to be prepared by the agent.
- I/we acknowledge that any false information I/we provide in this application could jeopardize this application and any subsequent tenancy agreement I/we enter into on approval by the lessor or agent.
- I/we acknowledge and accept that if this application is rejected, the agent is not legally obliged to give reasons for the rejection.
- I/we the applicants declare that I/we are not bankrupt and that the rental is within my/our means.
- I/we authorize the agent to obtain further information from:
 - a) The owner or the agent of my current or previous residence
 - b) My personal referees and employer(s):
 - c) Any record, listing or database of defaults by tenants
- If I/we default under a rental agreement, the agent may disclose details of any such default to a tenancy default database and to agents/landlords of properties we may apply for in the future.
- I/we am/are aware that the agent will use and disclose my/our personal information in order to:
 - a) Communicate with the owner and select a tenant;
 - b) Prepare lease/tenancy documents;
 - c) Allow organizations/tradesperson to contact me;
 - d) Lodge/claim/transfer to/from the Residential Bond Authority;
 - e) Refer to Tribunals/Court and Statutory Authorities (where applicable);
 - f) Refer to collection agents/lawyers (where applicable).
- I/we are aware that if information is provided or I/we do not consent to the uses to which my/our personal information is put, the agent cannot provide me/us with the lease/tenancy of the premises.
- I/we acknowledge that both the lessor and I/we as tenant(s) are bound by this application immediately on communication of the lessor's or their agent's acceptance of it.

| | | | |
|-----------------------------|-------------|-----------------------------|-------------|
| | | | |
| APPLICANTS SIGNATURE | | APPLICANTS SIGNATURE | |
| | / / | | / / |
| APPLICANTS NAME | DATE | APPLICANTS NAME | DATE |

| | |
|-----------------------------|--|
| ATTENTION: PROPERTY MANAGER | |
| REAL ESTATE: | |
| REAL ESTATE FAX NUMBER: | |
| PROPERTY REFERRED TO: | |

******* OFFICE USE ONLY *******

| | |
|------------------------------|--|
| PROPERTY APPLYING FOR | |
| APPLICANTS NAMES | |

| | |
|----------------------------|-----------|
| Rent Advertised at: | \$ |
| Rent Offered: | \$ |

(If differs, written permission from owner must be attached)

| | | |
|--------------------------|-----|---|
| Length of Lease | | Months |
| Commencement Date | / / | |
| Expiry Date | / / | Note: Leases cannot expire between 10 th December and 10 th January in any year |

| | | |
|----------------------------------|-----------|----------------------|
| Agreed Rent Per Week | \$ | Per Week |
| Agreed Rent Per Day | \$ | Per Day |
| Agreed Rent Per Fortnight | \$ | Per Fortnight |

| | |
|-------------------------------------|-----------|
| Bond (Equivalent of 4 Weeks) | \$ |
|-------------------------------------|-----------|

| | |
|---|--|
| Rental References Checked & Attached | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
|---|--|

| | |
|---|--|
| Personal References Checked & Attached | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
|---|--|

| | |
|---|--|
| Work References Checked & Attached | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
|---|--|

| | |
|---|--|
| Drivers Licence Checked & Attached | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
|---|--|

| | |
|--|--|
| 2 Pay Slips for Each Applicant Checked & Attached | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
|--|--|

| | |
|-------------------------------|--|
| Rental Ledger Provided | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
|-------------------------------|--|

| | |
|--|--|
| Has owner been notified in writing (ensure owner confirms dates, pet clauses etc) | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
|--|--|

| | |
|---|--|
| Is owners response in writing attached | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
|---|--|

| | |
|---|--|
| Are pet clauses required (make sure owner aware and confirm against management form) | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
|---|--|

| | |
|---|--|
| Are posting clauses required (make sure owner aware and get response in writing) | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
|---|--|

| | |
|--|--|
| Has pro forma to tenant been sent with signing date | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
|--|--|

MOST IMPORTANT

| | |
|---|--|
| Have you checked that the commencement date is at least five days after it has been vacated to allow for the final cleaning etc. | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
|---|--|

| | |
|---|--|
| Have you checked the management form to ensure expiry date is prior to owner returning | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
|---|--|