

**Applying for a Rental – Property Address:** \_\_\_\_\_

**Property required date:** \_\_\_\_\_

**BEFORE SUBMITTING YOUR APPLICATION**

All Applicants must complete the application using their FULL NAMES as shown on your birth certificate. References must be provided and should not be the members of the family or a close friend. Previous rental references are preferred.

Identification must be produced at the time of the application, **and at least one as photo identification.** Identification document(s) must contain all of the elements listed below in order to qualify as Primary ID.

Type of Identification	Points	Copy Attached
Australian birth certificate (not an extract) or birth card Australian citizenship certificate Australian Passport (current or expired within the last two years) International Passport (current)	70	<input type="checkbox"/> Points Value _____
Copy of rates notice (if Owner) or rent ledger from current managing agent	40	<input type="checkbox"/> Points Value _____
Photo ID Card (18+ Card)	30	<input type="checkbox"/> Points Value _____
Current car/bike Drivers License	30	<input type="checkbox"/> Points Value _____
Medicare Card	10	<input type="checkbox"/> Points Value _____
Proof of income – If employed last 2 x pay slips, if self-employed bank statement; accountants details; tax return from previous year, if unemployed or on benefits copy of current centerlink statement and health care card. (Must Supply)		<input type="checkbox"/> Relevant copies of documentation attached
Copy of phone bill, electricity bill and/or gas accounts	10 each	<input type="checkbox"/> Points Value _____

**THE APPLICATION WILL NOT PROCESSED/ACCEPTD WITHOUT VIEWING THE PROPERTY**

I have read and understood the above

Tenant Signature \_\_\_\_\_

Date \_\_\_\_\_

Tenant Signature \_\_\_\_\_

Date \_\_\_\_\_

Airoldi Corp DP Ltd ATF Airoldi Family Trust T/A Encore Property Group  
License Holder Paula Airoldi ABN: 990 876 519 19  
12 Chisham Avenue, KWINANA WA. 6167

**Tel: 9439 4405**

**E: admin@encoreproperty.com.au**

**W: www.encoreproperty.com.au**

## **PRIVACY DISCLOSURE STATEMENT**

Encore Property Group are bound by the Australian Privacy principals. We collect personal information about you in this form to assess your application for a residential tenancy. We may need to collect information about you from your previous landlord/Real Estate Agency, current employer and referees. We will also check whether any details of tenancy defaults by you are held on a Tenancy Database. We use the databases National Tenancy Database and TICA Default Tenancy Control Pty Ltd. You can find out more information about this database from their website at [www.tica.com.au](http://www.tica.com.au)

We may disclose personal information about you to the owner of the property to which this lease agreement relates. We may disclose your details to service providers to the tenancy relationship including gas, electricity, water, maintenance contractors and the landlord's insurers.

If you would like to access the personal information the Lessor or Property Manager holds. You can do so by contacting the property manager. See also the above regarding use of the tenancy database. If you do not complete this form or do not sign the consent below then your application for a residential tenancy may not be considered by the owner of the relevant property or, if considered, may be rejected.

### **PRIVACY CONSENT**

I, the tenant acknowledge that I am over 18 years of age, I have read and understand the Privacy Notice trading as Encore Property Group. I authorize Encore Property Group to collect information about me from:

My previous letting agents and or landlords and their insurers;

My personal referees; and any default databases which may contain personal information about me. I also authorize Encore Property group to disclose details about any defaults by me under the tenancy to which this application relates, to any default databases to which Encore Property Group subscribes.

I also authorize Encore Property Group to refer my details to any arranger of utilities (to arrange connection or transfer of telephone, gas, electricity, water etc.)

**Tenant Signed** .....

**Witness** .....

**Date** .....

**Tenant Signed** .....

**Witness** .....

**Date** .....

**Tenant Signed** .....

**Witness** .....

**Date** .....

**Tenant Signed** .....

**Witness** .....

**Date** .....

**PART A  
(TO BE COMPLETED BY PROPERTY MANAGER)**

PREMISES

RENT PER WEEK                      \$

OPTION FEE IF APPLICABLE:      \$

**IF YOU ARE THE SUCCESSFUL APPLICANT AND WISH TO ENTER INTO A RESIDENTIAL TENANCY AGREEMENT WITH THE LESSOR, YOU WILL BE REQUIRED TO PAY THE FOLLOWING MONEY TO THE PROPERTY MANAGER**

**REQUIRED MONIES**

BOND EQUIVALENT TO NO LESS THAN 4 WEEKS RENT	\$
PET BOND (IF APPLICABLE)	\$
FIRST 2 WEEKS RENT	\$
TOTAL	\$







**NB: WEEKLY RENT REPRESENTS \_\_\_\_\_ % OF TOTAL INCOME**

**BEFORE ANY APPLICATION WILL BE CONSIDERED, YOU MUST ACHIEVE A MINIMUM OF 100 POINTS**

## APPLICATION FOR RENTAL

Notice: All adult applicants (18 years or older) must complete a separate application for rental.

<b>Your (First Person's) Particulars</b>			
<b>APPLICANT INFORMATION</b>			
FIRST NAME		MIDDLE NAME	LAST NAME
MOBILE PHONE	HOME PHONE ( )	WORK PHONE ( )	EMAIL
DATE OF BIRTH	PLACE OF BIRTH		AUSTRALIAN CITIZEN    YES    NO
<b>DOCUMENTS TO CONFIRM YOUR IDENTITY</b>			
DRIVERS LICENSE NUMBER		STATE	VEHICLE REGO. NUMBER
PASSPORT NUMBER		ANY OTHER DOCUMENTS TO SUPPORT YOUR APPLICATION	MEDICARE NUMBER
<b>CURRENT ADDRESS</b>			
STREET ADDRESS		CITY	STATE
DATE IN		DATE OUT	LANDLORD/AGENT NAME
MONTHLY RENT \$		REASON FOR LEAVING	
<b>PREVIOUS ADDRESS</b>			
STREET ADDRESS		CITY	STATE
DATE IN		DATE OUT	LANDLORD/AGENT NAME
MONTHLY RENT \$		REASON FOR LEAVING	
WAS THE BOND REFUNDED IN FULL    YES    NO    IF NO WHY?			
ARE YOU OR ANY OF THE DEPENDENTS RESIDING WITH YOU, SMOKERS?    YES    NO			
<b><u>THE PROPERTIES MANAGED BY THIS OFFICE MAY BE PROTECTED BY THE BARCLAY MIS PROTECT AND COLLECT PLAN</u></b>			
<b>OTHER OCCUPANTS</b>			
LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER			
LIST NAMES AND BIRTH DATES OF ALL OCCUPANTS 18 YEARS OR YOUNGER			
<b>PETS</b>			
PETS?	BREED	NUMBER	AGE
PETS?	BREED	NUMBER	AGE
IF YOU INTEND TO HAVE PETS RESIDING AT THE PROPERTY, PLEASE COMPLETE A SEPARATE PET APPLICATION FORM AND ATTACH HEREWITH.			

<b>EMPLOYMENT &amp; INCOME INFORMATION</b>			
1. OCCUPATION	EMPLOYER/COMPANY		MONTHLY SALARY \$
SUPERVISOR NAME	SUPERVISOR PHONE (    )	START DATE	END DATE
2. OCCUPATION	EMPLOYER/COMPANY		MONTHLY SALARY \$
SUPERVISOR NAME	SUPERVISOR PHONE (    )	START DATE	END DATE
1. OTHER INCOME DESCRIPTION			MONTHLY INCOME \$
2. OTHER INCOME DESCRIPTION			MONTHLY INCOME \$
<b>EMERGENCY CONTACT</b>			
1. NAME	ADDRESS	PHONE (    )	RELATIONSHIP
2. NAME	ADDRESS	PHONE (    )	RELATIONSHIP
<b>PERSONAL REFERENCES</b>			
PLEASE COMPLETE ALL 5 REFERENCES BELOW, PLEASE DO NOT USE THE SAME CONTACT TWICE AND DO NOT USE THE SAME PERSON AS YOUR EMERGENCY CONTACT. YOUR 5 REFERENCES SHOULD INCLUDE, PARENT OR GUARDIAN, FAMILY MEMBERS NOT LIVING WITH YOU, PERSONAL FRIENDS, (MUST BE AUSTRALIAN RESIDENTS) AND IF SELF EMPLOYED AT LEAST ONE ESTABLISHED TRADE OR BUSINESS REFERENCE.			
1. NAME	ADDRESS	PHONE (    )	RELATIONSHIP
2. NAME	ADDRESS	PHONE (    )	RELATIONSHIP
3. NAME	ADDRESS	PHONE (    )	RELATIONSHIP
4. NAME	ADDRESS	PHONE (    )	RELATIONSHIP
5. NAME	ADDRESS	PHONE (    )	RELATIONSHIP
WILL DEPENDENTS RESIDE AT THE PROPERTY? YES NO		IF YES HOW MANY	
PLEASE LIST THEIR NAMES AND AGES,			
WILL THERE BE ANY OTHER PERSONS LIVING AT THE PROPERTY? YES NO			
IF YES WHO?			
HAVE THEY COMPLETED A TENANCY APPLICATION FORM? YES NO			
IF NO WHY?			
<b>FREE UTILITY CONNECTION SERVICE</b>			
 <div style="background-color: #92d050; padding: 5px; margin-top: 5px; text-align: center;"> <b>myconnect is a FREE and easy to use utility connection service</b> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;">       </div>		<p>Unless I have opted out of this section, I/we:</p> <p>Consent to the disclosure of information on this form to myconnect ABN 65 627 003 605 for the purpose of arranging the connection of nominated utility services; consent to myconnect disclosing personal information to utility service providers for the stated purpose and obtaining confirmation of connection; consent to myconnect disclosing confirmation details (including NMI, MIRN, utility provider) to the Real Estate Agent, its employees and myconnect may receive a fee/incentive from a utility provider in relation to the connection of utility services; acknowledge that whilst myconnect is a free service, a standard connection fee and/or deposit may be required by various utility providers; acknowledge that, to the extent permitted by law, the Real Estate Agent, its employees and myconnect shall not be liable for any loss or damage (including consequential loss and loss of profits) to me/us or any other person or any property as a result of the provision of services or any act or omission by the utility provider or for any loss caused by or in connection with any delay in connection or provision of, or failure to connect or provide the nominated utilities. I acknowledge that myconnect record all calls for coaching, quality and compliance purposes.</p>	
<input checked="" type="checkbox"/> <b>Yes, Please Contact Me</b> <input type="checkbox"/> Interpreter required <input type="checkbox"/> OR Tick here to opt out			

<b>SECOND PERSONS Particulars</b>			
<b>APPLICANT INFORMATION</b>			
FIRST NAME		MIDDLE NAME	LAST NAME
MOBILE PHONE	HOME PHONE ( )	WORK PHONE ( )	EMAIL
DATE OF BIRTH	PLACE OF BIRTH	AUSTRALIAN CITIZEN    YES    NO	
<b>DOCUMENTS TO CONFIRM YOUR IDENTITY</b>			
DRIVERS LICENSE NUMBER	STATE	VEHICLE REGO. NUMBER	MAKE AND MODEL
PASSPORT NUMBER	ANY OTHER DOCUMENTS TO SUPPORT YOUR APPLICATION		MEDICARE NUMBER
<b>CURRENT ADDRESS</b>			
STREET ADDRESS		CITY	STATE    POSTCODE
DATE IN	DATE OUT	LANDLORD/AGENT NAME	LANDLORD/AGENT PHONE ( )
MONTHLY RENT \$	REASON FOR LEAVING		
<b>PREVIOUS ADDRESS</b>			
STREET ADDRESS		CITY	STATE    POSTCODE
DATE IN	DATE OUT	LANDLORD/AGENT NAME	LANDLORD/AGENT PHONE ( )
MONTHLY RENT \$	REASON FOR LEAVING		
WAS THE BOND REFUNDED IN FULL    YES    NO    IF NO WHY?			
ARE YOU OR ANY OF THE DEPENDENTS RESIDING WITH YOU, SMOKERS?    YES    NO			
<b><u>THE PROPERTIES MANAGED BY THIS OFFICE MAY BE PROTECTED BY THE BARCLAY MIS PROTECT AND COLLECT PLAN</u></b>			
<b>OTHER OCCUPANTS</b>			
LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER			
LIST NAMES AND BIRTH DATES OF ALL OCCUPANTS 18 YEARS OR YOUNGER			
<b>PETS</b>			
PETS?	BREED	NUMBER	AGE
PETS?	BREED	NUMBER	AGE
IF YOU INTEND TO HAVE PETS RESIDING AT THE PROPERTY, PLEASE COMPLETE A SEPARATE PET APPLICATION FORM AND ATTACH HEREWITH.			
<b>EMPLOYMENT &amp; INCOME INFORMATION</b>			
1. OCCUPATION		EMPLOYER/COMPANY	MONTHLY SALARY \$

SUPERVISOR NAME		SUPERVISOR PHONE ( )	START DATE	END DATE
2. OCCUPATION		EMPLOYER/COMPANY		MONTHLY SALARY \$
SUPERVISOR NAME		SUPERVISOR PHONE ( )	START DATE	END DATE
1. OTHER INCOME DESCRIPTION				MONTHLY INCOME \$
2. OTHER INCOME DESCRIPTION				MONTHLY INCOME \$
<b>EMERGENCY CONTACT</b>				
1. NAME	ADDRESS	PHONE ( )	RELATIONSHIP	
2. NAME	ADDRESS	PHONE ( )	RELATIONSHIP	
<b>PERSONAL REFERENCES</b>				
PLEASE COMPLETE ALL 5 REFERENCES BELOW, PLEASE DO NOT USE THE SAME CONTACT TWICE AND DO NOT USE THE SAME PERSON AS YOUR EMERGENCY CONTACT. YOUR 5 REFERENCES SHOULD INCLUDE, PARENT OR GUARDIAN, FAMILY MEMBERS NOT LIVING WITH YOU, PERSONAL FRIENDS, (MUST BE AUSTRALIAN RESIDENTS) AND IF SELF EMPLOYED AT LEAST ONE ESTABLISHED TRADE OR BUSINESS REFERENCE.				
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2. NAME	ADDRESS	PHONE ( )	RELATIONSHIP	
3. NAME	ADDRESS	PHONE ( )	RELATIONSHIP	
4. NAME	ADDRESS	PHONE ( )	RELATIONSHIP	
5. NAME	ADDRESS	PHONE ( )	RELATIONSHIP	
WILL DEPENDENTS RESIDE AT THE PROPERTY? YES NO			IF YES HOW MANY	
PLEASE LIST THEIR NAMES AND AGES,				
WILL THERE BE ANY OTHER PERSONS LIVING AT THE PROPERTY? YES NO				
IF YES WHO?				
HAVE THEY COMPLETED A TENANCY APPLICATION FORM? YES NO				
IF NO WHY?				

THIRD PERSONS Particulars			
<b>APPLICANT INFORMATION</b>			
FIRST NAME		MIDDLE NAME	LAST NAME
MOBILE PHONE	HOME PHONE ( )	WORK PHONE ( )	EMAIL
DATE OF BIRTH	PLACE OF BIRTH	AUSTRALIAN CITIZEN YES NO	
<b>DOCUMENTS TO CONFIRM YOUR IDENTITY</b>			
DRIVERS LICENSE NUMBER		STATE	VEHICLE REGO. NUMBER
PASSPORT NUMBER		ANY OTHER DOCUMENTS TO SUPPORT YOUR APPLICATION	MEDICARE NUMBER
<b>CURRENT ADDRESS</b>			
STREET ADDRESS		CITY	STATE POSTCODE
DATE IN	DATE OUT	LANDLORD/AGENT NAME	LANDLORD/AGENT PHONE ( )
MONTHLY RENT \$	REASON FOR LEAVING		
<b>PREVIOUS ADDRESS</b>			
STREET ADDRESS		CITY	STATE POSTCODE
DATE IN	DATE OUT	LANDLORD/AGENT NAME	LANDLORD/AGENT PHONE ( )
MONTHLY RENT \$	REASON FOR LEAVING		
WAS THE BOND REFUNDED IN FULL YES NO IF NO WHY?			
ARE YOU OR ANY OF THE DEPENDENTS RESIDING WITH YOU, SMOKERS? YES NO			
<b><u>THE PROPERTIES MANAGED BY THIS OFFICE MAY BE PROTECTED BY THE BARCLAY MIS PROTECT AND COLLECT PLAN</u></b>			
<b>OTHER OCCUPANTS</b>			
LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER			
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<b>PETS</b>			
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<b>EMPLOYMENT &amp; INCOME INFORMATION</b>			
1. OCCUPATION		EMPLOYER/COMPANY	MONTHLY SALARY \$
SUPERVISOR NAME	SUPERVISOR PHONE ( )	START DATE	END DATE



2. OCCUPATION		EMPLOYER/COMPANY		MONTHLY SALARY
				\$
SUPERVISOR NAME		SUPERVISOR PHONE ( )	START DATE	END DATE
1. OTHER INCOME DESCRIPTION				MONTHLY INCOME
				\$
2. OTHER INCOME DESCRIPTION				MONTHLY INCOME
				\$
<b>EMERGENCY CONTACT</b>				
1. NAME	ADDRESS	PHONE ( )	RELATIONSHIP	
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<b>PERSONAL REFERENCES</b>				
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2. NAME	ADDRESS	PHONE ( )	RELATIONSHIP	
3. NAME	ADDRESS	PHONE ( )	RELATIONSHIP	
4. NAME	ADDRESS	PHONE ( )	RELATIONSHIP	
5. NAME	ADDRESS	PHONE ( )	RELATIONSHIP	
WILL DEPENDENTS RESIDE AT THE PROPERTY? YES NO			IF YES HOW MANY	
PLEASE LIST THEIR NAMES AND AGES,				
WILL THERE BE ANY OTHER PERSONS LIVING AT THE PROPERTY? YES NO				
IF YES WHO?				
HAVE THEY COMPLETED A TENANCY APPLICATION FORM? YES NO				
IF NO WHY?				

## PET APPLICATION AND AGREEMENT

Property Address: \_\_\_\_\_

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

Residential: Use this form 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 out and complete a separate pet Agreement Form.

	Pet 1		Pet 2	
<b>Type of pet</b>				
<b>Breed</b>				
<b>Name and Age</b>				
<b>De-sexed (circle)</b>	Yes	No	Yes	No
<b>Council Registration Number</b>				
<b>Description and Colour</b>				
<b>Micro Chipped</b>	Yes	No	Yes	No
<b>Micro Chip Number</b>				
<b>Size</b>	Small/Medium/Large		Small/Medium/Large	

### 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 specified in the General Tenancy Agreement and this Pet Agreement must be approved **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 a result of actions by their pet/s or their guests pet/s, and regardless of their approval status.
5. The tenant has inspected the property and is satisfied that the fencing is adequate for the confining of the pet/s. The tenant further acknowledges and agrees that should there be any additional work either at the start of the tenancy or during the tenancy to upgrade the fencing for the confining of the pet/s, this will be at the complete cost to the tenant. The tenant further acknowledges that the lessor/agency

neither expressly or implied warrant the suitability of the fencing for the confining of the pet/s this is the tenants sole discretion.

6. 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.
7. 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.
8. 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.
9. The tenant confirms and guarantees that the pet/s have up to date vaccinations.
10. The tenant agrees that if they keep fish they accept responsibility for any damage caused by leakage or spillage of water.
11. The tenant agrees to clean up after their pet and to dispose of their pet/s waste quickly and properly.
12. The tenant agrees that in the event of a complaint being received regarding the pet/s from local authority, neighbours or any other body, if the complaint is shown to be justified and correct the tenant will be required to remove the pet/s immediately from the premises permanently.
13. 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.

**Acknowledgement by Applicant**

- 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/s are now bound by the agreement set out in the application above as well as the General Tenancy Agreement.

**Authorisation on behalf of the Lessor/Agent**

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

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

**Tenant Agreement**

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

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

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

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

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

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