



Tenancy Application Form

| PROPERTY ADDRESS | | | | | | | |
|---|---|---|-----------------------------------|--------------------------------|----------------------------------|--------------------------------|-----------------------------------|
| Unit number: | | @ Isedale, Woolloowin 4030 | Application date: | | | | |
| Weekly Rent / Bond: | \$ | Bond: \$ | Preferred lease: 6 / 12 months | | | | |
| Move in Date: | dd/mm/yy | Please note this date should be as close to the available date | | | | | |
| # adults/children: | | Please complete this application page for each resident over 18 | | | | | |
| PERSONAL INFORMATION / IDENTIFICATION & PREVIOUS RENTAL HISTORY | | | | | | | |
| Surname: | | <input type="checkbox"/> copy of ID included (license/passport) | | | | | |
| Given names: | | | | | | | |
| Emergency contact: | | | | | | | |
| Licence number: | | <input type="checkbox"/> copy of drivers license included | | | | | |
| Passport number: | | <input type="checkbox"/> copy of passport included | | | | | |
| Date of birth: | | <input type="checkbox"/> are you a smoker | | | | | |
| Phone/Mobile: | | Please hyphen into 3 parts, ie 0451 977 123 | | | | | |
| Email address: | | Please write email as neat as possible | | | | | |
| Medicare number: | | <input type="checkbox"/> copy of medicare card included | | | | | |
| Car registration(s): | | <input type="checkbox"/> are your vehicles loud/noisy | | | | | |
| Current address: | | | | | | | |
| Agents telephone: | | <input type="checkbox"/> proof of address included | | | | | |
| Agents email: | | <input type="checkbox"/> were you breached during tenancy | | | | | |
| Rent Paid per week: | | <input type="checkbox"/> rental ledger/receipts included | | | | | |
| Previous address: | | | | | | | |
| Agents email: | | <input type="checkbox"/> were you breached during tenancy | | | | | |
| FINANCIAL INFORMATION & EMPLOYMENT DETAILS | | | | | | | |
| Employment (role): | | Employment length: | | | | | |
| Employers name: | | | | | | | |
| Employers address: | | | | | | | |
| Employers phone: | | | | | | | |
| Income per week: | | <input type="checkbox"/> copy of recent pay-slips | | | | | |
| Bank statement: | <input type="checkbox"/> bank statements may be included to show tenant has sufficient funds to afford rent | | | | | | |
| OFFICE USE ONLY | | | | | | | |
| <input type="checkbox"/> application complete | <input type="checkbox"/> TICA | <input type="checkbox"/> Finance | <input type="checkbox"/> Approved | <input type="checkbox"/> Owner | <input type="checkbox"/> Payment | <input type="checkbox"/> Power | <input type="checkbox"/> Internet |

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ANNEXURE A TO TENANCY AGREEMENT

1. I/We acknowledge this annexure forms part of our Tenancy Agreement.
2. I/We acknowledge that should my/our application be accepted I/we am/are required to pay two weeks rent in advance plus bond. I/We acknowledge once payment is made that should I/we change my/our mind, one weeks' rent will be forfeited.
3. I/We acknowledge receipt of the **Body Corporate by-laws** (attached to initial lease) which I/We agree to comply in full.
4. I/We acknowledge that damage caused by me/us, visitors, removalists, delivery vehicles engaged by us will be at a cost to me/us as the tenant/s. Parents/guardians are held responsible for any damage or vandalism caused by their children under 18.
5. I/We acknowledge that the peaceful coexistence of all residents within the complex is essential and that I/we will respect all residents in relation to my/our behaviour and guests which I/we invite into this complex.
6. I/We wish to accept the offer of an **option to extend** my/our lease for a period of 12 months made up of two (2) x 6 month leases from the date of expiry of my/our existing lease. I/We understand that this option is to be exercised at my/our sole discretion by our giving notice to you in writing or email at least eight (8) weeks prior to the expiry of my/our existing lease of my/our intention to exercise this option. To exercise this option I/we must not have been in breach of my existing tenancy agreement during the term. I/We realise there may be a rent review at the end of each fixed term agreement.
7. I/We acknowledge that contactable hours are 9am to 5pm Monday to Friday and preferred method of contact is via email.
8. I/We acknowledge receipt of **keys** (during lease signing). It is strongly suggested that a spare copy is made and provided to friends for safe keeping. I/We acknowledge that should we lose or lock the keys inside the property the following options apply:
 1. Office hours, agent onsite: If the agent is onsite during office hours (Mon-Fri 9-5pm) then you can collect the management set of keys and return them within an hour. Identification is required to collect keys. Please note the agent is not required to be in the office every day and if not onsite then options 2 and 3 apply.
 2. After hours, agent available: If you lock yourself out after hours and unable to obtain backup keys from a friend then please call the agent. If the agent is available to unlock the property you will incur a **\$100 + GST** call out fee payable on call out.
 3. After hours, agent not available: If you lock yourself out after hours and the agent is not available (ie non-contactable or unable to return to the complex), then you will need to ring a locksmith to gain entry. The cost of a locksmith to come out and open your property may cost over **\$200 + GST**.
 4. Lost keys: If you lose your keys and FOBS and unable to find them then all apartment locks (including post-box locks) will need to be replaced at a cost of **\$600 + GST**.
9. I/We acknowledge that the agent will be notified of any **changes** to the **residents** residing in the property. Subsequent changes required to the lease or bond will incur a **\$50 + GST** processing fee. Please note: new tenants will need to be authorised by the agent.
10. I/We acknowledge that it is my/our responsibility to pay the water consumption usage on a quarterly basis as invoiced by the agent. I/We acknowledge that payment of the water consumption must be paid within 30 days of date of invoice.
11. I/We acknowledge that it is a tenants responsibility to ensure the hot water system is re-filled (topped up) as required by pressing relief valve and ensuring water is dispensed (required every 3 months). The process will be shown to the tenant by the agent at the start of the lease.
12. I/We acknowledge that it is the tenants responsibility to ensure smoke alarms are in working order and to report any problems promptly to the agent. I/We acknowledge that should the smoke alarm battery go flat after the commencement of the lease, then it is the tenant/s responsibility to replace the battery. I/We acknowledge that the smoke alarm or batteries are not to be permanently removed.
13. I/We as tenant/s understand that it is tenants responsibility to insure their own property and possessions by way of **personal contents insurance**.



14. I/We acknowledge that smoking inside the property is prohibited. If smoking occurs on balconies or outside the property it is the tenant/s responsibility to ensure that smoke does not drift inside the property or adjoining properties.
15. I/we acknowledge that it is the responsibility of the tenant/s to gently clean the air conditioner filters at least twice a year.
16. I/we acknowledge that my/our courtyard/backyard/balconies must remain clean & tidy at all times.
17. I/we acknowledge that my/our driveway/car space must remain clean & tidy and free of oil stains at all times.
18. I/We acknowledge that I/we are only allowed to park my/our vehicle in our designated car park. I/we acknowledge that I/we are/am not allowed to park in any other car park or visitor car park. I authorise management to tow my/our vehicle at my/our expense should we park in a non-designated car park.
19. I/We acknowledge that no pets are allowed to be kept on or inside the property, unless first approved by the manager.

Pet you would like to keep (type/breed/size): _____

20. Should you need to break your lease then please contact the agent using an RTA form 13 "Notice of Intention to Leave". In the event of a break-of-lease, I/we agree to pay a break-of-lease fee (also known as letting fee) of **one week rent + GST** and an advertising marketing fee of **\$150 + GST**. I/We acknowledge the existing tenancy will terminate only when a new Residential Tenancy Agreement with a new replacement tenant commences. Until that time I/we acknowledge that it is the tenant/s responsibility to continue to pay the rent.
21. I/We acknowledge that our agent is the Isedale onsite property manager and we have specifically signed a lease due to the professionalism and convenience of having our property manager on site including Saturdays, Sundays and after hours by arrangement. I/we are entitled to break our lease without penalty should the management agreement on our leased property be terminated by the owner.
22. At the completion of the tenancy agreement, I/we agree to clean our property to the same standard as the property was provided at the start of the tenancy agreement or to engage a **professional cleaner**.
23. At the completion of the tenancy agreement, I/we agree to clean our carpets to the same standard as the carpets were provided at the start of the tenancy agreement or to engage a **professional carpet cleaner**.
24. At the completion of the tenancy agreement, I/we agree to ensure pest control has been carried out to ensure the property is returned to the same standard as was provided at the start of the tenancy agreement or to engage a **professional pest controller**.
25. I/We acknowledge that the tenant is responsible for arranging power connection which is offered by Metered Energy (1300 633 637) and connection forms can be found online at <https://www.meteredenergy.com.au/moving-in>.
26. Please note we are under to obligation to provide you a reason should your application be declined.
27. I/We consent to the agent using our personal information being used to perform previous rental history and TICA tenancy database checks.

Applicant(s) printed name and signature(s):

Dated:

Name(s):

PS. Don't forget to logon to our facebook page <https://www.facebook.com/IsedaleWooloowin> and like us.

Application for High Speed Internet



We will match and beat any price for same service!!!!

Contact Details

Building / Unit Number: _____
First Name: _____
Last Name: _____
Email Address (username): _____
Mobile Number: _____

Plan Selection and Billing

| | | |
|---|-------------------|---|
| <input type="checkbox"/> Unlimited Internet | \$79.95 per month | Found a cheaper plan for same service? We will match and beat that price! **If you run over your data allowance, your speed will be shaped until the next billing cycle, or you can call Support to jump up to the next plan. |
| <input type="checkbox"/> 800GB Internet** | \$69.95 per month | |
| <input type="checkbox"/> 500GB Internet** | \$59.95 per month | |
| <input type="checkbox"/> 100GB Internet** | \$39.95 per month | |

Payment

| | | | |
|---|--|-----|--|
| Credit Card Details – Direct Debit | | | |
| Name on Card | | | |
| Card Number | | | |
| Expiry | | CVV | |

I understand that my credit card will be automatically charged on the above plan after my first free month of usage (if applicable).

Plan Start Date

| | |
|--|---|
| <input type="checkbox"/> Immediately | <input checked="" type="checkbox"/> No Lock in contracts, connection or exit fees |
| or <input type="checkbox"/> ___ / ___ / 20 | <input checked="" type="checkbox"/> Pay month by month |

Full Name: _____ Date: _____

Signature: _____