



Mudth-Niyleta Aboriginal and Torres Strait Islander Corporation,

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[Web page: mudth-niyleta.com](http://www.mudth-niyleta.com) Email: enquiry@mudth-niyleta.com

RESIDENTIAL TENANCY APPLICATION

- **A copy of colored photographic identification must be included for each person over the age of 18 years.**

Date: Proposed Number of Occupants:

Full Name: D.O.B.

Full Name: D.O.B.

Number of Children: Ages:

Current Address:

Phone: (h)..... (w) (m).....

1. Current Lessor/Agent: Phone:

Lessor/Agent Address:

Period of Occupancy: Reason for Vacating:

2. Previous Address:

Lessor/Agent: Phone:

Lessor/Agent Address:

Period of Occupancy: Reason for Vacating:

Was Bond refunded in full?

3. Previous Address:

Lessor/Agent: Phone:

Lessor/Agent Address:

Period of Occupancy: Reason for Vacating: Was Bond

refunded in full?

Pets: (breed and description) How many:

Car Registration: State:

Drivers License No: State:

18+ Card Number

OCCUPATION:

Current Occupation: Period of Employment:

Employer:

Address:

Phone: Wage: Net:

IF SELF EMPLOYED

Name of Business: Industry: Phone:

How Long: Address:

PERSONAL REFERENCE (Must be over 18 years old and not related)

1. Name: Phone:

Address: Relationship:

2. Name: Phone:

Address: Relationship:

BUSINESS/WORK REFERENCE

3. Name: Phone:

Address: Relationship:

4. Name: Phone:

Address: Relationship:

OTHER RELATIVE NOT LIVING WITH YOU

5. Name: Phone:

Address: Relationship:

NEXT OF KIN

6. Name: Phone:

Address: Relationship:

DISCLAIMER/AUTHORITY

I, the said applicant, do solemnly swear and sincerely declare that the information contained in the application is true and correct and that all the information was given of my own free will. I further authorize the letting agent to contact and/or conduct any inquiries and/or searches with regard to the information and references supplied in this application.

I have been informed, understand and agree to the conditions listed below and declare I have the legal capacity to enter into a tenancy agreement

- 1.. The acceptance of my application is subject to a satisfactory report obtained from information supplied on the Tenancy Application submitted by me.
2. If this application is not accepted, the agent is not required or obligated to disclose why, or supply any reason for the rejection of this application.
- 3.. If this application is successful and I subsequently default on your lease, my name will be automatically listed nationwide as a defaulting tenant with the Tenancy Information Centre of Australia (T.I.C.A.)
9. I agree to allow the agent to photocopy the information supplied by me for their records.

PRIVACY ACT ACKNOWLEDGMENT

In accordance with section 18n(I)(b) of the Privacy Act, I authorize you to give information to and obtain information from all Credit providers, Real Estate Agents, Tenant Databases and References named in this application. I understand this can include information about my credit worthiness, credit standing, credit history, credit capacity or tenant history.

I understand this information may be used to assess my application.

Applicant's name	Applicant's name
Applicant's signature	Applicant's signature
Date signed:	Date signed:

Note: If you are receiving an income from Centrelink – please submit an income statement from Centrelink.

AS PER PRIVACY ACT 1998, COLLECTION NOTICE OVER PAGE.

RENTAL REFERENCE

In accordance with the Privacy Act I/We the undersigned authorize the recipient of this document to give information to the Mudth-Niyleta Corporation regarding my/our rental history. I/We understand this form will be used to assess my/our application.

Address of Rental Property Rented : _____

Real Estate Agent/Private Landlord : _____

Date Tenancy Ended : _____

	DETAILS
Period of Tenancy.	
Rent Paid.	
Remedies. Please provide details.	
Notice to Leave. Please provide details.	
Bond Refunded and details of deductions.	
Outstanding Monies.	
Pets.	
Number of Occupants.	
Would you re-rent to these tenants?	

Tenant Name: _____ Tenant Name: _____

Signature: _____ Signature: _____

Date Signed: _____ Date Signed: _____

PLEASE COMPLETE FAX AND RETURN

NAME OF AGENT COMPLETING FORM: _____

SIGNATURE OF AGENT: _____ DATE: _____