



SPRINGWOOD TOWER APARTMENT HOTEL

9 Murrajong Road
Springwood QLD 4127
ABN: 15 496 570 689

Telephone: 07 3387 7000
Facsimile: 07 3290 2616
Email: manager@springwoodtower.com.au

Permanent Rental Application Form

For your application to be considered you must answer all questions (including attached) sufficiently & supply copies of the below:

- ☐ Proof of income (e.g. 3x Recent Payslips &/or a Recent Tax Certificate)
- ☐ Copy of Drivers Licence or Passport

If Renting/Rented:

- ☐ Copy of your Current Rental Ledger or 3x Recent Rent Receipts

If you own a Property:

- ☐ Copy of Recent Rates or Utilities Bill

If you're applying under a Company Name:

- ☐ Copy of ABN Certificate

UNIT NUMBER BEING APPLIED FOR: _____

Please Note that Springwood Tower Apartment Hotel Units are Fully Furnished (unless otherwise specified). If you Require Linen &/or Weekly Cleaning Please Specify Below (Additional Fees Apply):

Linen Required YES _____ NO _____
Clean Required YES _____ NO _____

***If this is a Company Application, still place the Tenant's details below (who will be residing in the apartment)**

APPLICANT:

Full name of applicant _____ Date of Birth _____
Current Address _____
Home Phone _____ Mobile Phone _____
Fax Number _____ Work Phone _____
Email Address _____

If more than one Applicant/Potential Tenant - Place Details on the following Page

PLACE OF RESIDENCE:

Period at current Address: _____ Years _____ Months Current lease expiry _____
Name of owner or agent _____
Email Address _____
Phone Number/s _____ Rent paid per week _____

Previous address (if the above was for less than 3yrs) _____
Period at previous address: _____ Years _____ Months Date Vacated _____
Name of owner or agent _____
Phone Number/s _____ Rent paid per week _____

Why did you leave / why are you leaving your previous address _____
Was your Bond refunded in full? YES / NO. If no, Why? _____

PREVIOUS LANDLORD

Name _____ Phone _____
Email _____
Address _____

INCOME / EMPLOYMENT:

Employers Name (if Company Application – Refer to Following Page) _____
 Employers address _____
 Contact Name _____ Contact Number _____
 Email Address _____
 Length of Employment: Years _____ Months _____ NETT income/salary _____ per week

Centrelink Payment _____ Payment amount _____ per week

Centrelink Payment _____ Payment amount _____ per week

Self Employed:

Business Name & Address _____
 Type of Business _____ Phone _____
 Accountants Name _____ Phone _____
 ABN/A.C.N. _____

COMPANY APPLICATION:

Company Name & Address _____
 Phone _____ Email _____ ABN _____

TRADE REFERENCES FOR COMPANY APPLICATIONS:

1. Name _____ Phone _____
 Email _____
 Address _____
 2. Name _____ Phone _____
 Email _____
 Address _____

OTHER APPLICANTS / OCCUPANTS:

Names of ALL other persons wishing to occupy (also supply Documents as stated on Pg. 1 for everyone adult applicant):

2 nd Person: Name _____	Contact Number _____	Age _____
3 rd Person: Name _____	Contact Number _____	Age _____
4 th Person: Name _____	Contact Number _____	Age _____
5 th Person: Name _____	Contact Number _____	Age _____
6 th Person: Name _____	Contact Number _____	Age _____

VEHICLE/S:

Types of Vehicle _____ Rego Plate _____
 Types of Vehicle _____ Rego Plate _____

EMERGENCY CONTACT:

Name of Relative or other person to contact in case of an emergency _____
 Relationship to Tenant _____ Contact Number _____

OTHER:

Do you currently have any applications with other agents? YES / NO
 Do you intend to run a commercial enterprise from this property? YES / NO

I/We have inspected the above property and wish to take tenancy for a period of _____ months from
 _____ at a weekly rental of \$ _____ (inclusive of GST).

I/We undertake to pay the **BOND (EQUAL TO 4 WEEKS RENT)** plus the **FIRST 2 WEEKS RENT (unless otherwise agreed)** by Company
 Cheque, Credit Card, Cash, EFTPOS on or prior to the commencement date of the Tenancy Agreement. **BOND TRANSFERS ARE NOT
 ACCEPTED.**

I/We agree that no keys for the property will be provided until all monies owed are paid in full before arrival.

Please note: Springwood Tower Apartment Hotel has a strict 14 day payment period for all accounts.

Electricity / Gas (for hot water) / Phone Usage and Foxtel will be billed to you each month.

Applications are only processed/reviewed Monday to Friday 9am to 4pm, and generally take 24 to 48 hours to process.

You're responsible for any of your personal belongings whilst renting the apartment.

I/We understand that in the event of this application being rejected there is no requirement for KT Corporation P/L to disclose to me any reason
 for such rejection of this application.

I/We do solemnly and sincerely declare that the information provided by me is true and correct and has been willingly supplied to assist in the assessment of my application.

I/We have read and signed the Privacy Act Acknowledgment attached to this application.

Applicants Signature _____ Date _____

Witness Signature _____ Date _____

OFFICE USE ONLY

Approved/Declined

References Called: Yes/No

Availability: Yes/No

If No, Waitlist Yes/No

Date Waitlisted _____

Cancel: Yes/No

Please also Sign the Following Page – Privacy Consent Form



SPRINGWOOD TOWER APARTMENT HOTEL

KT PROPERTY MANAGEMENT PTY LTD T/A SPRINGWOOD TOWER APARTMENT HOTEL

ABN: 15 49 657 0689 PH: (07) 3387 7000 FX: (07) 3290 2616

EMAIL: manager@springwoodtower.com.au

In accordance with Privacy Principle 1.3 of the Privacy Act 1988 we require you to read and sign this acknowledgement.

We are an independently owned and operated business. We are bound by the National Privacy Principles. 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 landlords or letting agents, your current employer and your referees.

We may disclose personal information about you to the owner of the property to which this application relates. If this application is successful we may disclose your details to service providers relevant to the tenancy relationship including maintenance contractors, housekeeping and the landlord's insurers. We may also send the personal information about you to the owners or agents of any other properties at your request.

If you do not sign this form 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 Applicant acknowledge that I have read and understand this form and hereby authorise Springwood Tower Apartment Hotel to collect information about me from:

- ✓ My previous letting agents and/or landlords
- ✓ My Employer/personal referees
- ✓ TICA Tenancy Database

I, authorise Springwood Tower Apartment Hotel to disclose the personal information it collects about me to the owner of the property. I also authorise Springwood Tower Apartment Hotel to refer my details if requested to:

- ✓ Financial Services (to assist with a loan application)
- ✓ Insurance Services (for contents insurance, claims and other insurance products)
- ✓ Trades people (to enable them to arrange access for repairs and maintenance)

Applicants Full Name _____

Applicants Signature _____