

# APPLICATION FOR FLEXI LEASE



Kallangur   
  Eastern Heights   
  Redbank Plains

Apartment number: \_\_\_\_\_ Rent per week: \$ \_\_\_\_\_

Tenancy Term:   
  3 months   
  6 months   
  9 months   
  12 months

APPLICANT ONE	APPLICANT TWO
Applicants Contact Details	Applicants Contact Details
Full name:	Full name:
Date of Birth:	Date of Birth:
Have you been known by any other name (s)? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, what other name (s) have you been known by?	Have you been known by any other name (s)? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, what other name (s) have you been known by?
Mobile:	Mobile:
Phone:	Phone:
Email:	Email:
Driver's licence/passport number:	Driver's licence/passport number:
State:	State:
Are you a smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

APPLICANT ONE	APPLICANT TWO
<b>Medical Details</b>	
Care Services Manager:	Care Services Manager:
Enduring Power of Attorney: <input type="checkbox"/> Yes (please provide copy) <input type="checkbox"/> No	Enduring Power of Attorney: <input type="checkbox"/> Yes (please provide copy) <input type="checkbox"/> No
Advance Health Directive: <input type="checkbox"/> Yes (please provide copy) <input type="checkbox"/> No	Advance Health Directive: <input type="checkbox"/> Yes (please provide copy) <input type="checkbox"/> No
Medicare No: Expiry Date:                      Reference No:	Medicare No: Expiry Date:                      Reference No:
Pension No: Expiry Date:	Pension No: Expiry Date:
DVA File No: DVA Type: <input type="checkbox"/> Gold <input type="checkbox"/> White <input type="checkbox"/> Orange <input type="checkbox"/> Other	DVA File No: DVA Type: <input type="checkbox"/> Gold <input type="checkbox"/> White <input type="checkbox"/> Orange <input type="checkbox"/> Other
Private Health Fund: Fund No: Expiry Date:	Private Health Fund: Fund No: Expiry Date:
<b>Doctor's Details</b>	
Name:	Name:
Clinic:	Clinic:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Mobile:	Mobile:
<b>Service Packages</b>	
Current ACAT Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No	Current ACAT Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Care Package Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Care Package Approval <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Care Package in place <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Care Package in place <input type="checkbox"/> Yes <input type="checkbox"/> No
ACAT Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	ACAT Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

## Pets

Do you intend to keep pets at the property?  Yes  No

Number of pets:  Type of pet/s?

Are your pets registered with the Council?  Yes  No

## Applicants Address History

Current residential address:

Period of occupancy:

Type of occupancy:  Rent  Owner  Other

Current Agent/Lessor Name (if renting)

Phone:

Current rent: \$   a week  a fortnight  a month

Reason for leaving:

Previous residential address:

Period of occupancy:

Type of occupancy:  Rent  Owner  Other

Current Agent/Lessor Name (if renting)

Phone:

Current rent: \$   a week  a fortnight  a month

Reason for leaving:

## Personal References

Please do not list relatives another applicant or partner. Please also provide business hours contact numbers.

Referee 1:

Referee 2:

Relationship:

Relationship:

Phone/Mobile:

Phone/Mobile:

Address:

Address:

## Personal Representative

i.e preferred person (s) to be contacted in the event of an emergency

Representative 1:

Representative 2:

Relationship:

Relationship:

Phone:

Phone:

Email:

Email:

Address:

Address:

## Supporting Documents

### Identification

You are required to meet a 100 point identification criterion upon submission of your application. The agent/lessor may photocopy any item and retain as part of your application. Please tick the identifying documents you have provided with your application.

APPLICANT ONE	APPLICANT TWO
<p>70 points</p> <p><input type="checkbox"/> Passport <input type="checkbox"/> Full birth certificate <input type="checkbox"/> Citizenship</p>	<p>70 points</p> <p><input type="checkbox"/> Passport <input type="checkbox"/> Full birth certificate <input type="checkbox"/> Citizenship</p>
<p>40 points</p> <p><input type="checkbox"/> Australian driver's licence <input type="checkbox"/> Proof of age card</p> <p><input type="checkbox"/> Department of Veterans Affairs card</p> <p><input type="checkbox"/> Centrelink card</p> <p><input type="checkbox"/> State/Federal Government Photo ID</p>	<p>40 points</p> <p><input type="checkbox"/> Australian driver's licence <input type="checkbox"/> Proof of age card</p> <p><input type="checkbox"/> Department of Veterans Affairs card</p> <p><input type="checkbox"/> Centrelink card</p> <p><input type="checkbox"/> State/Federal Government Photo ID</p>
<p>25 points</p> <p><input type="checkbox"/> Medicare card <input type="checkbox"/> Council rates notice</p> <p><input type="checkbox"/> Motor vehicle registration <input type="checkbox"/> Telephone bill</p> <p><input type="checkbox"/> Electricity bill <input type="checkbox"/> Gas bill</p> <p><input type="checkbox"/> Tenancy History Ledger <input type="checkbox"/> Bank Statement</p> <p><input type="checkbox"/> Credit card statement <input type="checkbox"/> Rent bond receipt</p> <p><input type="checkbox"/> Last FOUR rent receipts</p> <p><input type="checkbox"/> Previous tenancy agreement</p>	<p>25 points</p> <p><input type="checkbox"/> Medicare card <input type="checkbox"/> Council rates notice</p> <p><input type="checkbox"/> Motor vehicle registration <input type="checkbox"/> Telephone bill</p> <p><input type="checkbox"/> Electricity bill <input type="checkbox"/> Gas bill</p> <p><input type="checkbox"/> Tenancy History Ledger <input type="checkbox"/> Bank Statement</p> <p><input type="checkbox"/> Credit card statement <input type="checkbox"/> Rent bond receipt</p> <p><input type="checkbox"/> Last FOUR rent receipts</p> <p><input type="checkbox"/> Previous tenancy agreement</p>

I ACKNOWLEDGE THAT THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE OWNER. I DECLARE THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND GIVEN OF MY OWN FREE WILL. I DECLARE THAT I HAVE INSPECTED THE PREMISES AND AM SATISFIED WITH THE CURRENT CONDITION AND CLEANLINESS OF THE PROPERTY.



### Applicant One

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Applicant Two

Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR OFFICE USE

APPLICATION RECEIVED BY: \_\_\_\_\_ Date \_\_\_\_\_

APPLICATION APPROVED BY: \_\_\_\_\_ Date \_\_\_\_\_

## Personal Information Privacy Statement

The Seasons Group is collecting the information in this Application to help determine the best options for you. To enable Seasons to provide you with coordinated service delivery, you are giving your consent that the information in this Application may be used by relevant areas of the Seasons Group to facilitate assistance. This includes the provision of associated services required to support and assess your application including care planning and assessment. Under the *Privacy Amendment (Private Sector) Act 2000* information which can identify you is known as personal information. Besides personal information, some specific information about you which may include your cultural background, religious belief or affiliation or health information is known as sensitive information. We will collect sensitive information about you, with your consent so that your needs are properly understood and responded to. The Seasons Group also uses this information for:

- assessing what services you require and whether we can provide those services
- evaluating ongoing services we may provide to you
- assessing your application to become a tenant
- approved research and analysis
- funding applications and statistical reporting to comply with service agreements

You can check the information we hold about you by contacting the Seasons Information Centre who will then help arrange access within at least five (5) working days. The information will generally be made available by allowing you the opportunity to read the details we hold at Seasons Group with Seasons staff present if appropriate. If you find any inaccuracies in the information, please let us know.

Your personal information is not disclosed to third parties without your written consent or unless required by law. We may use the information for internal reviews and analysis and may also use it to produce certain statistics about our services. However, we will not disclose your individual information, nor sell, trade or rent that information for any purpose. If we need to disclose any information to conform with any laws or legal process we will inform you what information has been disclosed and to whom (unless informing you is precluded by legislation), so that you can take any necessary action.

Seasons may, with your consent, disclose your information to other organisations who may be able to provide additional assistance to you. You will be under no obligation to utilise the services referred to you.

By giving your personal information and sensitive information you are consenting to our use of this information in accordance with the principles outlined in the Seasons Confidentiality and Privacy Policy. If at any time we change the Confidentiality and Privacy Policy, we will post those changes on our website so that you are kept fully informed. You may also request a copy of our Confidentiality and Privacy Policy by contacting our information call centre on 1300 732 766.

If this Application requires you to include information about other members of your household, you must seek their consent, or the consent of their guardian, to their information being disclosed as described above. Your information provided on this form will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1988*. You may have access to any information you have provided to ensure that it is accurate, and to allow you to correct if necessary.

### Declaration by Applicant

I understand:

- the instructions given on this form and note the Personal Information and Privacy Statement;
- this form will be used by The Seasons Group to register my application;
- that my personal information may be given to other providers to assist me.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Applicant One)

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Applicant Two)



# REFERENCE CHECK

To \_\_\_\_\_ Property Manager Fax Number: \_\_\_\_\_

Real Estate: \_\_\_\_\_ Email: \_\_\_\_\_

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

In accordance with the Privacy Act, I/We authorise the recipient of this Reference Check to provide the rental information to Seasons Aged Care.  
I/We understand this information will be used to assess my/our Tenancy Application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please sign above and return with your Application.

## RECIPIENT USE ONLY

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

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

Period of tenancy from \_\_\_\_\_ to \_\_\_\_\_ Rent \$ \_\_\_\_\_

Was the rent paid on time? \_\_\_\_\_

Was the property well maintained? \_\_\_\_\_

Were there pets at the premises? \_\_\_\_\_

If so, did they pose any problems? \_\_\_\_\_

Was a Termination Notice ever issued? \_\_\_\_\_

Would you rent to them again? \_\_\_\_\_

Was the Bond returned in full? \_\_\_\_\_ If not, why? \_\_\_\_\_

Any further comments? \_\_\_\_\_

Name of person completing this form \_\_\_\_\_

Position held \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete and return with a copy of the tenant's ledger to the Leasing Administrator by fax 3205 9275 or email [kblines@seasonsagedcare.com.au](mailto:kblines@seasonsagedcare.com.au)