

PRIVACY DISCLOSURE STATEMENT

Guest/s agrees to provide and allow the owner/owner representative to photocopy identification.

Guest/s declare that the information provided herein is true and correct and the Guest/s have supplied it out of own free will.

Guest/s hereby authorise the letting owner/representative to conduct any enquiries in order to verify the information provided here.

Guest/s acknowledge and accept that if the application is not approved the owner/owner representative is not obliged to give reasons.

Guest/s are not allowed to use the ROOM/UNIT as their fixed permanent residence address and agrees to the terms of short stay.

Property address: 493 Flinders St, Townsville QLD 4810

Guest/s wish to apply for room number:

Check-In DATE:

at a weekly service fee of: \$

Guest will pay a security deposit of \$

1st applicant signature:

Date:

2nd applicant signature:

Date:

Do you have any Animal/Pets: ☐ No/ ☐ Yes (write type and Nos):

1st APPLICANT:

Name (LAST.,1st):.....

☎: ☒:

Identification (ID) TYPE Nos:

Birth Date: Age:

Children names & ages:

OTHER OCCUPANTS TO BE RESIDING AT PROPERTY:..

CURRENT ADDRESS:

Weekly Rent: \$

PERIOD AT THIS ADDRESS:

AGENT/LANDLORD:

☎: ☒:

PREVIOUS ADDRESS:

Weekly Rent: \$

PERIOD AT THIS ADDRESS:

AGENT/LANDLORD:

OCCUPATION & EMPLOYER:

EMPLOYMENT ADDRESS:

EMPLOYMENT PHONE CONTACT & NAME:

NET Weekly Income: \$

PERSONAL REFEREE (NOT RELATIVE)

Name (LAST.,1st):.....

☎: ☒:

Address:

..... Postcode:

NEXT OF KIN/RELATIVE IN CASE OF EMERGENCY:

Name (LAST.,1st):.....

Relationship:

☎: ☒:

Address:

..... Postcode:

2nd APPLICANT (only if more than 1 person in the room):

Name (LAST.,1st):.....

☎: ☒:

Identification (ID) TYPE Nos:

Birth Date:..... Age:

Children names & ages:

CURRENT ADDRESS:

Rent paid per week:

PERIOD AT THIS ADDRESS:

AGENT/LANDLORD:

☎: ☒:

PREVIOUS ADDRESS:

Weekly Rent: \$

PERIOD AT THIS ADDRESS:

AGENT/LANDLORD:

OCCUPATION & EMPLOYER:

EMPLOYMENT ADDRESS:

EMPLOYMENT PHONE CONTACT & NAME:

NET Weekly Income: \$

NEXT OF KIN/RELATIVE IN CASE OF EMERGENCY:

Name (LAST.,1st):.....

Relationship:

☎: ☒:

Address:

..... Postcode