

REQUEST FOR RENTAL REFERENCE

To: The Property Manager,
 From: Galvin Family Trust T/As Cairns Rental Realty
 Phone: (07) 4054 6344 Fax: (07) 4054 6347 Email: info@cairnsrentalrealty.com.au

We have received a signed *Application for Tenancy* from:

Name: _____
 Who resided at: _____
 From: ____ / ____ / ____ To: ____ / ____ / ____

It would be greatly appreciated if you could (subject to the provisions of the *Privacy Act 1988*) complete the following questionnaire and return it to us by fax or email, along with the rental ledger, at your earliest convenience.

1	LISTED AS TENANTS	Were the above applicants listed as tenants: <input type="checkbox"/> Yes <input type="checkbox"/> No
2	RENTAL PERIOD	From: ____ / ____ / ____ To: ____ / ____ / ____
3	TERMINATION OF THE LEASE	Terminated by: <input type="checkbox"/> Tenant <input type="checkbox"/> Agent Reason for termination: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
4	RENT PAYMENT	Rent amount: _____ per _____ Payment received on time: <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/>
5	BREACHES ISSUED	Number of <i>RTA Form 11 - Notice to Remedy Breach</i> issued: _____
6	ROUTINE INSPECTIONS	Carried out: <input type="checkbox"/> Yes <input type="checkbox"/> No Tenancy issues arising from inspections: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
7	PETS	Animals kept at the Property: <input type="checkbox"/> Yes <input type="checkbox"/> No Type/s: _____ Problems caused by the pets: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
8	PROPERTY	1. Has the Property been well maintained during the tenancy: <input type="checkbox"/> Yes <input type="checkbox"/> No OR 2. If the Tenant has vacated, was the Property left clean and undamaged apart from general wear and tear on vacating: <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
9	HAND OVER	Was tenancy handover delayed: <input type="checkbox"/> Yes <input type="checkbox"/> No Period: _____
10	RENTAL BOND	1. Do you anticipate the full rental bond to be refunded: <input type="checkbox"/> Yes <input type="checkbox"/> No OR 2. Was the full rental bond refunded: <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
11	FUTURE RENTING POTENTIAL	Would you rent to these tenants again: <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
12	SIGNATURES	I authorise the Agent to forward this questionnaire to all previous Agents &/or Lessors where I have rented and request that they honestly complete the form. Applicant 1: _____ Date: ____ / ____ / ____ Applicant 2: _____ Date: ____ / ____ / ____ Applicant 3: _____ Date: ____ / ____ / ____ Applicant 4: _____ Date: ____ / ____ / ____