

Tenancy Reference

Tenant/applicant details					
First name(s)					
Last name					
Mobile number		Alternative number			
Referee's details					
First name(s)					
Last name					
Relationship with tenant/applicant					
Mobile number		Alternative number			
Email address					
Tenancy details					
Property address					
Period of time at the property	Date from	/	/	Date to	/ /
Rent amount	\$	Rent frequency	<input type="checkbox"/> Per week	<input type="checkbox"/> Fortnight	<input type="checkbox"/> Month
Was the tenant listed as a signatory of the lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Was the tenancy terminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Was the tenant ever in arrears during the tenancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Did the tenant receive a Notice to Remedy during the tenancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what was the reason for the Notice to Remedy?					
Were periodic inspections conducted during the tenancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Was damage noted during the inspections?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what type of damage? Did the tenant pay for the damage?					
Were pets kept on the property without permission?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Did the tenant leave the property reasonably clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Would you rent to this person again?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Tenancy details - continued			
Were there complaints from neighbours during the tenancy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type of complaints?			
Was the bond refunded in full?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, why?			
Other comments			
Form completed by			
Full name			
Signature		Date	/ /
Disclaimer			
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