SELF MANAGE LETTING AUTHORITY



- > Thank you for selecting Karen Johnson Property Management Ltd to find a tenant.
- > Please complete your brief details, property information and requirements and return to us ASAP.
- ➤ Phone us if you need any assistance.
- We look forward to achieving a successful tenancy for you.

Landlord Details:		
Contact:		
Address:		
Phone: Home Business	Mobil	2
Email:		
Bank Details for rental payments:		
Bank Branch Account Name:	Account No:	
Bond Centre Landlord ID #:		
Property Details: Address:		
Bedrooms: 1 2 3 4	5	☐ House ☐ Townhouse ☐ Unit
Bathrooms: 1 2		Study: yes / no
Rent: \$		Bond: 4 weeks
Heating: Heat pump / log burner / ele	ectric	Pets:
Parking: ☐ Single Garage ☐ Double Garage ☐ Internal Access ☐ Carport ☐ Off road Parking		
Maximum number of occupants to occupy the premises:		
Are there any other considerations we should be aware of or may need to disclose to your tenant?		
Special Chattels:		
Alarm: ☐ Yes ☐ No Code		Date Available:
Ground Maintenance:		Water Rates: ☐ Landlord ☐ Tenant
Current Tenant:		Phone:
Notes:		
Smoke Alarm: The owner/landlord agrees that the property must have working and compliant smoke alarms in place at the beginning of any Tenancy and that this is a legal requirement.		
A smoke alarm within 3 meters of all bedrooms A least one smoke alarm per level / story Total number of alarms at the property Type / Model Expiry Tested Date	Yes / No Yes / No	

INSURANCE STATEMENT
Is the property insured? Yes/No
Insurance company:
Insurance type: (e.g. dwelling, tenancy specific)
What is the excess amount? \$
Copy of insurance policy attached: Yes / No
Body Corp Insurance Insurance company:
Insurance type: (e.g. dwelling, tenancy specific)
What is the excess amount? \$
Copy of insurance policy attached: Yes / No
copy of msurance policy attached. Tes / No
Does the property comply with all relevant and required building and council consents? Yes / No / Unsure
The owner/landlord confirms the property meets all requirements allowing it to be legally used for long term accommodation purposes. Yes / No / Unsure
HEALTHY HOMES STANDARDS:
I can supply a third party healthy homes compliance statement now I can supply a completed Tenancy Services healthy homes compliance statement now I will arrange and supply a third party healthy homes assessment prior to advertising and provide the compliance statement to my property manager. YES / NO
HEALTHY HOMES COMPLIANCE:
I confirm that this property is compliant with the relevant Healthy Homes Standards as they relate specifically to this property. YES / NO
I confirm that this property is not compliant under the Healthy Homes Standards. I understand the property has 90 days to comply with the Healthy Homes Standards from the tenancy start date. I agree that if the property is not made compliant within this time frame, and subsequent damages, fines or decisions that are made by the Tenancy Tribunal for non-compliance, I (the property landlord/owner) are fully liable for these fines. YES / NO
I confirm I am aware of my Healthy Homes Standard obligations and any risks associated with non-compliance. YES / NO
Note: There can be substantial financial penalties associated with non-compliance of the Healthy Homes Standards
I/We agree to pay Karen Johnson Property Management Ltd equal to one week's rent + GST
I/We own the above rental property and hereby appoint Karen Johnson Property Management Ltd exclusively for Preferential Service for three weeks from the date below and thereafter until such time as the property is let or I/we withdraw it. I/We authorise Karen Johnson Property Management Ltd: To promote the property and interview tenants. To use its best endeavours to select a suitable tenant.
 To sign a Tenancy Agreement on my/our behalf after first having the tenant approved by me/us. I/We understand that Karen Johnson Property Management Ltd shall not be personally liable for any loss, default in payment of rent or any damage caused to my/our rental property, vacant or occupied, by any tenant or otherwise, whether or not a tenancy is arranged by it. The undersigned, if not the sole owner of the property, warrants and represents that they have the authority of all the Owners to make this appointment.
make this appointment.
Signature of Owner or Authorized Signatory Name
Signature of Owner or Authorised Signatory Name Date
Please return completed form to Karen Johnson Property Management Ltd