



Initials.....

LETTING AUTHORITY

Owner/s Name:Date

Address of Property to be let:

Is this a House Unit Apartment (please circle) Post code

TERMS AND CONDITIONS

I/We hereby authorise Rental Inspections Ltd to let the above-described property as the Owner/s agent on the terms and conditions, and as set out in the schedule, herein.

1. To arrange new tenancy and prepare tenancy agreements ready to sign on my/our behalf.
2. To arrange 4 weeks bond to be paid into my/our rental account and prepare bond lodgment ready to be signed and processed.
3. To make four periodic inspections per year to ensure the property's continued wellbeing and provide photos and written reports with recommended repairs and maintenance at \$95 +gst 1-3 bedroom \$110 + gst for 4+ bedrooms per inspection.

FEES:

4. Rental Inspections Ltd shall be entitled to be remunerated for its services as follows:
 - a) Tenant credit checks at \$50+gst per check.
 - b) Trademe advertising of \$229 includes gst
 - c) First inspection to be carried out at \$139+gst up to 3 bedrooms \$169+gst for 4+ bedrooms
 - d) The Letting fee of 1 week +gst
 - e) Future inspections to be carried out 3 monthly @\$95+gst up to 3 bedrooms and \$110+gst for 4+bedrooms

GENERAL:

5. Rental Inspections Ltd shall use its best endeavors to ensure all references and credit checks are carried out as per the pre tenancy application and abide by The Tenancy Act 1986.
6. Rental Inspections Ltd shall not be responsible for any injury to persons and/or damage to the property arising out of the condition, or any hazard in or about the property.
7. Landlords must adhere to the Residential Tenancy Act 1986
8. **The property must be Healthy Home compliant within 90 days of tenancy commencing.**
9. Keys must be made available.

SCHEDULE

Initials:.....

Landlord's Details

Account Name: _____ Landlord ID _____
Address: _____
Statement Address: _____
Contact: _____
Business Phone: _____ A/H Phone: _____
Mobile: _____ Email: _____

Bank Details:

Account No: _____
Branch: _____
Account Name: _____

Emergency Contact:

Contact Name: _____
Business Phone: _____ A/H Phone: _____
Mobile: _____ Fax: _____
Email: _____

Property Details:

Bedrooms: 1 2 3 4 5 Bathrooms: 1 2 3 Garaging: 1 2 3 Offroad Parking: 1 2 3 4
Carport: 1 2 3 Furnished: Yes No
School zoning _____ Maximum number of tenants _____
Is the property available for sale: Yes No
Is there a Body Corporate: Yes No If yes, attach details including Secretary contact details.
When is this property available for renting: _____

Initials.....

Conditions:	
Pets Allowed: Cats Dogs None	Smokers: Yes No
Lawns: Landlord Contractor Tenant	10 Yr Photo Electric Smoke Alarms: Yes No
Healthy Homes Statement: Yes No please attach	

Chattels:					
Drapes	Blinds	Net Curtains	Carpets	TV Aerial	SKY TV
Light Fittings	Dishwasher	Wastemaster	Alarm #: _____		
Other: _____					

Keys:						
_____Number	Front Door	Back door	Garage	Ranchslider	Shed	Windows

Current rent:

Expected rent:

Expected Tenancy Term:	
Periodic/Fixed	From _____ To _____

Healthy Homes Statement ? Y/N If yes please attach.

If No, please note that you have 90 days from beginning of tenancy to have your home Healthy Home compliant.

Insurance on property? Y/N Insured with _____ Excess amount _____

Is this property currently tenanted? If so please provide contact details to organise viewing times

The Landlord/s agree that all conditions are read and understood , by signing this authority I/we are agreeing to the above conditions

Signed: