

1. Personal details:

a) Name of property owner:

Percentage ownership:

*please attach a copy of your build contract if

□No

🗆 Yes

b) Residential address:		
c) Email address:		
d) Contact number:		
e) Alternate phone number:		
2. Property Details:		
a) Address of investment property:		
Please include suburb, state and postcode.		
b) Type of property (house, apartment, granny fla	t, townhouse, etc):	
c) Was the property built under your ownership:	🗆 Yes	□ No
If no:	If Yes:	
Purchase price: \$	Build cost: \$	
Build cost (if known): \$	Date of completion:	
Date of exchange:	Date of first lease:	

If yes, please provide details:

Date of first lease: ____

Age of property if known: ____

Date of settlement: _____

d) Have you occupied the property for any period of time?

Details of works (add more rows if required or attach summary document)	Cost of works	Date of works

available.

If works have been carried out yourself, please provide tax invoices if available. If works carried out by previous owners, please provide details of works you believe have been carried out, exact dates and costs are not required unless known.



f) Have you provided any furniture for the tenants' use:

If yes, please provide details:

Furniture Item (add more rows if required or attach summary document)	Cost of item	Date of purchase

Please note that due to ATO regulations, we will be required to sight tax invoices for any furniture items to be included in the report. If your property was purchased after 9/5/17 and/or first rented after 1/7/17, you will only be able to claim furniture that is brand new at the time of lease.

3. Silver Checklist:

a) Is th	ne property part of a co	omplex?		🗆 Yes	🛛 No
			mplex: e number of mailboxes		he complex.
	Total number of floo	rs in the building	:		
b) Star	ndard/ Quality of cons	truction:			
	Construction method Double Brick Cavit		eatherboard Cladding		
	Brick Veneer	🗆 Pre	efabricated Home		
	Estimated constructi This considered the su finishes, materials, et	tandard of fitout (and finish, including qu	ality of appliand	ces, floor
	□ Basic	\Box Medium	🗆 High	□ F	Prestige
c) Nun	nber of rooms:				
	Bedrooms:				
	Bathrooms:				
	Kitchens:				
	Loungerooms:				
	Dining Rooms:				
	Laundries:				
	Garages:				
	Car spaces/ undercov	ver parking:			
	Covered pergola:	🗆 Yes	□ No		
	Other Rooms (please	specify in detail):		

□Yes	□No
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d) Hydraulic services (Plumbing, Draining and Gas Fitting):

	Hot Water service:	🗆 Gas		🗆 Elec	tric	🗆 Sola	ar
	Pumps:	🗆 Yes		🗆 No			
	If yes, number of pumps:						
	Rainwater tanks:	□ Yes		🗆 No			
	If yes, material of tank:						
	Ducted Gas Heating:	🗆 Yes		🗆 No			
e) Air C	Conditioning:						
	Ducted Air Conditionin	g:			□ Yes		🗆 No
	Split System Air Condit	ioning:			\Box Yes		🗆 No
	If yes, number of systems:						
	Room/window mounted Air Conditioning Units:						🗆 No
	If yes, number of syster	ns:					
f) Elect	rical services:						
	Intercom:			□ Yes		🗆 No	
	If yes, type of intercom	:	🗆 Audio	ס	□ Vide	D	
	Ducted Vacuum System	n:		□ Yes		🗆 No	
	Burglar Alarm/ Security	y System	:	🗆 Yes		🗆 No	
	Access Control Systems	5:		🗆 Yes		🗆 No	
	CCTV Systems:			🗆 Yes		🗆 No	
	Television Antenna – fr	reestand	ing:	🗆 Yes		🗆 No	
	Ceiling Fans:			🗆 Yes		🗆 No	
	If yes, number of ceiling	g fans:					



g) Fire Services:

	Hydrant Booster Pump	:	□ Yes	□ No	
	Fire Alarm – Bell:		□ Yes	□ No	
	Fire Indicator Panel:		□ Yes	□ No	
	Emergency Warden Inte	ercom Speakers	: 🗆 Yes	□ No	
	Fire hose Reel and Nozz	les:	□ Yes	□ No	
	Fire Alarm – Heat/smol	(e	□ Yes	□ No	
	Detectors:		□ Yes	□ No	
	Fire extinguishers:		□ Yes	□ No	
h) Kitc	hen Appliances:				
	Type of benchtop:				
	🗆 Granite	Reconstitute	ed Stone	🗆 Laminate	
	🗆 Timber	🗆 Other – plea	se specify:		
	Cooktop:		□ Yes	□ No	
	If yes, type of cooktop:	🗆 Gas	Electric	🗆 Ceramic	□ Induction
	Underbench/wall oven	:	□ Yes	□ No	
	Upright Stove:		□ Yes	□ No	
	Rangehood:		□ Yes	□ No	
	Dishwasher:		□ Yes	□ No	
	Electric Water Filter:		□ Yes	□ No	
	Garbage Disposal Unit (Insinkerator):	□ Yes	□ No	
	Comments:				
i) Bedr	ooms:				
	Built in wardrobes:		□ Yes	□ No	
	Comments:				



j) Bathroom/Ensuite Assets:

	Freestanding accessories:	🗆 Yes	🗆 No			
	Includes shower caddies, soap holders, toilet brushes)					
	Shower Curtains:	□ Yes	🗆 No			
	Exhaust Fans:	□ Yes	🗆 No			
	Spa Bath:	□ Yes	🗆 No			
	Heated Towel Rack:	□ Yes	🗆 No			
	Comments:					
k) Laun	dry assets:					
	Washing Machine:	□ Yes	🗆 No			
	Electric Clothes Dryer:	□ Yes	🗆 No			
l) Floor Finishes:						
	Carpet:	□ Yes	🗆 No			
	If yes, specify which rooms: _					
	Vinyl:	□ Yes	□ No			
	If yes, specify which rooms:					
	Prefinished/floating timber	floors: 🗆 Yes	🗆 No			
	If yes, specify which rooms:					
	Tiles:	□ Yes	🗆 No			
	If yes, specify which rooms:					
	Polished Timber:	□ Yes	□ No			
	If yes, specify which rooms:					
	Other:	□ Yes	🗆 No			
	If yes, specify which rooms, o	and what material:				



m) Window Coverings:

Blind	ls:	\Box Yes	🗆 No		
Туре	: 🗌 Fabric Verti	cals 🗆 N	/letal Venet	ians 🛛 Timber Verticals	
	□ Block out So	creens 🗆 A	Roller Blinds	5 🗌 Other (detail bel	ow)
Spec	ify which rooms h	ave blinds:			
Curta	ains:	□ Yes	🗆 No		
Туре	: 🗆 Lace	🗆 Premade	Curtains	Custom Made Curtains	
Spec	ify which rooms h	ave curtains: _			_
n) External E	quipment:				
_	i is Court: s, material on cour	t:	🗆 Yes	🗆 No	
Swin	nming pool: 5, method of heati		🗆 Yes	□ No	
	Cover: 🗌 Yes				
Saun	a:		□ Yes	□ No	
Com	mon BBQ Area:		□ Yes	□ No	
Moto	orised Pergola Lou	ivres:	□ Yes	□ No	
Moto	orised Window Sh	utters:	□ Yes	□ No	
Solar	Garden Llights:		□ Yes	□ No	
Free	-standing shed:		\Box Yes	□ No	
If yes	s, approximate size	2:	m²		
Moto	orised garage doo	r/boom gate:	□ Yes	□ No	
Auto	matic irrigation sy	/stem:	□ Yes	□ No	
If yes	r Panels: 5, approximate size Ilation costs after		□ Yes		
o) Common /	Area Property:				
Gym	:		□ Yes	□ No	
If yes	s, number of card	ovascular equ	uipment: _		
	Number of res	istance equip	ment: _		
Eleva	ators:		□ Yes	□ No	
Garb	age Chute:		🗆 Yes	□ No	



4. Payment Terms and Client Authorisation:

Payment for your depreciation schedule must be made upfront, and before work on your depreciation schedule will commence. If invoice is selected as the payment method, an invoice will be emailed to you with details on making payment via Credit Card online, B-Pay or Direct Deposit.

AUTHORISATION:

I/We the undersigned hereby accept the fees, terms of use as listed on **https://www.corpred.com.au/terms.php** and hereby authorise Corpred Enterprises Pty Ltd to locate construction documents, make all necessary enquiries and to access the property as required to complete the Tax Depreciation Schedule.

Sign here:	Date:	/ /	/
Sign nere.	Date /	/	

If you are completing the forms on a computer, you may print your name instead of signing.

Please note that you will be sent a confirmation SMS upon receipt of your application form.

Payment details:

Payment method:	Credit Card	🗆 Invoice
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If invoice, please leave credit card details blank and an invoice will be emailed to you upon receipt of your application forms. If paying by credit card, an official tax invoice will be included in your completed report.

Total invoice amount, including 10% GST: \$481.80						
Credit card type:	□ Mastercard	🗆 Visa				
Name on Card:						
Card number:						
Expiry date: / _	CVI	N:				



5. Submitting your forms:

Please review checklist and ensure the details you entered are correct and as accurate as possible. Your Tax Depreciation schedule will be based on the information provided on this checklist, as well as what is collected from the site inspection.

If you have multiple attachments to send through via email, please ensure the address of the property is in the subject heading of each email. Files such as build contracts, tax invoices, floor plans, strata plans, etc are all useful.

Please complete the above form and forward to our Head Office via:

EMAIL:

info@corpred.com.au

POST:

Corpred Enterprises PO Box 255 Hurstville NSW 1481

OFFICE LOCATIONS:

Level 13, 135 King Street, **Sydney** NSW 2000 Ground floor, 430 Little Collins Street, **Melbourne** VIC 3000 Level 10, 15 Green Square Close, **Fortitude Valley** QLD 4006 Level 3, 169 Fullarton Road, **Dulwich** SA 5065 The Garden Office Park, Level 2 Building C, 355 Scarborough Beach Road, **Osborne Park** WA 6017