

APPLICANT 1

DATE RECEIVED BY



DUE TO THE CONFIDENTIAL NATURE OF THE INFORMATION SUPPLIED AND REQUIRED, WE REGRET THAT NO EXPLANATION WILL BE GIVEN IF WE ARE UNABLE TO ARRANGE A TENANCY FOR YOU.

Property Details

Post code:	Ref :
House Name/Number:	Flat Number:
Street*:	
Town*:	County:

Rental Details

Number of tenants moving into the property?:			
Rent:	Per Week/Month	Deposit:	Date Paid:
		Admin:	Date Paid:
Proposed Commencement Date:			

Applicant Details

Title*: <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other			
First Name:	Initial:	Surname	
Date of Birth:		National Insurance number::	
Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female		No of dependants*:	
Dependants:	Name:	Age	
	Name:	Age	
	Name:	Age	
	Name:	Age	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er)			
Any previous surnames:			
Can we contact the applicant?* Yes <input type="checkbox"/> No <input type="checkbox"/>		Home phone number* :	
Work phone number:		Mobile phone number:	
Email Address:			

References

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Employment Details

Employment status*:	<input type="checkbox"/> Junior	<input type="checkbox"/> Management	<input type="checkbox"/> Unskilled	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Semi-skilled
	<input type="checkbox"/> Skilled	<input type="checkbox"/> Senior Management	<input type="checkbox"/> Other	<input type="checkbox"/> Not applicable	
Occupation*:					

Affordability Details

Gross annual income*: £	Any additional sources of income?*: Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount of additional income per annum?*: £	
Please provide details of any additional income*:	

Employer Details

Is your employment likely to change shortly? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please provide details of your future employer	
Job Title:	Start date*: Month - Year -
Employers company name*:	
Payroll number:	
Contact name*:	Contact job title:
Postcode:	Building number:
Unit number:	Building Name:
Street:	District:
Town*:	County:
Daytime phone number*:	Mobile phone number:
Fax number*:	Email address*:
Please ensure you provide either a fax number or email address.	
Additional Information:	

Accountant Details (SELF EMPLOYED ONLY)

Do you have an accountant?*: Yes <input type="checkbox"/> No <input type="checkbox"/> If No Please provide 6 months bank statements showing proof of income	
Accountants name*:	
Contact name*:	
Postcode:	Building number:
Unit number:	Building name:
Street:	District:
Town*:	County:
Daytime phone number*:	Mobile phone number:
Fax number*:	Email Address*:
Please ensure you provide either a fax number or email address.	
Additional Information:	

Pension Providers Details – (RETIRED ONLY)

Do you have proof of pension?*		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes please provide your annual statement of pension
Pension providers name*:				
Contact name:				
Pension reference number*:		Postcode:		
Building no:		Unit number:		
Building name:		Street:		
District:		Town*:		
County:		Daytime phone number*:		
Fax number:		Email address:		
Additional information:				

Current Address – Please complete all address details where appropriate

Postcode*:		House number*:			
Flat number:		House name*:			
Street*:		District:			
Town*:		County:			
Is this a Foreign address?*		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Time at address From*:		Month -	Year -	To: Month -	Year -
Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> Other					
Reason for leaving:					

Please supply addresses to cover your last 3 years of residency

Previous Address – Please complete all address details where appropriate					
Postcode:		House number*:			
Flat number:		House name*:			
Street*:		District:			
Town*:		County:			
Is this a Foreign address?*		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Time at address From*:		Month -	Year -	To: Month -	Year -
Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> Other					

2nd Previous Address – Please complete all address details where appropriate

Postcode:	House number*:
Flat number:	House name*:
Street*:	District:
Town*:	County:
Is this a Foreign address?* Yes <input type="checkbox"/> No <input type="checkbox"/>	
Time at address From*: Month - Year-	To: Month - Year -
Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> Other	

Landlord details or Previous landlord details

Landlord / Agent name*:	Contact name*:
Postcode:	Building number:
Unit number :	Building name:
Street:	District:
Town*:	County:
Daytime phone number*:	Mobile phone number:
Fax number:	Email address:
Additional Information:	

Bank Details

How many credit cards held?*	Current account held?*: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please enter details here:
Sort code*:	Name of bank*:
Account name *:	Account number:
Address *:	
Time with bank*: (years)_____ (months)_____	Cheque guarantee card held*: Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Information

Will any of the tenants have pets?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will any of the tenants smoke?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will there be any children living at the property?*	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please ensure that you have completed all fields indicated * as failure to do this may result in a delay in producing your report.

Declaration

I confirm that the information supplied is the best of my knowledge and belief, true. I have no objections to this information being verified by whatever means deemed necessary. The results of our findings will be forwarded to the appointed Letting Agent and/or Landlord and may be accessed again should you apply for a tenancy agreement in the future. Please note that all information will be treated as confidential.

APPLICANT - SIGNATURE:..... **DATE**