

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:	(Non-Returnable) 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"/>

Paperwork required

- Last 3 months/6 weeks wage slips
- Proof of Benefit if claiming (ie Housing Benefit, Tax Credits)
- Photographic I.D. (Passport or Driving Licence)
- Current Utility Bill (dated within 3 months)

Have you ever had a Tenancy refused or terminated by a Landlord or Agent? If yes please give details:

Warning: We have the right to pass your contact details to Utility Companies along with forwarding and previous addresses. Your proposed Landlord is a member of the Eastern Landlords Association and will maintain records about you and the Tenancy and pass this information to other Members of the Association or any other reputable Landlord Association. If the Landlord has a problem with a Tenant he may choose to warn a prospective Landlord by placing the Tenants details on a list maintained by the Association and accessible to all its members. The Landlord may choose to take up references and/or use a Credit Reference Agency before granting a Tenancy. This Application Form contains important information. Under the Housing Act 1996 false information knowingly or recklessly supplied for the purpose of gaining a Tenancy may so render himself/herself liable in damages for all losses and expenses incurred by any member of Eastern Landlords Association. You are advised to seek independent legal advice before signing this Form.

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**