

Application for tenancy

How to fill in this form…

Please take some time to fill in all your details so we can process your application as quickly as possible. If you’re writing, rather than typing, then complete it in CAPITALS.

|  |  |
| --- | --- |
| **Your details** |  **Solicitor / Agent / Landlord** This is for your current property |
| Title:Forenames:Surname: | Name:   |
| Address:   |
| Gender: Male: [ ]  Female: [ ]  |  |
| Date of birth:   |  | Post code: |
| Property applied for:  | Tel: |
|  | Email: |
| Total rent per month: | **Current employment / Pension details/University details** |
| Tenancy term in months: | Company name:   |
| Tenancy start date:   | Contact name:   |
| **Marital status** | Address:   |
| Married: [ ]  Single: [ ]  Separated: [ ]  Divorced: [ ]  Widowed: [ ]  |  |
|  **Your current address**  |  |
| Address: |  |
|  | Post code: | Tel:   | Email: |
| Years at address:Own: [ ]  Council [ ]  Private tenant: [ ]  Living with relatives: [ ]  | Gross salary / pension per annum:   |
| Reason for leaving: | Job title: |
| Any adverse credit history? |  |
| **Contact details** | Start date:   | NI number  |  |
| Tel home: Tel work:Mobile:  | Payroll / Service / Pension number:Employed: [ ]  Self-employed: [ ]  Contract: [ ] Retired: [ ]  Unemployed: [ ]  Student: [ ]  Independent means: [ ] Is employment to change in near future? [ ]  |
| Email: |

**Previous addresses**

You only need to fill this in if you’ve been at your current property less than 5 years.

|  |  |  |
| --- | --- | --- |
| 1: | 2: | 3: |
|  |  |  |
|  |  |  |

**Previous employment**

You only need to fill this in if you’ve been at your current employment less than 5 years, or are a student.

|  |  |
| --- | --- |
| Company name 1:   | Company name 2:   |
| Address:   | Address:   |
|  |  |
|  |  |
|  |  |
| Tel:   | Tel:   |
| Start date:   | End date:   | Start date:   | End date:   |
| Company name 3:   | Company name 4:   |
| Address:   | Address:   |
|  |  |
| Tel:   | Tel:   |
| Start date:   | End date:   | Start date:   | End date:   |
| **Accountant or auditor details**Fill in this box if you are self employed |  **Your bank or building society** |
| Practice name:   | Bank name:   |
| Contact:   | Address:   |
| Address:   |  |
|  |  |
|  |  | Tel: |
|  | Account name: |
| Tel:   | Sort code:  | Account number:   |
| **Your reference** | **Emergency contact** |
| Name:   | Name:   |
| Address:   | Address:   |
|  |  |
|  | Tel |  | Tel: |
| Relationship:   | Relationship:   |

**Your signature**

To the best of my knowledge, everything in this application is correct at the date of signing.

|  |  |  |
| --- | --- | --- |
| My signature:  | Print name:  | Date: |