

APPLICATION PROCESS INFORMATION

We can only process an application when the following information has been provided in full:

- Photographic Identification – Passport/Drivers Licence
- Past TWO months full bank statements
- Past TWO months payslips

Please note that should a guarantor be required they will also need to supply this information.

All guarantors are required to be a homeowner, in full time employment and living in the United Kingdom.

Any person aged 18 or over is required to complete an application form.

We will request a holding deposit from you, equivalent to one weeks rent.

Comprehensive Application Form

In order for the application to be processed quickly, please complete in BLOCK CAPITALS and ensure the application is completed in full. All sections marked with * are mandatory information.

Property Details

Postcode* :	House number:
Flat number:	House name:
Street*:	District:
Town*:	County:

Rental Details

Number of tenants moving into the property ?:	
Share of rent per month* :£	Total rent per month* :£
Tenancy term (months)*:	Start Date*:

Applicant Details – Is the individual a Tenant or Guarantor (Please Tick)

Title*: <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other	
First Name*:	Middle Name:
Surname*:	Date of birth*:
Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female	No of dependants*:
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:	Date of name changes:
Employment Type*: <input type="checkbox"/> Full time employed <input type="checkbox"/> Part time employed <input type="checkbox"/> Temporary/Contract <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife/Home maker <input type="checkbox"/> Payment in advance	

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*:	
National Insurance Number:	Home phone number* :
Work phone number:	Mobile phone number:
Email Address:	

Affordability Details

Gross annual income*: £ Any additional sources of income?*: Yes No

Amount of additional income per annum?*: £

Please provide details of any additional income*:

Please declare here any adverse credit past or present?

Employer Details

Is your employment likely to change shortly? Yes No 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:

Next of Kin (excluding spouse)

Name:

Address:

Tel:

Relationship:

Bank Details

How many credit cards held?*: Current account held?*: Yes No
If **Yes** please enter the details below

Sort code*: Name of bank*:

Account name *: Account number:

Address*:

Time with bank*: (years)_____ (months)_____ Cheque guarantee card held*: Yes No

Accountant Details

Do you have an accountant?*: Yes No If **No** Please provide 3 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, or this may delay your application.

Additional Information:

Pension Providers Details

Do you have proof of pension?* Yes No 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:

Please supply addresses to cover your last 3 years of residency

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	

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:	

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"/>
Date of birth of all children?		

Please ensure you provide photographic identification, passport or driving licence. Two past months consecutive bank statements with past two month's payslips (where applicable).

Consent

We will use the information provided to us by third parties to make decisions about your application. Agencies may supply to us, public information and/or fraud prevention information.

Information provided to us may be supplied to other organisations and used by them and us to:-

- A. Verify your identity for this application and if you apply for other facilities including all types of insurance applications and claims.
- B. Check all or any of the application details which have been submitted.
- C. Assist organisations to make decisions on tenancy applications by you

By **confirming your agreement to proceed** you are accepting that we may use your information in this way.

Signed:

Date: