

# TENANT APPLICATION FORM

AGENT/OFFICE USE ONLY: AGENT TO COMPLETE

NO OF PAGES TO THIS REFERENCE INCLUDING CONTINUATION SHEETS

FULL REFERENCE  CREDIT CHECK ONLY

Is Rent Guarantee Protection Required?

AGENT Name:.....AGENT ID NO:.....

Gold Protection 6 months  12 mths

CONTACT .....Tel: .....

Platinum Protection 6 months  12 mths  (PAYE ONLY)

Is the property managed  Unmanaged

Landlord's Name  
.....

Property Address Applied For (please complete + include full postcode)

Landlords Tel:.....

.....

Inception Date

..... Postcode

**ABOUT YOU** (Please complete ALL sections of this box)

PLEASE COMPLETE THIS APPLICATION FORM FULLY IN INK AND IN BLOCK CAPITALS OR THIS MAY CAUSE DELAYS IN PROCESSING YOUR APPLICATION. Please use the checklist sheet provided to help you attach all the relevant information with your application.

We regret that no explanation can be given should we be unable to accept you as a tenant. **Incomplete applications will not be accepted.**

State full names (including all first names)

(This section should be the signatory of the Application form.)

1 First Names (Mr/Mrs/Ms) Delete as appropriate

Surname

.....  
**PLEASE ENSURE THE BOTTOM OF PAGE 2 IS SIGNED BY THE APPLICANT.**

Date of Birth

National Insurance Number:

/  /

/  /  /  /

Maiden Name .....

Marital Status Single  Married  Divorced  Other

Name of Bank: .....

Sort Code: // Acc No:

**ABOUT THE PROPERTY YOU WISH TO RENT** (Please complete ALL sections of this box)

All applicants will be jointly and severally liable for the Total Rent per Month for the Property.

Total Rent per Month for the Property £ .  Total Rent per Month per Applicant £ .

Rental Period  Are you to pay the rent through your own means or housing benefit? Own  Benefit  (proof of benefits must be provided)

Is this a joint tenancy application?  YES  NO

Proposed Tenancy Commencement Date:  /  /

**NAMES OF OTHER APPLICANTS APPLYING FOR THIS PROPERTY . ALL OTHER APPLICANTS MUST BE NAMED.**

First Names (Mr/Mrs/Ms) Delete as appropriate

Surname

1 First Names (Mr/Mrs/Ms) Delete as appropriate

Surname

**WHERE YOU CURRENTLY LIVE** (Please complete ALL sections of this box)

Current Address:

.....

Applicant's email address:.....

Postcode (Essential):

Tel Daytime:  /

Evenings  /

Period at current address  Years  Months Are you: Owner  Council Tenant  Private Tenant  With Parents  Other

**If you have lived at this address for less than 3 years, please provide previous addresses up to the last 3 years on the continuation sheet provided**

**Current employment:** (Please complete ALL sections of this box) Your application will not be processed unless Telephone and Fax numbers are provided:

Are You? Employed  Self Employed  Unemployed  Refer to partners application

(If self employed, please submit 3 years audited accounts)

Employer

Accountant

Employer /Accountant Name and Address:.....

Postcode (Essential):

Tel No:      /       Fax No:      /

Mobile numbers will not be accepted

What date did you commence this employment?      Job Title: .....Salary per month: £ .....

Employers contact name..... Employer's Position: .....

Employer's Email Address: ..... Payroll number:..... |

Do you have additional source of income? (If yes, PROOF MUST BE PROVIDED) Yes  NO

Pension  Investments  Other (specify)

Are you aware of any previous CCJ's or Bankruptcy? Yes  NO  (If yes, please attach on a separate sheet)

**PREVIOUS EMPLOYMENT** – If you have been in your current employment for less than 3 years, please provide details of all previous employers on the continuation sheet provided and include start dates and leaving dates **Please include a P45 or the last pay slip to help speed up your application.**

Employers Name / Accountants Name and Address .....

Postcode (Essential):

Tel No:      /       Fax No:      /

Mobile numbers will not be accepted

Job Title: ..... Salary per month: £

Start Date:      Leaving Date:      Position: .....

Employer Contact Name: ..... Email Address: .....

**CURRENT/PREVIOUS LANDLORD/LETTING AGENT** (Please give authority to your agent/landlord to pass a reference on you)

Is this current landlord/letting agent , Previous landlord/letting agent

Landlords / Letting Agents Name and address.....

Email address:.....

Tel No:      /       Fax No:      /

Mobile numbers will not be accepted

Previous Rent per month: £

**NEXT OF KIN DETAILS**

Name ..... Address.....

Tel:      /       Evenings:      /

**Data Protection Act 1998.** All information supplied in this application will only be used for obtaining references in order to assess your application. Once the application has been completed, this paper will be shredded and for compliance purposes, the information will be kept on a secure database which is not accessible to the general public.

I hereby authorise LetSafe to make any enquiries considered necessary to substantiate information supplied on this application, I authorise you or your assessment company to disclose any information about me and my account to any credit reference agency and/or any other tenancy database who may retain a record of such a search. This information is used to help me make credit, insurance, rental and property decisions and occasionally for fraud prevention or debtor tracing. I give my permission to take up all necessary references and that these may be shown to a Landlord and / or their lender. The details you provide will be held by LetSafe and will not be used for any other purpose than it is intended for.

**PLEASE NOTE: A SIGNED CONSENT FORM, AND FORM OF ID MUST ACCOMPANY THIS APPLICATION.**

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Signature of Applicant..... DATE.....

**APPLICATIONS MUST BE SIGNED AS THEY CANNOT BE PROCESSED WITHOUT A SIGNATURE.**