



RENTAL APPLICATION FORM

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*: <p>£</p>	Total rent per month*: <p>£</p>
Tenancy term (months)*:	Start 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*:
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:	
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*:	
Can we contact the applicant?* Yes <input type="checkbox"/> No <input type="checkbox"/>	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 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			

Bank Details

How many credit cards held?*	Current account held?*: Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <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"/>

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.

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

Signed:

Date: