

Tenancy Application Form

LETTING AGENT TO COMPLETE IN BLOCK CAPITALS

1. APPLICATION TYPE

Full Reference Only	<input type="checkbox"/>	Credit Check Reference Only	<input type="checkbox"/>
Including Rent Protection 6 months Nil Excess	<input type="checkbox"/>	Including Rent Protection 6 months One Month Excess	<input type="checkbox"/>
Including Rent Protection 12 months Nil Excess	<input type="checkbox"/>	Including Rent Protection 12 months One Month Excess	<input type="checkbox"/>
Letting Agent Name:	DISCOVERY PROPERTY MANAGEMENT		Postcode: EX17 4LA

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2. DETAILS OF PROPERTY TO BE RENTED

House Number/Name:			
Address:			
Town:		County:	
Postcode:		Property type:	
Was the property purpose-built:	Yes/No	<input type="checkbox"/>	Number of bedrooms:

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3. RENTAL DETAILS

Number of Tenants:		Rent per month:	£
Start date:		Rental term:	

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4. TENANT DETAILS

Please state names of any tenants moving in to this property and their share of the rent:

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5. PERSONAL DETAILS

Title:		First Name:	
Middle Name:		Surname:	
Date of Birth (dd/mm/yyyy):		Nationality:	
Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Maiden/Other Name:
Marital Status:		NI Number:	
Daytime Tel:		Evening Tel:	
Mobile number:		Email address:	

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6. CURRENT ADDRESS		PLEASE PROVIDE THREE YEARS WORTH OF RESIDENCY DETAILS (USE A SEPARATE SHEET IF NECESSARY)	
Abode number (ex. Flat 22 or the Old Barn):			
House number/Building number (ex. 22 or 189):			
House name/Building name (ex. Farm Cottage):			
Street 1:			
Street 2:			
Town:			
County:			
Postcode:			
Time at this address:	Years <input type="text"/>	Months <input type="text"/>	
Residence type:	Owner <input type="checkbox"/>	Rented <input type="checkbox"/>	Council Tenant <input type="checkbox"/>
Other <input type="text"/>	Living with parents <input type="checkbox"/>	Living with friend <input type="checkbox"/>	
Is this a foreign address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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7. PREVIOUS ADDRESS			
Abode number (ex. Flat 22 or the Old Barn):			
House number/Building number (ex. 22 or 189):			
House name/Building name (ex. Farm Cottage):			
Street 1:			
Street 2:			
Town:			
County:			
Postcode:			
Time at this address:	Years <input type="text"/>	Months <input type="text"/>	
Residence type:	Owner <input type="checkbox"/>	Rented <input type="checkbox"/>	Council Tenant <input type="checkbox"/>
Other <input type="text"/>	Living with parents <input type="checkbox"/>	Living with friend <input type="checkbox"/>	
Is this a foreign address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Please provide three years worth of residency details (use a separate sheet if necessary)

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8. FINANCIAL DETAILS			
Employment Status <small>(Employed, Self Employed, Retired, Unemployed, Student)</small>			
Annual Income (£ per Annum)			
Job Title			
Start Date			
Payroll/Pension Reference Number			
Will Your Employment Change Before The Tenancy Starts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What Is The Nature Of Your Employment?	Full <input type="checkbox"/>	Temporary <input type="checkbox"/>	Contract <input type="checkbox"/>
Average Commission/Bonus (£ per Annum)			
Average Overtime (£ per Annum)			
Do You Have Any Further Sources Of Income?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If so, how much? (£ per Annum)			
and where from?			

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9. EMPLOYER DETAILS

Company/Accountants or Pension Providers Name:	
Address 1:	
Address 2:	
Town:	
County:	
Postcode:	
Contact Name:	
Contact Job Title:	
Phone (Daytime):	
Phone (Mobile):	
Email:	
Fax Number:	
Additional Information:	

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10. PREVIOUS EMPLOYMENT DETAILS

PLEASE COMPLETE THIS SECTION IF YOU HAVE WORKED FOR YOUR CURRENT EMPLOYER FOR LESS THAN 1 YEAR

Employment Status: <small>(Employed, Self Employed, Retired, Unemployed, Student)</small>	
Annual Income (£ per Annum)	
Job Title:	
Start Date:	
End Date:	
Payroll/Pension Reference Number	
What Is The Nature Of Your Employment?	Full <input type="checkbox"/> Temporary <input type="checkbox"/> Contract <input type="checkbox"/>
Reason For Leaving?	
Company/Accounts or Pension Providers Name:	
Address 1:	
Address 2:	
Town:	
County:	
Postcode:	
Contact Name:	
Contact Job Title:	
Phone (Daytime):	
Phone (Mobile):	
Email:	
Fax Number:	
Additional Information:	

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11. CURRENT OR PREVIOUS LANDLORD/AGENT DETAILS

Do you pay your rent through a letting managing agent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Landlord/Letting Agents Name <small>(This should be to whom you pay the rent)</small>	<input type="text"/>	
Contact Name:	<input type="text"/>	
Address 1:	<input type="text"/>	
Address 2:	<input type="text"/>	
Town:	<input type="text"/>	
County:	<input type="text"/>	
Postcode:	<input type="text"/>	
Phone (Daytime):	<input type="text"/>	
Phone (Mobile):	<input type="text"/>	
Email:	<input type="text"/>	
Fax Number:	<input type="text"/>	

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12. HOMEOWNER DETAILS

PLEASE COMPLETE THIS SECTION IF YOU ARE A HOMEOWNER

What are your intentions for your property?	Selling <input type="checkbox"/>	Letting <input type="checkbox"/>	Other <input type="checkbox"/>	<small>(Please specify in additional information in section 14)</small>
Letting Agents (if letting)/Solicitors Name (if selling)	<input type="text"/>			
Contact Name:	<input type="text"/>			
Address 1:	<input type="text"/>			
Address 2:	<input type="text"/>			
Town:	<input type="text"/>			
County:	<input type="text"/>			
Postcode:	<input type="text"/>			
Phone (Daytime):	<input type="text"/>			
Phone (Mobile):	<input type="text"/>			
Email:	<input type="text"/>			
Fax Number:	<input type="text"/>			

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13. BANK/BUILDING SOCIETY DETAILS (current account please)

Name of Bank/Building Society:	<input type="text"/>		
Address of Bank/Building Society	<input type="text"/>		
Account in the name of:	<input type="text"/>		
Account number:	<input type="text"/>		
Sort code:	<input type="text"/>		
Time with bank/building society:	Years <input type="text"/>	Months <input type="text"/>	
Do you have a cheque guarantee card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>

14. ADDITIONAL INFORMATION

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15. PERSONAL DETAILS

Have you ever been issued with a County Court Judgement/Court Decree/Bankruptcy/Administration Order Yes No

Are you aware of any adverse credit history? Yes No

If you have answered Yes to either of these questions please specify:

Are you a smoker? Yes No

Do you have children? Yes No

If Yes please specify how many, their names and ages:

Do you have pets? Yes No

If Yes please specify how many, and their type:

How do you propose to pay the rent? Salary Savings Other (Please specify in additional information in section 14)

16. NEXT OF KIN (who can be contacted in an emergency) THIS MUST NOT BE A SPOUSE

Title, First Name and Surname:

Address 1:

Address 2:

Town:

County:

Postcode:

Phone (Daytime):

Phone (Mobile):

Relationship to Tenant (parent/guardian/etc):

AUTHORISATION

I confirm that the information provided in this application form is true, accurate and complete. I understand that the information that I have submitted will be used in order to assess my suitability to be granted a tenancy agreement and I give my consent to the information that I have provided being shared with third parties for this purpose. I understand and agree that current or former employers, landlords and letting agents may be asked to provide additional information about me or to verify information that I have provided. I further agree that the information that I have provided may be submitted to credit reference agencies in order that a credit check may be conducted. I expressly acknowledge that authorising searches to be conducted and references obtained does not entitle me to see such searches or references and agree that I will direct any request for copies of searches or references to the relevant originating party and not to Rent4sure Limited. I understand that I may be refused a tenancy as a result of the searches and references obtained and agree that I shall not seek to hold Rent4sure Limited liable for such refusal nor shall I seek to bring any claim against Rent4sure Limited for any loss or damage suffered by me as a result of such refusal. I understand that information which I provide or which is collected about me may be retained on file or stored electronically in accordance with the provisions of the Data Protection Act 1998. I do / do not want Rent4sure Limited, or their partner companies (e.g. Intasure), to contact me about related products and services which may be of interest to me, such as Tenants Contents Insurance.

Applicant Name:Applicant Signature:Date: