

FOR AGENTS USE ONLY

2 Yrs Utility Bills attached/viewed 3 Yrs Utility Bills attached/viewed

Agency No.

Agent

Contact

Tel.....Fax.....

Email.....

LEASEGUARD

SPECIALIST INSURANCE AND SERVICES

FOR LET PROPERTY



TENANT APPLICATION

Full Tenant Reference

Credit Search Only

Please complete BOTH SIDES of form fully in INK and in BLOCK CAPITALS or this may cause delays in processing your application

State full name (including **all** first names) of this applicant and all other occupiers of the property.

(If married couple ensure both parties sign form)

1. First Names.....
(Mr/Mrs/Miss/Ms)
Surname

Date of Birth.....

2. First Names.....
(Mr/Mrs/Miss/Ms)
Surname

Date of Birth.....

3. First Names.....
(Mr/Mrs/Miss/Ms)
Surname

Date of Birth.....

4. First Names.....
(Mr/Mrs/Miss/Ms)
Surname

Date of Birth.....

Maiden Name

Marital Status.....

Child 1 Name.....Age.....

Child 2 Name.....Age.....

Property Address applied for

.....Post Code.....

Total Rent per month for the Property £.....

Total Rent per month for the Applicant £.....

Rental Period.....months No. of Bedrooms.....

Are you to pay the rent through your own means or housing benefit? Own Means Benefit

Is this a Joint Tenancy Application? Yes No

Proposed Tenancy Commencement Date.....

Applicants will be jointly and severally liable for the Total Rent per month for the property.

Are you currently: Owner Council Tenant Private Tenant

With Parents Other (please specify).....

Current Address.....

.....

.....Post Code.....

Period at Addressyearsmonths

Tel.....Evenings.....

Email.....Mobile.....

Please provide previous addresses and dates of residency for the last 3 years *(please attach a separate sheet if required)*.

Previous Address.....

.....Post Code.....

Period at Addressyearsmonths

YOUR EMPLOYMENT DURING THIS TENANCY (Please notify your employer/accountant contact that enquiries will be made to verify this information.)

Employer/Accountant Name.....

Address.....

.....

Employer/Accountant Contact Tel.....

Employer/Accountant Contact Fax.....

Employer/Accountant Contact Email.....

Position Held.....

Gross Monthly Salary £.....Start Date.....

Employer/Accountant Contact Name & Position.....

.....

National Insurance Number.....

Payroll Number.....

SECONDARY EMPLOYMENT DETAILS

Employer/Accountant Name.....

Address.....

.....

Employer/Accountant Contact Tel.....

Employer/Accountant Contact Fax.....

Employer/Accountant Contact Email.....

Position Held.....

Gross Monthly Salary £.....Start Date.....

Employer/Accountant Contact Name & Position.....

Are you aware of any matters that may cause your employment/income to change in the near future? Yes No
(If YES, please give details on a separate sheet)

If self-employed, provide 3 years accounts

PAST EMPLOYMENT DETAILS - If you have been in your current employment for less than 3 years, please provide details of previous employment including commencement and leaving dates. *(Please attach a separate sheet if required).*

Position Held and Salary	<input type="text"/>	£ <input type="text"/> :	<input type="text"/> p.m.	Start Date	<input type="text"/>	Leaving Date	<input type="text"/>
Company	<input type="text"/>						
Address	<input type="text"/>						
	<input type="text"/>						
Contact Name	<input type="text"/>			and their Position	<input type="text"/>		
Daytime Tel. No.	<input type="text"/>			Fax No.	<input type="text"/>		
Email	<input type="text"/>						

DO YOU HAVE ANY ADDITIONAL SOURCE OF INCOME? - Proof must be provided

Pension	£ <input type="text"/> :	<input type="text"/> p/a	Investment Income	£ <input type="text"/> :	<input type="text"/> p/a	Other	£ <input type="text"/> :	<input type="text"/> p/week
Please Specify	<input type="text"/>							

EXISTING/PREVIOUS LETTING AGENT/LANDLORD if applicable. *(Please give authority to your Agent to pass an opinion on you).*

Name	<input type="text"/>							
Address	<input type="text"/>							
	<input type="text"/>							
Daytime Tel. No.	<input type="text"/>			Fax No.	<input type="text"/>			
Email	<input type="text"/>						Previous Rent Paid	£ <input type="text"/> :

Do any of the named applicants or proposed Tenants for this property have any pets? Yes No Type Smokers? Yes No

Are you a Vehicle owner? Yes No Vehicle Reg. No. Drivers Licence No.

BANK/BUILDING SOCIETY DETAILS (CURRENT ACCOUNT ONLY)

Bank Name	<input type="text"/>						
Address	<input type="text"/>						
	<input type="text"/>						
Name of Account Holder	<input type="text"/>						
A/c No.	<input type="text"/>		Sort Code	<input type="text"/>		Tel. No.	<input type="text"/>

How long have you held this bank account?

Do you have a Credit Card? Yes No If so, for how long?

Are you aware of any previous/current/pending or satisfied CCJ/Bankruptcy or IVA? Yes No If YES, please give details below:

<input type="text"/>

This information is used to help Leaseguard Ltd, the landlord and/or letting agent make credit, insurance, rental and property decisions and occasionally for fraud prevention or debtor tracing. Credit searches and other information which is provided to us and/or credit reference agencies about you and those with whom you are linked financially and have associated records with, may be used by Leaseguard Ltd and other companies to make credit decisions about you or other members of your household. Leaseguard Ltd abides by the Data Protection Act 1998. Leaseguard Ltd is the Data Controller for the purposes of this application. Our contact details are below.

Please read, sign and date the declaration below. Unsigned applications cannot be dealt with by Leaseguard Ltd.

I/we herby authorise Leaseguard Ltd to make any enquiries considered necessary to substantiate information supplied on this application. I/we authorise you or your assessment company to disclose any information about me/us and/or my company to any credit reference agency and/or any other tenancy database who may retain a record of such a search.

I/we agree that Leaseguard Ltd may search the files of a Credit Reference Agency who will keep a record of that search. I/we understand that no details of the search will be given to me/us by the landlord and/or letting agent but I/we may request the name and address of the Credit Reference Agency to whom I/we may then apply for a copy of my credit file.

I/we give my/our permission to take up all necessary references and that these may be shown to a landlord and/or their agent. I/we confirm that the information supplied is to the best of my knowledge and belief to be true.

Signature of Applicant 1..... Date

Signature of Applicant 2..... Date

(Only applicable if married couple)

The details you provide will be held by Leaseguard Ltd and may be used to keep you up to date on our products and services and those of other organisations we believe will be of interest to you. If you prefer not to receive this information, please tick this box.