**Tenancy Application Form**

Upon completion, please return to the details provided in the landlord’s name and address fields.

|  |  |
| --- | --- |
| Landlord Name: |  |
| Landlord address: |  |
| Property address: |  |

|  |  |
| --- | --- |
| Personal Details |  |
| **Full name** |  |
| **Date of Birth** **(dd/mm/yyyy)** |  |
| **Current Address****(Supply utility bill as proof of address)** |  |
| **Tel number (home)** |  |
| **Tel number (mobile)** |  |
| **Tel number (work)** |  |
| **Time at current address****(dd/mm/yyyy)** |  |
| **If less than 3 years then please provide previous addresses for last 3 years** |  |
| Current Landlord |  |
| Full name |  |
| Address |  |
| Tel number |  |

|  |  |
| --- | --- |
| Personal Referee Details  |  |
| **Full name** |  |
| **Address** |  |
| **Tel number**  |  |
| **Relationship to you** |  |

|  |  |
| --- | --- |
| Current Employment Details |  |
| **Full name of employer** |  |
| **Address of workplace** |  |
| **Tel number** |  |
| **Employer email address** |  |
| **Date employment commenced (dd/mm/yyyy)** |  |
| **Position held** |  |
| **Your salary (including bonuses)** |  |
| **Employment type: (full time/part time)****(temporary/permanent)** |  |

|  |  |
| --- | --- |
| Other Income |  |
| **Do you receive any of the following: housing benefit/ income support/ unemployment benefit/ sickness benefit/ retirement pension/ PIP?****\*\*If so you will need to fill out a Guarantor form\*\*** |  |

|  |
| --- |
| Other requirements |
| **Can you provide proof of funds in your bank account?** | Yes / No |
| **Do you consent to credit checks being carried out?****Please sign:** | Yes / No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Other intended occupiers (excluding joint applicants) |
| If it is your intention to have anyone other than yourself living in the property, please provide their full name, current address, age (inc children) and their relationship to you. PLEASE NOTE: do not give details of any joint applicants as they will have a separate application form |
| **Occupier 1**Name Address Age Relationship |  |
| **Occupier 2**Name AddressAgeRelationship |  |
| **Occupier 3**Name AddressAgeRelationship |  |
| **Occupier 4**NameAddressAgeRelationship |  |

|  |  |
| --- | --- |
| Next of Kin |  |
| Full name |  |
| Address |  |
| Tel number |  |
| Email Address |  |
| Relationship to you |  |

|  |  |
| --- | --- |
| Other Details |  |
| Are you a smoker? |  |
| Do you have any pets? If so what type |  |
| Is there anything else which you consider relevant to this application? If so what? |  |

|  |
| --- |
| Declaration |
| Name: |  |
| Signed: |  |
| Date: |  |