

TENANT APPLICATION FORM

Client Name : TORBAY ACCOMMODATION BUREAU

Client Number : 12019

Name of Negotiator:

AN APPLICATION MUST BE COMPLETED IN CAPITALS AND BLACK INK BY EACH APPLICANT AGED 18 YEARS+. PLEASE NOTE FAILURE TO GIVE CORRECT INFORMATION WILL RESULT IN A DELAY IN YOUR APPLICATION. APPLICANTS WILL BE JOINTLY AND SEVERALLY LIABLE FOR THE TOTAL RENT PER MONTH FOR THE PROPERTY.

Ref A Ref A+ Ref B Ref B+

PROPOSED TENANCY DETAILS

Address	
Town	
Postcode	

Rental Period (please select)	Months
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Tenancy Commencement Date: / /201

Rent per month (Property)	£
Rent share per month (Applicant)	£

Is the Tenancy Shared? Yes No Is this a Student Property? Yes No
 (If Yes a Guarantor will be required)

TO BE COMPLETED BY THE TENANT

Title	First Name	Middle Name	Surname	Other names you have been known by

TENANTS CONTACT DETAILS

Telephone:

Mobile:

E-mail Address:

Date of Birth: National Insurance Number:

Marital Status:

ADDRESS DETAILS

Current Address (Please provide your previous six years addresses and dates)

Address				
Post Code		Period at Address:	Years	Months

Owner Friends/Relatives Council Tenant Private Tenant Living with

Landlord or Managing Agent Details for your current Address

Name			
Address			
Telephone (Day)		Fax Number	

Previous Addresses

Address				
Post Code		Period at Address:	Years	Months

Address				
Post Code		Period at Address:	Years	Months

Have you ever had any adverse credit? Yes No (If yes, please detail on a separate sheet)
County Court Judgements, Court Decree, Bankruptcy or IVA's?

Have you had any criminal convictions? Yes No
 Have you got any pets? Yes No
 Do you smoke? Yes No
 Will there be children living at the property? Yes No If yes, How many?

INCOME DETAILS

Employed Self Employed On Contract Retired
 Unemployed Student

Name of Employer:			
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Address of Employer:			
Applicant Work Telephone No:		App. Fax No:	
Applicants E:mail Address:		Position Held:	
Starting Date:		Salary:	
Reference Contact Name:		Emp. Tel No:	
Employer Fax No:		Emp. E:mail:	

If you are Self-Employed please complete your Accountants details below.

Please Note - Failure to complete this section will result in a delay in your application

Accountant			
Address			
Telephone No:		Fax No:	
E:mail Address:		Your trading name:	
Date commenced trading		Approx annual income	

BANK/BUILDING SOCIETY DETAILS

Name and Address of Bank:

Name of Account Holder	Account Number	Sort Code

A+ AND B+ REFERENCE PLEASE ENSURE THE APPLICANTS PROVIDES THE BELOW:

COPY OF PASSPORT COPY OF DRIVING LICENCE NATIONAL
 INSURANCE NUMBER

Any additional information including extra income e.g. tax credits – proof will be required.

Declaration:

I hereby confirm that the information provided by myself is to the best of my knowledge true and I have no objections to the information being verified by whatever means deemed necessary. I understand that the results of the findings will be forwarded to the appointed letting agent and/or landlord and maybe accessed again should I default on my rental payment. I agree that Ref4Rents Ltd may search the files of the credit reference agency that will keep a record of that search. I understand that no details of the searches will be given to me by the letting agent and/or landlord, but I may request the name and address of the credit reference agency to whom I may apply for a copy of any information provided. This application is bound by ground 17 of the housing act 1996 and I understand that if any information within this application is found to be untrue, it is grounds for termination of the tenancy. I hereby authorise the above named bank or building society to respond to status enquiries made in respect of this application. The details you provide will be held by Ref4Rents Ltd and the letting agent. **I hereby give authorisation to my employer/accountant and landlord to provide information requested by Ref4Rents Ltd.**

Applicant's Signature Date

Print Name
