Tenant Assessment Application Form

(A) Prope	rty deta	ils:									
Property Address											
Rent (po	em)	£									
Prefer Move in											
If your appl											
where did	datory req	uiremen ar abou	at for a separa	•••••	?				·	ars old, to be	
	First Nam	е	Middle	name	e(s)		Surna	ame		Share of rent	
Tenant 1											
Tenant 2											
Tenant 3											
Tenant 4											
(C) Person		ils t Name		Mid	ldle na	me(s)		Surnam	e		
					,	1					
Date of Birth (dd/mm/19yy)			Sex: Male Maiden Nam			ale					
(1) Contac		s				IVIAIDE	en inam	<u>ie</u>			
Phone (Hor	me)				(Mobi	امان					

1	1			ı			1
daytime)							
E-Mail							
(2) Current Ad	dress						
Number/ Name			5	Street			
District			٦	Гown			
County			F	Postcode			
Status (Circle One)	(Owner / rented /	Living wit	h parents / Counc	il Tenant / Ot	ther	
If other please exp	lain:						
How long have you	ı lived a	t this address?					
Reason for leaving							
	<u> </u>						
(3) Previous Ad		nly if you have l	lived at yo	our current addr	ess for less t	han 3 years.	·
Number/ Name			5	Street			
District				Гown			
County				Postcode			
Status (Circle One)	(Owner / rented /	Living wit	h parents / Counc	il Tenant / Ot	ther	
If other please exp	lain:						
How long have you	ı lived a	t this address?					
Reason for leaving							
(4) Employmen Status (Circle	t deta	ils					
One)	Emplo	yed / Self Emplo	yed / Une	employed / Studer	nt / Retired /	Housewife	
Job Title							
Annual Salary (gro	ss)			Employment	start date		
Payment Date			Payroll/ Per number				
If your job is likely income please give	e further	details					
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(5) Employer Detai	s:
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Employer/ Accountant/ Pen	sion		
Number / Name		Street	
District		Town	
County		Postcode	
Contact Name			
Contact Job title			
Phone (daytime)		Phone (evening)	
Email		Fax	
If you have been in you cu	urrent job less than I	l year please fill in the section below:	
Job Title/ Company			
Annual Salary (gross)		Employment start date	
Payroll/ Pension number			
(D) Landlord Details:			

Complete this section if you indicated that you are or have lived in rented accommodation

Landlord / Agent Name	
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Address

Number/ name	Street	
District	Town	
County	Postcode	
Phone (daytime)	Phone (evening)	
E-Mail	Fax	

(E) Bank Details: To be completed by the applicant (mandatory) – Please note this information is used solely for the purpose of a credit check.

Sort Code	Account Number
	How long with this
Account In the name of	branch?
Do you have a cheque book?	
Do you have a cheque guarantee	
card?	

Will you be able to set up a standing order month?	
Do you have any adverse credit history? Co	CJs etc
<u>Supplementar</u>	ry Questionnaire
1. Do you Smoke? Yes/ No	
2. Do you have any Pets? Yes/ No If Yes, V	Vhat?
3. National Insurance Number	
4. Children who will be living with you –	
Name	Date of Birth
	. Character Reference Not your employer or family members)
Name	Jame
Relationship	Capacity
Address	Address
Tel T	el
Gas Safety (Installation & Use)	
I accept that gas appliances and installation CORGI registered engineer annually. I wil access on an annual basis for a gas engineer the appointment time and make access avail permitted if I am unavailable. Print Name:	to enter the property. I will be advised of

Signed: Date:
Applicant's Consent
In connection with this application a search will be carried out by Creditsafe to check all or any of the application details, which have been submitted. I consent to this information being shared with other organizations for the purpose of assessing tenant applications and services.
I expressly consent to passing the results of any such search or assessment to my prospective landlord(s) for the purpose of assessing this application.
I also confirm that may contact third parties to check employment, character and tenancy details.
I understand that as do not disclose information relating to declined applications.
(Please sign and date the form)
Print Name:
Signed: Date: