

TENANCY APPLICATION FORM

ALL ADULTS (AGED 18 OR OVER) MUST COMPLETE AN APPLICATION FORM TO BE CONSIDERED FOR TENANCY.

- 1) DOCUMENTS REQUIRED (TO BE ENCLOSED WITH APPLICATION):
- 1 X PROOF OF CURRENT ADDRESS (UTILITY BILL, BANK STATEMENT)
- 3 MONTHS COPY BANK/BUILDING SOCIETY STATEMENTS AND PAYSLIPS OR RELEVENT FUNDING LETTER
- 1 X PHOTOGRAPHIC IDENTIFICATION (UK OR IRISH PASSPORT OR DRIVING LICENCE)
 OR
- 1 X NON-UK PASSPORT/RESIDENCY CARD AND GOVERNMENT SHARECODE

You may also be contacted to arrange a date and time during normal working hours for a "home visit" to be carried out.

2) MONIES REQUIRED:

UNDER NEW LEGISLATION, PRIVATE INDIVIDUALS WILL NOT BE ASKED TO PAY ANY FEES OR CHARGES IN CONNECTION WITH THEIR APPLICATION(S) FOR TENANCY.

HOWEVER, PAYMENT OF A "HOLDING DEPOSIT" WILL BE REQUIRED TO PROCESS THE APPLICATION ONCE AN AGREEMENT IN PRINCIPLE HAS BEEN MADE – 1 HOLDING DEPOSIT PER PROPERTY.

• A "HOLDING DEPOSIT" EQUIVALENT TO 1 WEEK OF THE GROSS MONTHLY RENT (TO RESERVE THE PROPERTY WHILST REFERENCE CHECKS ARE UNDERTAKEN).

If you decide not to proceed with the tenancy your holding deposit will be retained by this firm.

If it turns out that you have provided us with false or misleading information as part of your tenancy application or if you fail any of the checks which the landlord is required to undertake under the immigration act 2014 ("Right to Rent"), then your holding deposit will not be returned. It will be retained by this firm.

However, if the landlord decides not to offer you a tenancy for reasons unconnected with the above then your deposit will be refunded within seven days. Should you be offered and you accept a tenancy with our landlord, then your holding deposit will be credited to the first month's rent due under that tenancy.

Where for whatever reason, your holding deposit is neither refunded nor credited against any rental liability, you'll be provided with written reasons for your holding deposit not being repaid within seven days.

SPECIFIC REQUESTS

	YOU ARE SATISFIED WITH THE CONDITION OF THE PROPERTY AFTER YOUR VIEWING(S). IF NOT, PLEASE ARTICULAR REQUEST HERE AS THESE CANNOT BE TAKEN VERBALLY.
IT IS IMPORTAL	NT THAT YOU HAVE READ AND UNDERSTOOD ALL OF THE ABOVE, SHOULD THERE BE ANY DOUBT, PLEASE ASK A MEMBER OF STAFF BEFORE SIGNING.
I understand a	all of the above information and ask you to submit my completed application to the Landlord:
Name(s)	
Signature(s)	\
Date:	1



TENANTS PERSONAL DETAILS

	litle:			•••••
	Forename(s):			
	Middle Name(s):			
	Surname:			
	Date of birth:		/	
	Marital Status:	Married	Divorced □	Not Married □
		Mobile number		
	Contact details:	Home number		t.
	(All are required fields apart from Fax)	E-mail address		
		Fax		
		Nationality:		
		All Previous / M	aiden / Marriage na	ames:
ADDRESS	OF PROPERTY APPL			
	7			
			•••••	······································
deal tenancy to	erm: 6 MONTHS 🔲 1	2 MONTHS 🗖		
deal tenancy s	start date://			

Beeston Office 130 High Road Beeston Nottingham NG9 2LN 01159 229 090 letting@robertellis.co.uk Long Eaton Office 11 Derby Road **Long Eaton** Nottingham **NG10 1LU** 01159 466 946

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TENANTS ADDRESS HISTORY

You must provide th	<u>ree</u> years address his	story	
	Address:		
Current address		`	
	Postcode:		
	Time at this address	s: Yrs	mths
	Address Status (Plea	ase circle): Owner	Rented Accommodation
		Living with Parents/Friends	Other:
Reason for leaving/se	elling current addres	ss?	
		7.	•
••••••	••••••••		
Previous Address 1:			
	Address:		
	P.		
	Postcode:		
	Time at this address	s: Yrs	mths
	Address Status (Plea	ase circle): Owner	Rented Accommodation
		Living with Parents/Friends	Other:
Reason for leaving/se	elling this address?		
6			
••••••			••••••••

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Previous Address 2:			
	Address:		
	Postcode:		
	Time at this address	: Yrs	mths
	Address Status (Plea	ase circle): Owner	Rented Accommodation
		Living with Parents/Friends	Other:
Reason for leaving/s	elling current addres	ss?	
LANDLORD / L	ETTING AGENT	,	
		landlord/letting agent. If you do not cur	rently have a landlord/letting agent
		s address(s) then please could you pro	
	Name of Landlord / Le	etting Agent	
	Number:		
<u>Please Note:</u> Failure to provide	Email:		
adequate contact details could	Fax:		
delay your application	Address:		

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TENANT CREDIT INFORMATION

ADVERSE CREDIT	Do you have any current, historic or pending adverse credit?	Yes / No
IT IS IMPERATIVE THAT YOU DECLARE ANY ADVERSE CREDIT, WHETHER IT IS SATISFIED OR	Do you have any CCJs or Court Decrees?	Yes / No
UNSATISFIED. FAILURE TO DO SO COULD RESULT IN	Have you ever been declared bankrupt or any IVA's, etc.?	Yes / No
ON YOUR APPLICATION NOT GOING AHEAD.	Any outstanding or historic rent arrears?	Yes / No

If you have said 'yes' to any of the above, please could you provide us with details such as:

- 1) When the original debt occurred?
- 2) What each debt was for?
- 3) Amount original debt was for?
- 4) Has this been paid off?
- 5) Is this being paid off and if so how much do you pay monthly and how much is now left to pay?

 Example: 21st March 2018 unpaid electric bill to the amount of £200.00. Paying back £5.00 per

month and £195.00 left to pay.
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CURRENT EMPLOYMENT DETAILS

Please circle one: Employed Unemployed Self Employed Independent Means

Contract Worker Temp Worker Student Retired

NOTE: If Self-Employed, a Director of your own Company, Retired or have income through Independent Means, then please go straight to section with the heading 'Self Employment / Accountant Details' (Page 7)

Name of company:		
Position	Full Time / Part Time	(circle)
Minimum Contracted Sa	ılary £	
Bonus	Over Time	
Payroll No	Start Date/	
Address:		*
Postcode:		
Contact Name:	*	
Email:	,	
Contact Number:		
Fax number:		
Contact Position:	1	
Is your current position	going to change in the near future (please circle	e) Yes / No
	'ES' to the above question, please complete the inuing with employment please could you make	

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FUTURE/SECONDARY EMPLOYMENT DETAILS

(if current position is due to change in the near future)

Please circle one:	Employed Un	employed	Self Employe	ed Retired	
Please circle one.	Contract Worker	Temp Worke	r Student	Independent Means	S
Name of company:					
Position		Full Time	e / Part Time	(circle)	
Minimum Contracted Sa	lary £				
				7.	
Bonus		Over Tin	ne		
Payroll No	Start Date.	/			
Address:					
	in p				
	•••••				••••
Postcode:					
Contact Name:		.,			
Email:	·				
Contact Number:					
Fax number:					
Contact Position:					

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SELF EMPLOYMENT / ACCOUNTANT DETAILS

Name of Company:	
Type of Profession:	
Company Registered Address:	
Annual Income - £	Start Date:
Full time / Part Time (please cire	cle)
Accountant Details	
Name of Accountant:	
Address:	
	- 7,
Postcode:	
Contact Name:	
Email:	
Contact Number:	<i>t</i>
Fax number:	
Contact Position:	
PENSION DETAILS	
Retirement Date://	
Name of Pension Provider 1:	
Annual Income from Pension 1:	Pension Number:
Name of Pension Provider 2:	
Annual Income from Pension 2:	Pension Number:
Name of Pension Provider 3:	
Annual Income from Pension 3:	Pension Number:

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FURTHER INCOME DETAILS

Working Tax Credits:	Child Tax Credits:
Disability Benefit:	Housing Benefit:
If you have any further income, then please p	provide us with details of this below:
FURTHER INFORMATION	7.
NATIONAL INSURANCE NUMBER:	
Number of adults:	Number of children:
Number of adults:	
	Ages of Children:
Are any of the occupants Smokers?	Yes / No
Do you have any pets?	Yes / No
If yes to these questions, please provide de	tails:
EMERGENCY CONTACT: Please provide	details of your Next of Kin (not an applicant of the property).
Next of Kin name:	
Contact telephone number:	
e-mail address:	
Home address:	
Relationship to tenant:	

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DECLARATION

I hereby certify that the information provided is true and accurate and give permission for this information to be verified by third parties and disclosed as detailed above for the purpose of:

- Performing a credit search by a third-party agency (Let Alliance)
- · Contacting my current, previous employers and referees to confirm the details provided
- Fraud prevention, credit assessment and insurance decisions

I understand that the results of these searches will be provided to the Letting Agent and accessed again in the event of a default in my rental payments.

I understand that I can request the details of any credit reference agencies used so that I can verify with them the information provided.

I understand that if I default on my tenancy obligations, this information may be released to authorised debt recovery agencies and could affect any future applications I make for tenancies, credit and insurance.

I understand that providing false information may lead to early termination of any subsequent tenancy agreement. As well as Robert Ellis, I am happy for reference companies to contact me in respect to this application.

I confirm I have read and understood the above information and agree to be bound by the above terms

Signat	ture:		•••••	• • • • • • • • • • • • • • • • • • • •	 •••••	•••••	 •••••	
Print:	ş	•••••			 		 	
Date:								

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