Tenant Application Form

Duncan-Smith Group Stanford House, Upper Ladyes Hill Kenilworth, Warwickshire CV8 2FB **Telephone: 01926 511915**



Renting To You.com

THIS IS IMPORTANT

FOR RECEIPT OF RENT PURPOSES

Please provide a:

Daytime Telephone number:

and a daytime Email address:

Rental Property

Address:		If a joint tenancy, please state the applicant's share: £ pcm	
		Is the individual a prospective: Tenant	
		or Guarantor* (PLEASE TICK)	
Post Code:		*If a guarantor please name the applicant(s) you are acting for:	
Total Monthly Rent:		Name of applicants:	
Tenancy Term:	Months:		

Individuals Details

Individuals Full Name: Married Single Separated Divorced Widowed	Date of Birth: (PLEASE TICK)
Current Address:	Period at address:
	Post Code:
Tel: Mobile: Owner Council Tenant Private Tenant With Parents Other	(PLEASE TICK)
Reason for departure:	
Have you any adverse credit history? Yes No If yes, please detail on	a separate sheet

Estate/Letting Agent, Solicitor or Landlord regarding where you are now living

Company or Landlord Name:		
Address:		
		Post Code:
Tel (day):	Tel (eve):	

Where have you been living during the last three years

Please provide previous addresses and date of occupation, attaching a separate sheet if necessary

Address:	Period at address:		
Current Income Details			
Employed Self Employed On Contract	Temporary Retired Unemployed Student		
Company / Agency Name:			
Address:			
	Post Code:		
Gross Salary / Pension per annum £	Position held:		
Commencement Date:	Payroll, Service or Pension Number:		
Tel: Fax:	Email:		
Is this permanent? Yes No	Full time Part time (PLEASE TICK)		

Tenant Applicatic Duncan-Smith Group Stanford House, Upper Ladyes Hi Kenilworth, Warwickshire CV8 2F Telephone: 01926 511915	ill	GROUP LIMITED	Renting To You.com
Is your employment to change If yes, please provide details:	in the near future?	Yes No	
Previous Employment Detai	ils		
Where have you been working de and departure dates, attaching a			previous employers, along with commencement
Company Name:			
Address:			Post Code:
Tel:		Email:	
Commencement Date:		Departure Date:	
Accountant / Auditor detail	s of Self Employed / Re	etired	
Please authorise your accountant	t / auditor to provide a refe	erence.	
Practice Name:			Contact:
Address:			Post Code:
Tel:	Fax:	Email:	
\			
Bank Building Society Curre	nt Account only		
Bank Building Society Curre Bank / Building Society Name:	ent Account only		Tel:
	ent Account only		Tel:
Bank / Building Society Name: Address:			Post Code:
Bank / Building Society Name:	ent Account only	ıber:	
Bank / Building Society Name: Address:		ıber:	Post Code:
Bank / Building Society Name: Address: Account Name:		ıber:	Post Code:
Bank / Building Society Name: Address: Account Name: Personal Reference		ıber:	Post Code: Sort Code: Relationship:
Bank / Building Society Name: Address: Account Name: Personal Reference Name:		ıber:	Post Code: Sort Code:
Bank / Building Society Name: Address: Account Name: Personal Reference Name: Address: Tel:			Post Code: Sort Code: Relationship:
Bank / Building Society Name: Address: Account Name: Personal Reference Name: Address:			Post Code: Sort Code: Relationship:
Bank / Building Society Name: Address: Account Name: Personal Reference Name: Address: Tel: Next of Kin excluding spouse			Post Code: Sort Code: Relationship: Post Code: Relationship:
Bank / Building Society Name: Address: Account Name: Personal Reference Name: Address: Tel: Next of Kin excluding spouse Name:			Post Code: Sort Code: Relationship: Post Code:
Bank / Building Society Name: Address: Account Name: Personal Reference Name: Address: Tel: Next of Kin excluding spouse Name: Address: Tel: Tel:	<u>Account Num</u>	Email:	Post Code: Sort Code: Relationship: Post Code: Relationship:
Bank / Building Society Name: Address: Account Name: Personal Reference Name: Address: Tel: Next of Kin excluding spouse Name: Address: Tel: Mame: Address: Tel: Address: Tel: Address:	Account Num	Email:	Post Code: Sort Code: Relationship: Post Code: Relationship: Post Code: Post Code: Post Code:
Bank / Building Society Name: Address: Account Name: Personal Reference Name: Address: Tel: Next of Kin excluding spouse Name: Address: Tel: Tel:	Account Num	Email:	Post Code: Sort Code: Relationship: Post Code: Relationship: Post Code: Post Code: Post Code:
Bank / Building Society Name: Address: Account Name: Personal Reference Name: Address: Tel: Next of Kin excluding spouse Name: Address: Tel: Name: Address: Tel: Address: Tel: Please list the names of all prosp	Account Num	Email:	Post Code: Sort Code: Relationship: Post Code: Relationship: Post Code: Post Code: Post Code:

DECLARATION: I confirm that the supplied information is to the best of my knowledge and belief, true, and may be verified. DATA PROTECTION ACT: Information provided by you on this form may be verified and held in computer records. I confirm that the progress of this application may be made available to agents, landlords and co-applicants. I also hereby authorise the above named Bank or Building Society to respond to status enquiries made in respect of this application. We may search the file of a credit reference agency. Any information obtained/compiled may be passed onto Agents and Landlords.

Applicants / Guarantors Signature: