

Please note: A copy of this form must be completed by each intended occupier over 18 years of age, and by any guarantor. The form is then to be returned along with the £40 application fee.

Please complete this application form with all relevant information. All personal information is held in the strictest of confidence.

Address Applied For:		Intended move in date:	
Surname (Mr/Mrs/Ms):		First names:	
Date of birth:	National Insurance No:		
Home Tel:	Work Tel:	Mobile:	
Is this a joint application?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Email:

Present Address:			Postcode:
Owner/tenant/other (specify):	How long there:	Reason to leave:	

Landlord/Agent:		Contact name:	
Address:			
Postcode:	Tel:	Email:	
Can we contact this Landlord/Agent?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide details of previous address if less than three years at the above address

Previous Address:			Postcode:
Owner/tenant/other (specify):	How long there:	Reason to leave:	
Landlord/Agent:	Name:		
Address:			
Postcode:	Tel:	Email:	
Current Employer:		Contact Name:	
Address:			
Postcode:	Tel:	Email:	
Position held:	Annual Salary:		
Date commenced:			
Can we contact your current employer?			Yes <input type="checkbox"/> No <input type="checkbox"/>

If less than 2 years with current employer please give previous employer's details below.

Previous Employer:		Contact Name:	
Address:			
Postcode:	Tel:	Email:	
Position held:	Annual Salary:		
Date commenced:	Date finished:	Reason for leaving:	
Can we contact your previous employer?			Yes <input type="checkbox"/> No <input type="checkbox"/>

*If answer is **YES** please complete a separate application form for each intended occupier over 18 years of age, and by any guarantor.

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Please complete Accountant details, only if self-employed.

Accountant Firm:	Contact Name:	
Address:		
Postcode:	Tel:	Email:

Can we contact your Accountant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Sections below to be completed by all applicants.

Your Bank:				
Address:				
			Postcode:	
Sort Code:	-	-	A/c no:	A/c name:

Guarantor Name (Must be a homeowner in Northern Ireland):			
Address:			
Postcode:	Tel:	Email:	
Occupation:	Relationship:	Time known:	

Can we contact your Guarantor?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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General Questions

Do you smoke?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you intend to keep any pets? If so please give details:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will any children be living with you? If so please give ages:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a criminal record?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever had any County Court Judgements against yourself?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been evicted from or asked to leave a property you were renting for any reason?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are there any other adults (18 years of age or over) intending to live full or part-time in the property?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Declaration

I declare that the information I have provided on this form is true and correct, and hereby authorise you to verify the details given and to seek references as required, including a banker's reference and a credit check. I understand that this does not represent any offer or contract of any nature. I further understand that if you decline to offer me a tenancy no explanation will be given.

Signed by Applicant:	Date:
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Additional Information Any additional information that may support your application can be included below.