

## Tenancy Referencing Application Form

Rental Property Details			
Flat No House No House Name			
Street			
Town			
County			
Postcode			
Tenancy Information			
No of Tenants (One form to be completed per tenant)			
Rent Per Month			
Applications Share Of Rent			
Tenancy Length			
Tenancy Start Date			
Applicant Details			
Title: Mr Mrs Miss Dr Ms Other			
First Name Middle Name Surname			
Date of Birth Sex: Male/ Female			
Marital Status Single Married Divorced Seperated Widower Other			
Any Previous Surnames I 2			
Mobile Tel No Home Tel No			
E-mail Address			

Tel: 01473 210210 www.propertyfirst.co.uk email: info@propertyfirst.co.uk



Employment Details			
Type: Full Time Part Time	Self Employed Unemployed Student	ent 🗌 Home Maker 🗌 Payment Upfront 🗌	
Occupation	Payroll No	Salary	
Employer			
Full Address & Postcode			
Contact Name			
Phone No	Fax No	_ E-mail	
* If self employed please supply full year in space below.	of accounts, company bank statements and	d accountants contact details instead of employer,	
* If retired please supply pension providers contact details, pension reference no and proof of pension, in space below.			
Personal Reference			
Name			
Full Address			
Contact No	E-mail Address		
Length Of Time Known To App	licant		
Capacity In Which Known			



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Flat No I	House Number	House Name		
Street Name		Town		
County		Postcode		
Dates From		To		
*If under 3 years please supply previous addresses and dates below				
Flat No	House Number	House Name		
Street Name		Town		
County		Postcode		
Dates From		To		
Flat No	House Number	House Name		
Street Name		Town		
County		Postcode		
Dates From		To		
Bank Account Details				
Do You Hold A Current Account Yes No				
Bank Name				
Bank Address				
Sort Code Account Number				
Account Name	Time With	Bank Years Months		
How Many Credit Cards None I I-2 3-4 5+				



Landlord Det	ails		
Landlord/Agent Name			
Full Contact Address			
Tel No Fax No E-m	nail Address		
Previous Landlord/Agent Name			
Full Contact Address			
Tel No Fax No E-n	nail Address		
Additional Information			
Name Of Next Of Kin	_ Relationship		
Contact No Address _			
Will Any Of The Tenants Smoke	Yes No		
Will Any Children Live At The Property	Yes No		
* Will Tenants Have Any PetsAt The Property	Yes No		
* If yes please supply details below			



## Consent

We will use the information provided to us by 3rd parties to make decisions about your tenancy application. Agencies may supply to us, public information and/or fraud prevention information.

Information supplied to us will be used by third parties/organisations in order to

- Verify your identification for this application
- Various types of insurance as supplied by Endsleigh (our credit referencing agency)
- Check all of the applicant details supplied by you
- Assist organisations to make decisions on your tenancy application

Payment of our application fee is due when presenting this form to our office. This fee is NON refundable should the applicant fail the credit/referencing checks, or decide to withdraw from the tenancy request. Should the land-lord decline the tenancy offer on other grounds other than applicant failing the referencing/credit check process the fee would be re-funded.

By signing this agreement to proceed you are accepting we may use the information provided in the ways detailed above, and to our company fee policy.

Signed \_\_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

If you do not wish to be contacted by our 3rd party agents with reference to their specialised insurance offers for tenants in rented accommodation please tick the box  $\Box$