PLEASE TICK AS APPROPRIATE ARE YOU GUARANTOR APPLICANT

ALL BOXES ARE MANDATORY AND WE CANNOT PROCEED WITHOUT THIS INFORMATION

PROPERTY TO LET INFORMATION

House/Flat Name/Number	
Street Name	
City/Town	
County	
Postcode	
Total Monthly Rent	
Share of Applicant Rent	
Total Number of Tenants	
Expected Tenancy Start Date	
Duration of Tenancy	months

APPLICANT PERSONAL INFORMATION

Title		
First Name		
Middle Name		
Last Name		
Maiden/Other		
Date of Birth		
Nationality		
NI Number		
Telephone (inc STD)		
Mobile Number		
E-Mail		
Preferred Contact Method		
How long have you lived in the UK		More than 6 months
		Less than (6 months
Smoker Yes		No
Number of Children		
Pets?		
Which of the following best describe	es your residential status: (Please	select only one)
Private Tenant		
Council Tenant		
Living with Friends/Relatives		
Property Owner		

Which of the following best describes your employment status: (Please select only one)

Employed	
Self Employed	
Retired	
Unemployed	
Contract	
Student	

Total Gross Annual Salary

CREDIT HISTORY

Do you have any adverse Credit History whether settled or not?

Yes	
No	

p.a.

If yes please provide details

PLEASE NOTE THAT A MONEY LAUNDERING SEARCH MAY BE CARRIED OUT AS PART OF OUR TENANT REFERENCE CHECKS

ADDRESS HISTORY	
Your Current Addresss	
House/Flat Name/Number	
Street Name	
City/Town	
County	
Postcode	
Period at this address	

CURRENT LANDLORD/LETTING AGENT OR COUNCIL IF COUNCIL TENANT

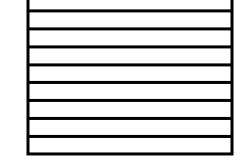
If you are a Private/Council/Student Tenant or living in accommodation provided by your employer then we need to contact your landlord or Agent to obtain a reference.

Please provide contact details below.

This must be the person/company that you pay your rent directly to.

Private Landlord Letting Agent Employer University Council Tenant

Company/Landlord Name
House/Flat Name/Number
Street Name
City/Town
County
Postcode
Telephone (inc. STD)
Fax Number
Mobile Number



E-Mail

If address history less than 3 years please complete the following

First Previous Address House/Flat Name/Number Street Name City/Town County Postcode Period at this address

If less than 3 years please complete the following

Second Previous Address House/Flat Name/Number Street Name City/Town County Postcode Period at this address

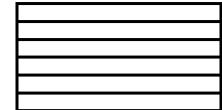
EMPLOYMENT/INCOME DETAILS

Company Name House/Flat Name/Number Street Name		
City/Town		
County		
Postcode		
Telephone		
Fax Number		
E-Mail		
Contact Name		
Contact Position		
Employment Start Date		
Employment End Date		
Your Position/Job Title		
Is this position	Permanent	Contract
Contract Term		
Months		
Hours per week		
Salary/Income per annum		
Payroll/Pension Number		

SELF EMPLOYED DETAILS

Company Name Do you have an accountant? If yes Accountants Name House/Flat Name/Number Street Name City/Town County Postcode

Telephone Fax Number E-Mail



Contact Name Contact Position

If you have been in this position for less than 6 months please provide details of your previous employer

If you were not employed before the start of your current employment

then please tick this box	
employer	
Company Name	
House/Flat Name/Number	
Street Name	
City/Town	
County	
Postcode	
Telephone	
E-Mail	
Contact Name	
Contact Position	
Employment Start Date	
Employment End Date	
Your Position/Job Title	

ADDITIONAL INFORMATION

Next of Kin
House/Flat Name/Number
Street Name
City/Town
County
Postcode
Telephone (inc. STD)
Fax Number
Mobile Number
E-Mail

DECLARATION Please read and sign below. WE CANNOT PROCEED IF YOU DO NOT COMPLETE THIS SECTION

I hereby confirm that the information provided by me is to the best of my knowledge true. the future. I agree that the files of a Credit Reference Agency and IDS Limited, the insurance industry's data collection agency may be searched (a record of the search will be kept by them). I confirm and agree that other information and checks such as employment/income and/or landlord or personal checks may also be provided to Credit Referencing Agencies. I understand that I may request the name and address of the Credit Reference Agency to whom I may then apply for a copy of the information provided.

I consent to this information being verified by contacting the third parties detailed in this form. I understand that the findings will be forwarded to the appointed letting agent and/or landlord and may be accessed again should I default on my rental payment or apply for a new tenancy in

I also understand that in the event of my defaulting on the rental payment that any such default may be recorded with the Credit Referencing Agency and IDS Limited, who may provide the information to other credit companies or insurers in the quest for the responsible grantint of tenancies, insurance and credit.

I understand that in the event of any default by me in respectof the covenants in my tenancy agreement with my landlord, the information contained herein may be disclosed to one or more tracing companies and/ or debt collection agencies in order to recover any monies due or to trace my whereabouts.

I hereby authorize my employer/accountant/pension administrator to provide details of my earnings and dates of employment for the purposes described above.

Signed

Print Name

Date