



TENANCY APPLICATION FORM

Every adult who intends to occupy the property should complete a separate application form.
PLEASE COMPLETE IN BLOCK CAPITALS.

Personal Details

Name

Date of Birth Telephone (Home)

Telephone (Work) Telephone (Mobile)

Email Address

Should I be successful in my application to rent the below application, I agree to the email address above being used to receive the Tenant Information Pack and as my preferred method of communication during the lease (please tick)

Marital Status

Passport Number National Insurance Number

Personal Details

Current Address

Status at current address Owner Tenant Other

If tenant, please provide **Landlord** or **Agents** name, address, phone number and email address

Length of time at this address

Previous Address (if at current address less than 12 months)

Status at previous address Owner Tenant Other

If tenant, please provide **Landlords** name, address, phone number and email address

Length of time at this address

Property Application Details

Address of property applied for

Monthly Rent £ Proposed entry date

Initial Lease Length Numbers of adults to occupy the property

Who is to be named as lead tenant?

Names and ages of any children to occupy the property



KINGSWAY APARTMENTS

Employment Details

(If Self-Employed, please give your accountants details, if retired, please give pension administrator's details, if you are a student then please give your university and course details)

| | | | |
|------------------|------------------------------------|------------------------------------|--|
| Job Title | <input type="text"/> | | |
| Company Name | <input type="text"/> | | |
| Company Address | <input type="text"/> | | |
| Name of Referee | <input type="text"/> | | |
| Telephone Number | <input type="text"/> | | |
| Email | <input type="text"/> | | |
| Annual Income | £ <input type="text"/> | Length of Service | <input type="text"/> |
| Contact Type | Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> | Contract <input type="checkbox"/> (Contract Length) <input type="text"/> |

Next of Kin / Emergency Contact

| | | | |
|------------------|----------------------|--|--|
| Name | <input type="text"/> | | |
| Relationship | <input type="text"/> | | |
| Address | <input type="text"/> | | |
| Telephone Number | <input type="text"/> | | |
| Email Address | <input type="text"/> | | |

DECLARATION

I declare that the information provided on this form is true and accurate and I authorise the Landlord to share the information with other agencies, organisations and individuals for the purpose of carrying out credit and reference checks and seeking additional information. The landlord must handle all information in accordance with the Data Protection Act 1998. I understand that completing this application form does not commit the Landlord or tenant to a tenancy.

PRINT NAME

Date

SEND