## **Tenancy Application Form**

## PLEASE FILL OUT THIS FORM ONLINE. DOWNLOAD & EMAIL TO john@ukhomepartners.co.uk



| Applicant Type (tick the appropri  | ate box)                |                              |                                     |
|--|-------------------------|------------------------------|-------------------------------------|
| Tenant Guarantor   |                         |                              |                                     |
| Upon completion please return the  | nis form to:            |                              |                                     |
| Name of Landlord/Agent:  |                         |                              |                                     |
|  |                         |                              |                                     |
| Address of Landlord/Agent:   |                         |                              |                                     |
|  |                         |                              |                                     |
|  |                         |                              |                                     |
| In the case of joint applicants, each joint                                | applicant must com      | plete and submit a separat   | e application form.                 |
| Please either photocopy this form for the                                  | number required be      | efore completing – or ask fo | or the number of forms required.    |
| Applicant details  |                         |                              |                                     |
| Full name and title:   |                         |                              |                                     |
|  |                         |                              |                                     |
| Current Address:   |                         |                              |                                     |
|  |                         |                              |                                     |
|  |                         |                              |                                     |
| Time at current address:   |                         | Years                        | Months                              |
| Proof of residency supplied (ie. a utility b                               | ill or council tay stat |                              |                                     |
| Troof of residency supplied (ie. a dufficy b                               | in or council tax stat  | ement from the last three    | months                              |
| Previous address (if less than three years                                 | at current address      | 1                            |                                     |
| Trevious dual ess (ii less than times years                                |                         | <u>'</u>                     |                                     |
|  |                         |                              |                                     |
|  |                         |                              |                                     |
| Time at previous address:  |                         | Years                        | Months                              |
| If you have lived at your current and other addresses you have lived at in | previous address        | for a total of less than t   | hree years, then please include any |
| other addresses you have lived at in                                       |                         |                              | et.                                 |
| Email Address:   |                         |                              |                                     |
| Daytime contact number:  |                         | Mobile contact number:       |                                     |
|  |                         |                              |                                     |
| National Insurance Number (or overseas                                     | equivalent):            |                              | Date of Birth:                      |
|  |                         |                              |                                     |
| Cross appual income/calany   |                         | Marital status:              |                                     |
| Gross annual income/salary:  |                         | Maritai Status.              |                                     |
|  |                         |                              |                                     |
| Name(s) of other joint applicants (if any)                                 | :                       |                              |                                     |
|  |                         |                              |                                     |
| B.L.:  |                         |                              |                                     |
| Relationship to you:   |                         |                              |                                     |

| Residency status at your cu                                       | rrent address:  |                         |            |            |               |         |  |
|---|---|-------------------------|------------|------------|---------------|---------|--|
| Private tenant  |   |                         |            |            |               |         |  |
| Lodger  |   |                         |            |            |               |         |  |
| Tenant of a housing association                                   |   |                         |            |            |               |         |  |
| Council tenant of   |   |                         |            |            | local auth    | ority   |  |
| Living with family  |   |                         |            |            |               |         |  |
| Owner with no mortgage  |   |                         |            |            |               |         |  |
| Owner with a mortgage. The lend                                   | der's name is:  |                         |            |            |               |         |  |
| Current landlord/agent con<br>Name:                               | tact details (fill this   | s section in if you     | are curi   | rently a   | a tenant)     |         |  |
| Address:  |   |                         |            |            |               |         |  |
|   |   |                         |            |            |               |         |  |
| Email Address:  |   |                         |            |            |               |         |  |
| Contact number:   |   |                         |            |            |               |         |  |
| How much rent do you pay for this                                 | s property per month?   |                         |            |            |               |         |  |
| Please ensure your current landlor                                | d/agent is aware a refer  | rence request will be r | made as pa | art of the | referencing p | rocess. |  |
| Employment/Occupation st  | atus:   |                         |            |            |               |         |  |
| Employed (please answer the emsection of this application)        | (please answer the employer Full-time student (please answer the student section of this application) |                         |            |            |               |         |  |
| Unemployed  |   | Retired                 |            |            |               |         |  |
| Self-employed (please answer th employed section of this applicat | e self-<br>ion)   | Other (please spec      | cify)      |            |               |         |  |
| Bank /building society deta                                       | ils   |                         |            |            |               |         |  |
| Bank / building society:  |   |                         |            |            |               |         |  |
| Name on account:  |   |                         |            |            |               |         |  |
| Account number:   |   |                         | Sort code  | e:         |               |         |  |
| Employer details  |   |                         |            |            |               |         |  |
| Your occupation:  |   |                         |            |            |               |         |  |
| Start date at present employer:                                   |   |                         |            |            |               |         |  |
| Name of employer:   |   |                         |            |            |               |         |  |
| Address:  |   |                         |            |            |               |         |  |
| Contact name/department:  |   |                         |            |            |               |         |  |
| Contact email:  |   |                         | Contact n  | umber:     |               |         |  |

Please ensure that the contact name/department is aware that we will be requesting a reference from them. The contact must be able to confirm details of your salary/income and how long you have worked at your current employers.

| Self-employed deta                                 | ils                   |              |  |                     |                          |          |
|--|-----------------------|--------------|--|---------------------|--------------------------|----------|
| Name of Accountant:                                |                       |              |  |                     |                          |          |
| Address:   |                       |              |  |                     |                          |          |
|  |                       |              |  |                     |                          |          |
| Email Address:                                     |                       |              |  | Contact number:     |                          |          |
| Please ensure that your                            | accountant is aware   | e that we w  | vill be contacting them to                           |                     | e and proof of your fin  | ances.   |
| Additional financial                               | information           |              |  |                     |                          |          |
| If you have any addition                           | al sources of incom   | e then plea  | ase state the amounts be                             | low:                |                          |          |
| Overtime   | :                     | £            | Bonus  |                     |                          | £        |
| Universal Credit                                   | :                     | £            | Housing benefit                                      |                     |                          | £        |
| Income support                                     | :                     | £            | Unemployment benefit                                 |                     |                          | £        |
| Sickness   | :                     | £            | Retirement Pension                                   |                     |                          | £        |
| Disability Allowance                               | :                     | £            | Tax credits  |                     |                          | £        |
| Other (please provide of                           | details)              |              |  |                     |                          |          |
| We require proof of this                           | income Please atta    | ch this evi  | dence to your application                            |                     |                          |          |
| Additional financial                               | information (no       | ot compu     | ulsory for guarantor                                 | applicants)         |                          |          |
| If you have any loans, p expiry date of the loan(s |                       | s of the ler | nder(s), the total amount                            | of the loan(s), mo  | nthly repayments, and    | the      |
| expiry date of the loan(s                          | below.                |              |  |                     |                          |          |
|  |                       |              |  |                     |                          |          |
|  | r store cards, please | e provide u  | s with details of the card                           | provider, your cred | dit limit, and the balan | ce owing |
| below:   |                       |              |  |                     |                          |          |
|  |                       |              |  |                     |                          |          |
|  |                       |              | , bankrupt, made arrange                             | ements with credito | ors or been involved in  | any      |
| criminal or civil court pro                        | oceedings in the last | t six years  | ?  |                     |                          |          |
| Yes No   |                       |              |  |                     |                          |          |
| If yes, please provide de                          | etalis below:         |              |  |                     |                          |          |
|  |                       |              |  |                     |                          |          |
|  |                       |              |  |                     |                          |          |
|  |                       |              |  |                     |                          |          |
| Student information                                | 1                     |              |  |                     |                          |          |
| University of College:                             |                       |              |  |                     |                          |          |
| Address:   |                       |              |  |                     |                          |          |
|  |                       |              |  |                     |                          |          |
| Course attending:                                  |                       |              |  | Graduation year:    |                          |          |
| Personal reference                                 |                       |              |  |                     |                          |          |
|  | her joint applicant,  |              | ersonal reference. This pospective tenant). Please p |                     |                          |          |
|  |                       |              |  |                     |                          |          |
|  |                       |              |  |                     |                          |          |

| Tenancy information  |  |
|--|--|
| Property address:  |  |
|  |  |
|  |  |
| Preferred tenancy start date:  | Rental period:   |
| Preferred duration of tenancy:   | Rental amount:   |
|  | ring at the property (including any children or other dependants) please provide   |
| their names, ages and relationship to you below  | ν:<br>   |
|  |  |
| 75   |  |
| If you have any pets who will be living at the pi  | roperty please specify the name, type of animal, breed and age of the pet below:   |
|  |  |
|  |  |
| Security deposit information (tenant a   | applicants only)   |
| Deposit amount:  | the deposit?   |
| Will anyone else besides yourself pay towards t<br>Yes No  | ne deposit?  |
|  | erson paying towards the deposit beside yourself and also the amount of the  |
| deposit each one is contributing:  | erson paying towards the deposit beside yourself and also the amount of the  |
|  |  |
|  |  |
|  |  |
| If the details provided above change then  |  |
|  | ranted a tenancy, we require a forwarding address where we can contact you<br>tenancy. Please provide us with a suitable forwarding address below: |
|  |  |
|  |  |
| Right to rent (tenant applicants in Eng  | gland only)  |
|  | agents in England are required to check the immigration status of all adult tenants  |
| before they agree to enter into a tenancy agree<br>contact you to arrange a suitable time and loca | ement. This is to establish you have a 'right to rent' legally in the UK. We will  |
| · -  | dult occupiers cannot prove they have a right to rent in the UK.   |
| , ,  | t to rent we will need you to provide sufficient documents from List A (if you have  |
|  | temporary right to rent in the UK), or a sharecode from  |
| Please confirm whether you have:   |  |
| Permanent right to rent in the UK  |  |
| Temporary right to rent in the UK  |  |
|  | and proving your right to rent status is available at  |
| https://www.gov.uk/government/publications/r   |  |
| Next of kin/emergency contact details  |  |
| Please provide details of your next of kin/emerg   | gency contact.   |
|  |  |
|  |  |
|  |  |

| Supporting information  |
|---|
| Please provide us with any other supporting information you think may assist us with assessing your application below:  |
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| Declaration   |
| I confirm that the information supplied by me in this application is true and complete to the best of my knowledge and I understand that providing false or misleading information may lead to my application being refused.  |
| I understand that the information provided here will be retained and used only as necessary and for a specific purpose in accordance with the General Data Protection Regulation (GDPR) as set out in the privacy notice supplied by the Landlord/Agent.  |
| I authorise my employer, my bank / building society, a local authority (if I was previously a council tenant), current or former landlord, and the any personal referee named, to provide information about me, any prior tenancy history, and any employment / financial affairs as appropriate to the Landlord's enquiries.                   |
| If I am making a tenancy application, I consent to receiving my copy of 'How to rent: a checklist for renting in England', the energy performance certificate (EPC), gas safety certificate, electrical installation condition report (EICR) or any other documentation relating to the proposed tenancy via the given email address on page 1. |
| I authorise the Landlord/Agent named at the beginning of this application form to make whatever enquiries, including a credit check, they deem necessary in connection with this application.   |
| I consent to a credit check being carried out in relation to myself which will be conducted on the Landlord/Agent's behalf by:  |
|   |
|   |
| Signed:   |
| Name:   |
| Date:   |