Tenant Assessment Application Form

Please complete all parts of this application in BLOCK CAPITALS. Failure to fully and accurately complete any part of this form will result in a delay in processing.

Please note that in order to process this application, two separate forms of identification will be required.

To be completed by Key2Let 07506 326212 Liz Tyrie Key2let, Hurstvale, Off Grange Road, Biddulph, S-O-T, ST8 7RZ Negotiator Telephone Number 07506 326212 **Property Details** Number / Name Street District Town Postcode County Total Rent per week / month (delete as applicable) **Tenancy Start Date** Period **Eurolink Reference** Proposed Tenant(s)

How many	v adult tenants will t	here be?			
	First Name	Middle nam	ne(s)	Surname	Share of rent
Tenant 1					
Tenant 2					
Tenant 3					
Tenant 4					
Tenant 5					
Tenant 6					

Means of Identifica	Means of Identification (Key2Let to attach copies of Original Documents)			
Passport	Yes / No	No:		
Driving Licence	Yes / No	No:		
Proof of Residence	Utility Bill 1			
	Utility Bill 1	:		

Confidentiality Note

The information contained within this application is being transmitted to and is intended only for the use of Key2Let. If the reader of this message is not the intended recipient, you are hereby advised that any dissemination, distribution or copy of this application is strictly prohibited. If you receive this application in error, please immediately notify us by calling 07506326212.

Title	First nam	ne		Middle na	me(s)	Surname
			1			
Date of	birth (dd/n	nm/yyyy)			Sex	Male / Female
Marital	status				Maiden name	
Tel (day	/time)				Tel (evening)	
Tel (mo	bile)					
Email			1			
Do you	have any p	pets?		-	please give deta	ails)
Are you	ı a smoker?		Yes / N	10		
Numbe	r of Childre	n (Please s	upply na	ames & dat	es of birth)	
(1)					(2)	
(3)					(4)	
Are you	aware of a	any CCJ/C	D or Bar	nkruptcy?	Yes / No (if 'ye	s', please give details)
-	be claimin				Yes / No	
-	nt Address					
Numbe	r / Name				Street	
District					Town	
County					Postcode	
Status (circle one)	owne	r / rente	d / living wi	th parents / cou	ncil tenant / other
Period a	at this addr	ess				
Previo	us Addres				es for the previous an additional she	3 years – if you require more et
Numbe	r / name				Street	
District					Town	
District County					Town Postcode	
County	circle one)	owne	r / rente	d / living wi	Postcode	ncil tenant / other
County Status (r / rente	d / living wi	Postcode	ncil tenant / other
County Status (i Period a	circle one)		r / rente	d / living wi	Postcode	ncil tenant / other
County Status (i Period a	circle one) at this addro		r / rente	d / living wi	Postcode th parents / cou	ncil tenant / other
County Status (Period a Numbe	circle one) at this addro r / name		r / rente	d / living wi	Postcode th parents / cour Street	ncil tenant / other
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Bank/Building Society Details			
Sort Code	Account number		
Account in the name of	How long with this branch?		
Bank Address			
· · · · ·			
Next of Kin			
Next of Kin Name:			
	Street		
Name:	Street Town		

Employment Details

Employment status | Employed / Self-Employed / Unemployed / Student /Retired / Housewife

If you are unable to provide any employment details a guarantor may be required. To avoid delay please arrange for the proposed guarantor to complete the Guarantor Assessment Application Form.

Job title	
Annual salary (gross)	Employment start date
Payroll / Pension Number	NI Number
If your job is likely to change in the near future please give further details	
If you have additional income, please advise how much and give further details	per annum

Character Reference

Only Complete this section if you indicated that are not or have not lived in rented accommodation.

Street
Town
Postcode
Tel (mobile)
Fax

Landlord Details Complete this section if you indicated that you are or have previously lived in rented accommodation			
Landlord/Agent Name			
Number / name	Street		
District	Town		
County	Postcode		
Tel (daytime)	Tel (mobile)		
E-mail	Fax		

Employer Details

If you are employed/self-employed or retired, give details of your employer/accountant or pension provider (alternatively you may provide proof of pension) below, and authorise them to reply to the enquiries which will be made to verify this information.

Employer/Accountant/Pension		
Number / Name	Street	
District	Town	
County	Postcode	
Contact name		
Contact job title		
Tel (daytime)	Tel (evening)	
Email	Fax	

Applicant's Consent

Data Protection Act In connection with this application a search will be carried out by Key2Let to check all or any of the application details, which have been submitted I consent to this information being shared with other organisations for the purposes of assessing tenant applications and services.

I also expressly consent to passing a copy of this application form and the results of any such search or assessment to my prospective landlord(s) for the purpose of assessing this application.

Key2Let may use your information to keep you informed by post, telephone, email or other means of its products and services, which may be of interest to you. If you do not wish your information to be used for these marketing purposes, please tick here

I also hereby authorise the above named Employer, Accountant, Pension Provider, Landlord Referee and Character Referee to respond to status enquires made by Key2Let in respect of this application.

Name:

______Signed: ______ Date:______ Date:______

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