

TENANT APPLICATION

PLEASE COMPLETE FORM FULLY IN INK AND IN BLOCK CAPITALS OR THIS MAY CAUSE DELAYS IN PROCESSING YOUR APPLICATION

NOMINATED LEAD TENANT

Title (Mr/Ms/Miss/Mrs/Dr etc)

Forenames

Surname

Known as

Date of Birth Marital status

Tel. No. Mobile

E-mail address

N.I. Number

Children: Name Age

Name Age

Do you, or any of the named applicants for this property have any pets?

Yes No Type

Do you, or any of the named applicants for the property, smoke? Yes No

(Please note all of our properties are non-smoking)

Property Applied For

 Postcode

Total Rent £ Per month Rental Period months

Proposed commencement date

APPLICANTS WILL BE JOINTLY AND SEVERALLY LIABLE FOR THE TOTAL RENT PER MONTH FOR THE PROPERTY FOR THE DURATION OF THE LEASE

Last/Current Rental Address

Dates: from to

Existing/Previous Letting Agent/Landlord (if applicable)

Name

Address
 Postcode

Tel. No. Fax No.

Email

Next of Kin:

(A family member/close friend who we should contact in case of an emergency)

Name First Name Surname

Tel. No. Mobile

Email

Relationship to applicant

Are you currently: employed unemployed self employed student

Your employment during this tenancy: (if applicable)

Company Name

Address Postcode

Tel. No. Fax No.

Position Held Salary £ per month (after tax)

Employment Commencement Date Full time Part time

Contact name Position

Email

Are you aware of any matters which may cause your employment to change? Yes No

(if yes, please give full details below or on a separate sheet)

Do you have any additional sources of income? Yes No

(please give full details below - e.g. savings, parental contributions, loans/bursaries, benefits, tax credits etc)

Student /university details: (if applicable)

Current course

University Name/Address

Length of Course years Year of study at lease commencement date

Matriculation Number

Guarantor Details: (if applicable)

(a guarantor is someone who will guarantee your rental payment in the event of your inability to pay)

First Name Surname

Name

Address Postcode

Tel. No. Mobile

Email

Relationship to applicant

Further Information: (please continue on a separate page if necessary)

I hereby authorise Albany Lettings Ltd to make any enquires necessary to substantiate information supplied on this form and associated references. I confirm that the information supplied is to the best of my knowledge and belief, true.

Signature of Applicant

Date