

Comprehensive Application Form

In order for the application to be processed quickly, please complete in BLOCK CAPITALS and ensure the application is completed in full. All sections marked with * are mandatory information.

Agent Details

| | |
|----------------|----------------|
| Name of agent: | |
| Branch number: | Contact name : |
| Locality: | Phone number: |

Property Details

| | |
|--------------|---------------|
| Postcode* : | House number: |
| Flat number: | House name: |
| Street*: | District: |
| Town*: | County: |

Rental Details

| | |
|-----------------------------|---------------------------|
| Share of rent per month*: £ | Tenancy term (months)*: |
| Total rent per month*: £ | Start Date (dd/mm/yyyy)*: |

Applicant Details

| | |
|---|----------------------|
| Title*: <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other | |
| First Name*: | Initial: |
| Surname*: | Date of birth*: |
| Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female | No of dependants*: |
| Marital Status*: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) | |
| Any previous surnames*: | |
| Employment Type*: <input type="checkbox"/> Full time employed <input type="checkbox"/> Part time employed <input type="checkbox"/> Temporary/Contract <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife/Home maker <input type="checkbox"/> Payment in advance | |
| Employment status*: <input type="checkbox"/> Junior <input type="checkbox"/> Management <input type="checkbox"/> Unskilled <input type="checkbox"/> Supervisor <input type="checkbox"/> Semi-skilled <input type="checkbox"/> Skilled <input type="checkbox"/> Senior Management <input type="checkbox"/> Other <input type="checkbox"/> Not applicable | |
| Can we contact the applicant?* Yes <input type="checkbox"/> No <input type="checkbox"/> | Home phone number* : |
| Work phone number: | Mobile phone number: |

Affordability Details

Gross annual income*: £

Any additional sources of income?*: Yes No

If Yes Please provide below

Amount of additional income per annum?* £

Please provide details of any additional income*:

Employer Details

Is your employment likely to change shortly*?

Yes No If Yes please provide details of your future employer

Job Title*:

Start date*: Month -

Year -

Payroll number:

Employers company name*:

Contact name*:

Contact job title:

Postcode:

Building number:

Unit number:

Building Name:

Street:

District:

Town*:

County:

Daytime telephone number*:

Mobile phone number:

Fax number*:

Email address*:

Please ensure you provide either a fax number or email address.

Additional Information to assist the referee:

Accountant Details

Do you have an accountant?*

Yes No

If No Please provide 6 months bank statements showing proof of income

Accountants name*:

Contact name*:

Postcode:

Building number:

Unit number:

Building name:

Street:

District:

Town*:

County:

Daytime phone number*:

Mobile phone number:

Fax number*:

Email Address*:

Please ensure you provide either a fax number or email address.

Additional Information to assist the referee:

Pension Providers Details

| | |
|---|---|
| Do you have proof of pension?* | Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please provide your annual statement of pension |
| Pension providers name*: | Contact name: |
| Pension reference number*: | Postcode: |
| Building no: | Unit number: |
| Building name: | Street: |
| District: | Town*: |
| County: | Day time telephone number*: |
| Fax number: | Email address: |
| Additional information to assist the referee: | |

Please supply addresses to cover your last 3 years of residency

Current Address — Please complete all address details where appropriate

| | |
|---|-----------------------|
| Postcode*: | House number*: |
| Flat number: | House name*: |
| Street*: | District: |
| Town*: | County: |
| Is this a Foreign address?* Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Time at address From*: Month - Year- | To: Month - Year - |
| Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> Other | |

Previous Address — Please complete all address details where appropriate

| | |
|---|-----------------------|
| Postcode: | House number*: |
| Flat number: | House name*: |
| Street*: | District: |
| Town*: | County: |
| Is this a Foreign address?* Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Time at address From*: Month - Year- | To: Month - Year - |
| Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> Other | |

2nd Previous Address – Please complete all address details where appropriate

| | |
|---|----------------|
| Postcode: | House number*: |
| Flat number: | House name*: |
| Street*: | District: |
| Town*: | County: |
| Is this a Foreign address?* Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Time at address From*: Month - Year- To: Month - Year - | |
| Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> Other | |

Landlord details or Previous landlord details

| | |
|---|----------------------|
| Landlord / Agent name*: | Contact name*: |
| Postcode: | Building number: |
| Unit number : | Building name: |
| Street: | District: |
| Town*: | County: |
| Daytime phone number*: | Mobile phone number: |
| Fax number: | Email address: |
| Additional Information to assist the referee: | |

Bank Details

| | |
|--|---|
| How many credit cards held?* | Current account held?*: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please enter the details below |
| Sort code*: | Name of bank*: |
| Account name *: | Account number: |
| Address *: | |
| Time with bank*: (years)_____ (months)_____ | Cheque guarantee card held*: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Additional Information

| | |
|---|--|
| Will any of the tenants have pets?* | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Will any of the tenants smoke?* | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Will there be any children living at the property?* | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Please ensure that you have completed all fields indicated * as failure to do this may result in a delay in producing your report.

Consent

We will use the information provided to us by third parties to make decisions about your application. Agencies may supply to us, public information and/or fraud prevention information.

Information provided to Experian Ltd may be supplied to other organisations and used by them and us to

- A. Verify your identity for this application and if you apply for other facilities including all types of insurance applications and claims.
- B. Check all or any of the application details which have been submitted.
- C. Assist organisations to make decisions on tenancy applications by you

By **confirming your agreement to proceed** you are accepting that we may use your information in this way.

Signed:

Date:

The information contained within this application is being transmitted to and is only for the use of Experian. 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

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