



TENANT APPLICATION FORM

In order for the application to be processed quickly, please complete in BLOCK CAPITALS and ensure the application is completed in full.

PROPERTY DETAILS

Property Address:

Property Rent: £

APPLICANT CONTACT DETAILS

Title: Mr Miss Mrs Ms Other

First Name:

Full Middle Name:

Surname:

Date of birth:

Sex: Male Female

National Insurance Number:

Right To Rent Share Code:
(None UK citizens only)

No of dependants: Marital Status: Single Married Divorced Separated Widow(er)

Home number:

Mobile number:

Email Address:

Please supply addresses to cover your last 3 years of residency

ADDRESS HISTORY – CURRENT ADDRESS (PLEASE COMPLETE ALL ADDRESS DETAILS WHERE APPLICABLE)

Time at address: From: dd/mm/yyyy

To: dd/mm/yyyy

Living status: Furnished Tenant Unfurnished Tenant Own home Living with parents Other

Address:

ADDRESS HISTORY – PREVIOUS ADDRESS 1 (PLEASE COMPLETE ALL ADDRESS DETAILS WHERE APPLICABLE)

Time at address: From*: dd/mm/yyyy	To: dd/mm/yyyy
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	
Address:	

ADDRESS HISTORY – PREVIOUS ADDRESS 2 (PLEASE COMPLETE ALL ADDRESS DETAILS WHERE APPLICABLE)

Time at address: From*: dd/mm/yyyy	To: dd/mm/yyyy
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	
Address:	

CURRENT LANDLORD DETAILS – FOR REFERENCE

Landlord:	Contact Name:
Phone Number:	Mobile Number:
Fax number:	Email address:
Address:	
Additional Information:	

CURRENT LETTING AGENT DETAILS – FOR REFERENCE

Agents Name:	Contact Name:
Phone Number:	Mobile Number:
Fax number:	Email address:
Address:	
Additional Information:	

EMPLOYMENT DETAILS – IF YOUR EMPLOYMENT IS LIKELY TO CHANGE PLEASE SUPPLY YOUR OFFER LETTER OR CONTRACT OF NEW EMPLOYMENT

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"/> Other	<input type="checkbox"/> Benefits		
Occupation				
Gross Salary:	weekly / fortnightly / monthly		cash / bacs / other	
Any other income to Consider?	Tax credits / Housing Benefit / ESA / PIP / Universal Credit / Other			
Additional Information:				

EMPLOYER CONTACT DETAILS - PLEASE PROVIDE DETAILS OF THE PERSON/DEPARTMENT OF WHOM WE MAY CONTACT TO OBTAIN AN EMPLOYER REFERENCE

Company Name:	Start date*:
Your Job Title*:	Employee/Payroll/Service number/Department:
Address	
Telephone Number:	

Contact Name:	Job Title:
Direct Dial Phone Number:	Mobile Number:
Fax Number:	Email Address:
Additional Information:	

ACCOUNTANT DETAILS – SELF EMPLOYED ONLY

Do you have an accountant?:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If No Please provide 6 months bank statements showing proof of income
Company Name :	Contact Name:
Phone Number:	Mobile Number:
Fax Number:	Email Address:
Address:	
Length of time Self Employed:	
Please supply a copy of your latest SA302:	
Approximate Income from Self Employed work:	

PENSION DETAILS

Do you have proof of your pension?: Yes No
If **Yes** Please supply a copy of your annual pension statement

Pension Providers Company Name: Pension Ref Number:

Additional Information to assist the referee:

Next Of Kin

First Name: Surname: Relationship:

Home Phone Number: Mobile Phone Number: Email Address:

Address:

ADDITIONAL INFORMATION

Have you ever received any County Court Judgments or Individual Voluntary Arrangements against you?
Yes No
If **Yes** please enter the details

Have you ever been declared bankrupt?
Yes No
If **Yes** please enter the details

Do you currently have any rent arrears?
Yes No
If **Yes** please enter the details

Do any of the tenants have pets? Yes No Type of Pet

Do any of the tenants smoke? Yes No

Will there be any children living at the property? Yes No (If Yes, Please enter details below)

NAMES OF CHILDREN

DATE OF BIRTH

DD/MM/YYYY

DD/MM/YYYY

DD/MM/YYYY

DD/MM/YYYY

CONSENT

I declare that:

I am over 18 years of age and the information provided within my application is true and accurate and give permission for this information to be verified.

- Performing a credit search by a third party agency
- We have informed the applicant that credit reference agencies may supply to us, public information and fraud prevention information, credit assessment and insurance decision.
- Contacting my current and previous employers and referees to confirm the details provided
- Registering for council tax.

I confirm that I consent to providing my personal details so that the landlords agent can assess my suitability as a tenant. I understand that the landlords agent has a legitimate interest in processing my data to decide on my suitability as a tenant.

I confirm to the landlords agent to contacting my employer and my current or previous landlord in order to obtain a reference(s).

I understand that if I default on my tenancy obligations, this information may be released to authorised debt recovery agencies and could affect any future applications I make for tenancies, credit and insurance.

I understand that the results of these searches will be provided to the Letting Agent and access again in the event of a default in my rental payments.

I understand that providing false information may lead to my application being declined and any subsequent tenancy agreement being terminated. I am happy for a third party referencing agency to contact me in respect to this application if required. I have read and agree to be bound by the above terms.

I hereby give consent for Select Property Management Limited to obtain references and information from any third party individual / agency or company in order to process my application for a tenancy.

I UNDERSTAND THAT IF THE APPLICATION IS WITHDRAWN BY ME OR UNDISCLOSED INFORMATION IS DISCOVERED AND THE APPLICATION IS UNSUCCESSFUL, OR I AM UNABLE TO PROVIDE A SUITABLE GUARANTOR (IF REQUIRED) THE 'HOLDING DEPOSIT' WILL BE NON-REFUNDABLE.

Should your application be successful, the 'Holding Deposit' will be deducted off the 1st months' rent.

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

Signed:

Date:

Return fully completed application form, holding deposit, ID, and proof of residency to:

**Select House
120 High Street
Amblecote
West Midlands
DY8 4DA**

**Email: enquiries@selectsalesandlettings.com
Tel: 01384 - 277701**



OFFICE USE ONLY - AFFORDABILITY

Gross annual income: £ Any additional sources of income?*: Yes No
If Yes Please provide below

Amount of additional income per annum?* £

This additional income comes from?: Employment / Benefits / Pension / Other

Photo ID received	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Address ID received:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any additional sources of income?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Consent form returned?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Holding Deposit Paid?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount £

RENTAL DETAILS

Monthly Rental: £	Tenancy term (months):
Number of Tenants/ Guarantors:	Start Date (dd/mm/yyyy):
Rent Type: FMS / TFO	Share of Rent: £ Benefits Y/N
Can we contact the applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>	