

TENANCY APPLICATION
PLEASE COMPLETE IN BLOCK CAPITALS



PROPERTY			
MOVE IN DATE / /	RENT AGREED	£

TITLE		SURNAME	
FORENAME		MIDDLE NAMES	
NATIONALITY		DATE OF BIRTH	
SOME PEOPLE ARE KNOWN BY THEIR MIDDLE OR AN ABBREVIATED VERSION OF THEIR FIRST NAME. PLEASE CLARIFY HOW YOU CHOOSE TO BE ADDRESSED IF APPLICABLE.			

MAIN PHONE		MOBILE	
E-MAIL		NI NUMBER	

If you do not have a national insurance number, please provide evidence that you are permitted to work in the UK.

DO YOU HAVE CHILDREN? YES / NO		DO YOU HAVE PETS? YES / NO	
IF YES, WHAT ARE THE AGES OF YOUR CHILDREN?		IF YES, WHAT SORT OF PETS DO YOU HAVE?	
DO YOU SMOKE?	YES / NO	WILL THIS PROPERTY BE YOUR PRINCIPAL HOME?	YES / NO
DO YOU DRIVE	YES / NO	MAKE/MODEL/REG OF YOUR VEHICLE:	
DO YOU OWN THE VEHICLE?	YES/NO	ANY OTHER VEHICLES YOU ARE AUTHORISED TO USE	

NEXT OF KIN (NOT SOMEONE YOU WILL LIVE WITH) FULL NAME: ADDRESS: POSTCODE:	RELATIONSHIP TO YOU:
	NOTE: If a guarantor is required, this person WILL be contacted UNLESS we are informed that a separate guarantor is to be used.
TELEPHONE NUMBER:	E-MAIL ADDRESS:

ARE THERE ANY CCJS AGAINST YOU? YES / NO IF YES, GIVE DETAILS ON A SEPARATE SHEET

I hereby authorize HomeLets of Bath to make any enquiries that are necessary in respect of this application, including the taking of references and searching the files of a credit reference agency. I agree to pay to my bank, any charges relating to referencing, usually an amount under £10. I understand that all information received by HomeLets of Bath is confidential and will not be passed on. Should my application be refused, I accept that Homelets will not be able to discuss the details, and that I will lose my documentation & guarantor charge. Should I withdraw this application, I will be charge £325.00 + VAT. I agree to provide one form of photographic identification. I have read and understood these terms and agree to be bound by them. **TICK BOX**

SIGN:

DATE:

YOUR CURRENT ADDRESS: POSTCODE:	<ul style="list-style-type: none"> • OWNER • PARENTS • PRIVATE TENANT • COUNCIL
	HOW LONG HAVE YOU BEEN AT THIS ADDRESS? YEARS MONTHS

IF TENANT, LANDLORD OR AGENT DETAILS: COMPANY (IF APPLICABLE) ADDRESS (INCL POSTCODE) E-MAIL ADDRESS TELEPHONE NUMBER
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PREVIOUS ADDRESS: POSTCODE	PREVIOUS LANDLORD: ADDRESS: POSTCODE
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EMPLOYER NAME	
ADDRESS	
POSTCODE	
DATE COMMENCED EMPLOYMENT	
POSITION HELD	
SALARY PER MONTH/ANNUM	
HR or MANAGER CONTACT	
TELEPHONE NUMBER	
E-MAIL ADDRESS	

PERSONAL REFEREE: (unrelated & known for 2 years. Not named elsewhere on this form) NAME: FULL ADDRESS & POSTCODE: TELEPHONE NUMBER:	ACCOUNTANT'S NAME: (if self-employed) FULL ADDRESS & POSTCODE: TELEPHONE NUMBER:
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BANK: ADDRESS: POSTCODE: This account will be used for your standing order payments	SORT CODE			
	ACCOUNT NUMBER			
	ACCOUNT HOLDER'S NAME			