

Tenant Assessment Application Form

Please complete this Application Form in **BLOCK CAPITAL LETTERS**. Once fully completed please return to Ashby Lowery within 48 hours of application fee being paid.

Details of property being applied for:

House Number / Name			
Flat Number / Name			
Street			
District			
Town			
County	Postcode		
Total Rent	£	Per week / month <i>(delete as appropriate)</i>	
Tenancy Commencement Date	Period		

Part B To be completed by the applicant Mandatory for all assessments. If more than one applicant, a separate form must be completed for

How do you propose to pay the rent?

Own means Housing benefit

	First Name	Middle Name	Surname	Share of Rent
Tenant 1				£
Tenant 2				£
Tenant 3				£
Tenant 4				£

Part C To be completed by the applicant *Please complete ALL boxes.*

Personal Details:

Mr/Mrs/Miss/Ms*	<input type="checkbox"/>	Other (please specify)		
Surname *				
First Name (In Full)*			Middle Name	
Date of Birth *			Nationality	
Sex	Male / Female <i>(please circle)</i>		N.I. Number	
Marital Status			Maiden Name	
Daytime Telephone Number * (Work)			Evening Telephone Number (Home)	
Mobile Telephone Number			Email Address	
Do you have any pets Name of pet/type	Yes / No <i>(please circle)</i>	Are you a smoker?	Yes / No <i>(please circle)</i>	
Are you aware of any CCJ/CD Bankruptcy orders or IVAs, current or pending? Yes / No <i>(please circle)</i> , If yes give details:				

Names of children living in the property and their dates of birth:

1.		/	/
2.		/	/
3.		/	/
4.		/	/

Current Address:

House Number / Name*			
Flat Number / Name*			
Street			
District			
Town			
County		Postcode *	
Status (circle one)*	Owner	Rented	Living with parents Council tenant
Other (please specify)			
Time at address	FROM:	TO:	If rented, amount of monthly rent £

Previous address:

Enter this information only if you have lived at your current address for less than 3 years otherwise leave blank.

House Number / Name*			
Flat Number / Name*			
Street			
District			
Town			
County		Postcode *	
Status (circle one)*	Owner	Rented	Living with parents Council tenant
Other (please specify)			
Time at address	FROM:	TO:	If rented, amount of monthly rent £

Part D Most Recent Landlord Details * Mandatory fields

Complete this section if you indicated that you are or have lived in rented accommodation in the last 3 years. Please complete ALL boxes, including individual contact details (telephone and fax number) for landlord or current managing agent.

Landlord or Agent Name *		
Office / House name *		
Street Number / Name *		
Town *		
County	Postcode	
Daytime Telephone*	Evening Telephone Number	
Mobile Telephone		
Email Address *		
Fax Number *		

Part E Employment Details * Mandatory fields

Employment Status	Self-Employed	Employed	Unemployed	Student	Retired	Payment in Advance
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If you have indicated unemployment or student and you are currently or have previously lived in rented accommodation, proceed to Landlords details in this part, otherwise proceed to Part E.

Profession					
Annual Income (gross)		Employment Start Date*			
Payroll/pension number		Is your employment permanent, temporary contract or agency?			

Additional Income (if applicable):

Are your circumstances likely to change?* Yes / No (please circle)

If yes please give further details *

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If you have any additional income please advise how much per annum*

£

Source of additional income

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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. Please complete ALL boxes, including contact details for referee.

Employer / Accountant / Pension provider *		
Office / House Name *		
Street Number and Name *		
Town *		
County	Postcode*	
Contact Name*		
Contact Job Title*		
Daytime telephone (including STD code)*		
Mobile telephone		
Email Address*		
Fax Number*		

Part F Bank / Building society details/Next of Kin/Forwarding Address/Consent * Mandatory fields

Name of Bank*										
Address*										
Account in the name of*										
How long with this branch?	Sort Code		Account No *							
Do you have a cheque Guarantee Card?	Yes / No (please circle)									

Next of Kin:

Name			
House Number / Name	Street		
District	Town		
County	Postcode		
Telephone (daytime)	Mobile number		
Email Address	Relationship		

Due to a change in legislation concerning the return of deposits, we are now required by law to obtain a forwarding address. If you are unable to provide this, a work address or address of a close family member will suffice. Please complete.

Office / House name *			
Street Number / Name *			
Town *			
County	Postcode		
Actual forwarding address (tick where appropriate)	<input type="checkbox"/> Work address	<input type="checkbox"/> Family member	

Applicants Consent:

The information, which I have given in my Application Form, is true to the best of my knowledge. I consent to this information being verified by fair and lawful means, which I understand will involve contacting referees and licensed credit reference agencies. I understand the resulting verified information would be forwarded to the letting agency and / or to the landlord. The results may also be accessed again if I apply for a tenancy in the future.

I consent to Ashby Lowery searching information held by a credit reference agency and agree that Ashby Lowery and the credit-referencing bureau will keep a record of that search and the results from that search. The results of that search may show how I conduct my payments including rental payments and this may also be disclosed to the agency and may affect future credit applications from me and/or from members of my household and from time-to-time such information may be used for debt tracing and fraud prevention.

I hereby expressly consent to my personal details including any forwarding address at the determination of any tenancy being passed to the landlord and / or to the utility companies and / or to the local authority. Otherwise all information will be treated as confidential.

I agree that information supplied by me will be held in accordance with the Company's notification under the Data Protection Act 1998. That you may record sensitive data as defined in the Data Protection Act 1998 and I understand that I have the right to ask for a copy of the information held about me subject to the payment of an administration fee that will be notified to me upon application, though it will not exceed the amount set by statute. I have the right to request that the information on me be amended if it is found to be incorrect. I also consent to passing the results of any such search or assessment to my prospective landlord(s) for the purpose of assessing this application.

If full and satisfactory references cannot be obtained, we reserve the right to request a higher deposit, 6 months rent in advance, a guarantor or to decline the application. If the references fail or the applicant withdraws THE APPLICATION FEE PAID IS NON REDUNDABLE.

Please sign and date the form.

Signature:	Date: / / 200
Print Name:	

Confidentiality Note

The information contained within this application is being transmitted to and is intended only for the use of Ashby Lowery. If the reader of this message is not the intended recipient, you are hereby advised any dissemination, distribution or copy of this application is strictly prohibited. If you receive this application in error, please immediately notify us by calling 01604 603333.