



Tenant Assessment Application Form

This Form can be used by letting agents or landlords who are vetting applicants prior to the letting of a property. Part A should be completed by the agent / landlord. The other sections should be completed by the tenant applicant or guarantor, according to the type of assessment required. Please complete this Application Form in **BLACK INK** using **BLOCK CAPITAL LETTERS**. Once fully completed please fax it to Letsure on **0844 561 7909**.

Part A To be completed by the agent or landlord *Mandatory field for assessments.*

Agent Name	HAIR & SON
Letsure Agency Number	6815
Contact Name	PATRICIA POTTER
Contact Telephone Number	01702 341177

To assist us to complete the assessment process, there might be a requirement to contact the applicant/guarantor by telephone.
 Please tick the box opposite if this is not acceptable

Type of assessment required (see definitions on final page)

If a guarantor applicant is required, please supply the Applicants Reference ID in box provided. (If the guarantor is acting for more than one tenant, please confirm names in part F).

Complete Parts: (please tick to highlight which parts you are completing)

Tenant Comprehensive	A,B,C,D & E	<input type="checkbox"/>
Tenant Standard	A,B,C & E	<input checked="" type="checkbox"/>
Guarantor Standard	A,B,F,H & I	<input type="checkbox"/>
Comprehensive Guarantor	A,B,F,G,H & I	<input type="checkbox"/>
Comprehensive Tenant Guarantor	All sections A - I	<input type="checkbox"/>

Property Details:

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

Confidentiality Note
 The information contained within this application is being transmitted to and is intended only for the use of Letsure. 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 **0844 561 7808**

Part B To be completed by the applicant Mandatory for all assessments
 If more than one applicant, all remaining sections must be completed as appropriate for each.

How do you propose to pay the rent? Own means Housing benefit

Please give the names of all adult tenants moving into the property:

	First Name	Middle Name	Surname	Share of Rent
Tenant 1				£
Tenant 2				£
Tenant 3				£
Tenant 4				£
Tenant 5				£
Tenant 6				£

Part C To be completed by the applicant * Mandatory fields
 Please complete ALL boxes. If more than one applicant, parts C to I inclusive must be completed as appropriate for each.

Personal Details:

Mr/Mrs/Miss/Ms* Other (please specify)

Surname *

First Name * Middle Name

Date of Birth * Nationality

Sex Male / Female (please circle)

Marital Status Maiden Name

Daytime Telephone Number * Evening Telephone Number

Mobile Telephone Number

Email Address

Do you have any pets Yes / No (please circle) Are you a smoker? Yes / No (please circle)

Are you aware of any CCJ/CD Bankruptcy orders, current or pending?
 Yes / No (please circle), if yes give details:

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

1.	<input type="text"/>	/	/	/
2.	<input type="text"/>	/	/	/
3.	<input type="text"/>	/	/	/
4.	<input type="text"/>	/	/	/

Current Address:

House Number / Name*

Flat Number / Name*

Street*

Town*

District

County Postcode *

Status (circle one)* Owner Rented Living with parents Council tenant

Other (please specify)

Part C (continued) To be completed by the applicant * Mandatory fields

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*			
Town*			
District			
County			Postcode *
Status (circle one) *	Owner	Rented	Living with parents Council tenant
Other (please specify)			

Part D To be completed by the applicant for Comprehensive Assessments * Mandatory fields

Employment Details:

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. If you are unable to provide any employment detail a guarantor may be required. To avoid delay please arrange for the proposed guarantor to complete Parts A, B, F, G, H and I of this form.

Profession			
Annual Income (gross)			Employment Start Date*
Payroll/pension number	Is your employment of a temporary, full, or contract nature?		

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 / Name *			
Town *			
County			Postcode*
Contact Name*			
Contact Job Title*			
Daytime telephone (including STD code)*			
Mobile telephone			
Email Address*			
Fax Number *			

Part D (Continued) To be completed by the applicant * Mandatory fields

Landlord Details:

Complete this section if you indicated that you are or have lived in rented accommodation.

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 To be completed by the applicant for Comprehensive Assessment* Mandatory fields

Bank / Building society details:

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		

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Part E (Continued) To be completed by the applicant * Mandatory fields

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 consent to Letsure Limited searching information held by a credit reference agency and agree that Letsure Limited and the credit referencing agency will keep a record of the search and the results of the search. Such information may be used by other companies for the purpose of assessing other applications from me or for debt tracing and fraud prevention.

I understand the information supplied by me and the resulting verified information will be forwarded to the letting agency and/or to the prospective landlord. The information may also be accessed again if I apply for a tenancy in the future.

I agree that information supplied by me and the results of the assessment process will be held in accordance with the Company's notification under the Data Protection Act 1998. I understand that I have the right to ask for a copy of the information held on 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 held be amended if it is found to be incorrect.

Letsure Limited, as well as the letting agency and other selected businesses, may use this information to keep you informed by post, telephone, email or other means about products and services that may be of interest. If you do not want your information to be used for these marketing purposes, please signify by ticking the box opposite.



Please sign and date the form

Signature_____

Date____/____/____

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