



APPLICATION FORM FOR RENTED ACCOMMODATION

(As part of our normal administration procedure on prospective tenants, all references are taken up and checked. Please note that we will not process an application for more than three unrelated individuals. Families will be processed as one application)

ADDRESS OF PROPERTY

APPLIED FOR:

PREFERRED TENANCY START DATE:/...../..... **(Subject to availability)**

MONTHLY RENT FOR ABOVE PROPERTY £.....

FURNISHED/UNFURNISHED (Delete as necessary)

Phoenix House, 52 High Street, Market Harborough, Leics LE16 7AF
Tel: 01858 439080 Fax: 01858 439091 Email: mkt.harborough@andrewgranger.co.uk
Andrew Granger & Co is a trading name of Andrew Granger & Co Ltd, Reg No 09298477.

Please note that unless we are advised to the contrary, all postal correspondence regarding your application will be sent to the address of Applicant 1.

APPLICANT 1:

FOR OFFICE USE ONLY: Credit Score Check carried out on:/...../.....

LANDLORD APPROVED APPLICATION ON:/...../.....

TITLE: (Mr/Mrs/etc.)
 FORENAME(S):
 SURNAME:
 CURRENT ADDRESS:
 POSTCODE: IS THIS PROPERTY RENTED? YES / NO

IF YOU ARE NOT LIVING IN RENTED ACCOMMODATION, PLEASE COULD YOU CONFIRM YOUR CIRCUMSTANCES, E.G. HOMEOWNER, LIVING WITH FAMILY ETC

PERIOD OF OCCUPATION AT CURRENT ADDRESS:YEARS.....MONTHS
 IF LESS THAN 24 MONTHS PLEASE SUPPLY YOUR PREVIOUS ADDRESS AND PERIOD OF OCCUPATION

FROM(MONTH / YEAR) TO (MONTH / YEAR)

			L/L APPROVED
E-MAIL:	DO YOU HAVE ANY CRIMINAL CONVICTIONS?	YES/NO	<input type="checkbox"/>
WORK TEL NO:	DO YOU HAVE ANY COUNTY COURT		<input type="checkbox"/>
MOBILE TEL NO:	JUDGEMENTS, INDIVIDUAL VOLUNTARY	YES/NO	
	ARRANGEMENTS OR ADVERSE CREDIT?		
PASSPORT NUMBER:.....	IF YES, PLEASE PROVIDE FURTHER DETAILS		
DATE OF ISSUE:	AT THE END OF THIS SECTION		
PLACE OF ISSUE:.....			
HOW LONG HAVE YOU LIVED IN THE UK?			<input type="checkbox"/>
SINCE BIRTH <input type="checkbox"/>			
IN NOT SINCE BIRTH, PLEASE GIVE DATE OF			
COMMENCEMENT OF RESIDENCY:			
OCCUPATION:	DO YOU REQUIRE HOUSING BENEFIT?	YES/NO	<input type="checkbox"/>
ANNUAL SALARY:	DO YOU HAVE PETS?	YES/NO	
FULL TIME / PART TIME (delete as necessary)	IF YES PLEASE LIST		
EMPLOYED / SELF EMPLOYED(delete as necessary)			
DATE OF BIRTH:.....	DO YOU SMOKE?	YES/NO	<input type="checkbox"/>
NATIONAL INSURANCE NO:.....			
LENGTH OF TIME AT THIS			
EMPLOYER			

CURRENT EMPLOYER
REFERENCE
(IF SELF EMPLOYED
PLEASE PROVIDE YOUR
ACCOUNTANTS DETAILS)

CURRENT LANDLORD
REFERENCE

* PLEASE INDICATE IF YOU OWN
YOUR PROPERTY AND ARE
CURRENTLY IN THE PROCESS OF
SELLING

NAME:

NAME:

ADDRESS (include
Company Name):

ADDRESS:

POSTCODE:

POSTCODE:

EMAIL:

EMAIL:

CHILDREN

Please list the names in full and the ages of all individuals who will be residing at the property, **who are under 18 years of age**:

NAME: AGE: (Years / Months)

NAME: AGE: (Years / Months)

NAME: AGE: (Years / Months)

NAME: AGE: (Years / Months)

PLEASE PROVIDE BELOW ANY FURTHER DETAILS WHICH MAY BE RELEVANT TO APPLICANT 1:

Please note that unless we are advised to the contrary, all postal correspondence regarding your application will be sent to the address of Applicant 1.

APPLICANT 2:

FOR OFFICE USE ONLY: Credit Score Check carried out on:/...../.....

LANDLORD APPROVED APPLICATION ON:/...../.....

TITLE: (Mr/Mrs/etc.)
 FORENAME(S):
 SURNAME:
 CURRENT ADDRESS:
 POSTCODE: IS THIS PROPERTY RENTED? YES / NO

IF YOU ARE NOT LIVING IN RENTED ACCOMMODATION, PLEASE COULD YOU CONFIRM YOUR CIRCUMSTANCES, E.G. HOMEOWNER, LIVING WITH FAMILY ETC

PERIOD OF OCCUPATION AT CURRENT ADDRESS:YEARS.....MONTHS
 IF LESS THAN 24 MONTHS PLEASE SUPPLY YOUR PREVIOUS ADDRESS AND PERIOD OF OCCUPATION

 FROM(MONTH / YEAR) TO (MONTH / YEAR)

			L/L APPROVED
E-MAIL:	DO YOU HAVE ANY CRIMINAL CONVICTIONS?	YES/NO	<input type="checkbox"/>
WORK TEL NO:	DO YOU HAVE ANY COUNTY COURT		<input type="checkbox"/>
MOBILE TEL NO:	JUDGEMENTS, INDIVIDUAL VOLUNTARY	YES/NO	
	AGREEMENTS OR ADVERSE CREDIT?		
PASSPORT NUMBER.....	IF YES, PLEASE SUPPLY FURTHER DETAILS		
DATE OF ISSUE.....	AT THE END OF THIS SECTION		
PLACE OF ISSUE.....			
HOW LONG HAVE YOU LIVED IN THE UK?			<input type="checkbox"/>
SINCE BIRTH <input type="checkbox"/>			
IN NOT SINCE BIRTH, PLEASE GIVE DATE OF			
COMMENCEMENT OF RESIDENCY:			
OCCUPATION:	DO YOU REQUIRE HOUSING BENEFIT?	YES/NO	<input type="checkbox"/>
ANNUAL SALARY:	DO YOU HAVE PETS?	YES/NO	
FULL TIME / PART TIME (delete as necessary)	IF YES PLEASE LIST		
EMPLOYED / SELF EMPLOYED(delete as necessary)			
DATE OF BIRTH:.....	DO YOU SMOKE?	YES/NO	<input type="checkbox"/>
NATIONAL INSURANCE NO:.....			

LENGTH OF TIME AT THIS
EMPLOYER

CURRENT EMPLOYER
REFERENCE
(IF SELF EMPLOYED
PLEASE PROVIDE YOUR
ACCOUNTANTS DETAILS)

NAME:
ADDRESS (include
Company Name):
POSTCODE:
EMAIL:

CURRENT LANDLORD
REFERENCE

NAME:
ADDRESS:
POSTCODE:
EMAIL:

* PLEASE INDICATE IF YOU OWN
YOUR PROPERTY AND ARE
CURRENTLY IN THE PROCESS OF
SELLING

CHILDREN

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NAME: AGE: (Years / Months)
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NAME: AGE: (Years / Months)

PLEASE PROVIDE BELOW ANY FURTHER DETAILS WHICH MAY BE RELEVANT TO APPLICANT 2:

Please note that unless we are advised to the contrary, all postal correspondence regarding your application will be sent to the address of Applicant 1.

APPLICANT 3:

FOR OFFICE USE ONLY: Credit Score Check carried out on:/...../.....

LANDLORD APPROVED APPLICATION ON:/...../.....

TITLE: (Mr/Mrs/etc.)
 FORENAME(S):
 SURNAME:
 CURRENT ADDRESS:
 POSTCODE: IS THIS PROPERTY RENTED? YES / NO

IF YOU ARE NOT LIVING IN RENTED ACCOMMODATION, PLEASE COULD YOU CONFIRM YOUR CIRCUMSTANCES, E.G. HOMEOWNER, LIVING WITH FAMILY ETC

PERIOD OF OCCUPATION AT CURRENT ADDRESS:YEARS.....MONTHS

IF LESS THAN 24 MONTHS PLEASE SUPPLY YOUR PREVIOUS ADDRESS AND PERIOD OF OCCUPATION

FROM(MONTH / YEAR) TO (MONTH / YEAR)

			L/L APPROVED
E-MAIL:	DO YOU HAVE ANY CRIMINAL CONVICTIONS?	YES/NO	<input type="checkbox"/>
WORK TEL NO:	DO YOU HAVE ANY COUNTY COURT		<input type="checkbox"/>
MOBILE TEL NO:	JUDGEMENTS, INDIVIDUAL VOLUNTARY	YES/NO	
PASSPORT NUMBER.....	AGREEMENTS OR ADVERSE CREDIT?		
DATE OF ISSUE.....	IF YES, PLEASE SUPPLY FURTHER DETAILS		
PLACE OF ISSUE.....	AT THE END OF THIS SECTION		
HOW LONG HAVE YOU LIVED IN THE UK?			<input type="checkbox"/>
SINCE BIRTH <input type="checkbox"/>			
IN NOT SINCE BIRTH, PLEASE GIVE DATE OF			
COMMENCEMENT OF RESIDENCY:			
OCCUPATION:	DO YOU REQUIRE HOUSING BENEFIT?	YES/NO	<input type="checkbox"/>
ANNUAL SALARY:	DO YOU HAVE PETS?	YES/NO	
FULL TIME / PART TIME (delete as necessary)	IF YES PLEASE LIST		
EMPLOYED / SELF EMPLOYED(delete as necessary)			
DATE OF BIRTH:.....	DO YOU SMOKE?	YES/NO	<input type="checkbox"/>
NATIONAL INSURANCE NO:.....			
LENGTH OF TIME AT THIS			
EMPLOYER			

CURRENT EMPLOYER
REFERENCE
(IF SELF EMPLOYED
PLEASE PROVIDE YOUR
ACCOUNTANTS DETAILS)

NAME:
ADDRESS (include
Company Name):
POSTCODE:
EMAIL:

CURRENT LANDLORD
REFERENCE

NAME:
ADDRESS:
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EMAIL:

* PLEASE INDICATE IF YOU OWN
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CHILDREN

Please list the names in full and the ages of all individuals who will be residing at the property, **who are under 18 years of age**:

NAME: AGE: (Years / Months)
NAME: AGE: (Years / Months)
NAME: AGE: (Years / Months)
NAME: AGE: (Years / Months)

PLEASE PROVIDE BELOW ANY FURTHER DETAILS WHICH MAY BE RELEVANT TO APPLICANT 3:

GUARANTOR: (If required)

FOR OFFICE USE ONLY: Credit Score Check carried out on:/...../.....
PASS/FAIL:

LANDLORD APPROVED

TITLE: (Mr/Mrs/etc.)
FORENAME(S):
SURNAME:
CURRENT ADDRESS:
POSTCODE:

LENGTH OF TIME AT CURRENT ADDRESS: (YEARS/MONTHS)

HOME TEL NO:

WORK TEL NO:

MOBILE TEL NO:

E MAIL ADDRESS:.....

DATE OF BIRTH:

NATIONAL INSURANCE NO:.....

OCCUPATION:

ANNUAL SALARY

ARE YOU A HOMEOWNER? YES/NO

PLEASE NOTE GUARANTORS SHOULD BE IN FULL TIME EMPLOYMENT AND A PROPERTY OWNER. THE GUARANTOR MUST SIGN BELOW TO CONFIRM THEIR CONSENT TO BE NAMED AS A GUARANTOR.

*I HEREBY GIVE PERMISSION FOR ANDREW GRANGER & CO TO CARRY OUT A CREDIT CHECK AND ANY OTHER REFERENCES AS REQUIRED AND SHARE THIS INFORMATION WITH ANY INTERESTED PARTIES.

*Signed :
GUARANTOR (if applicable)

Dated :

PLEASE READ THE INFORMATION BELOW AND SIGN TO CONFIRM YOUR UNDERSTANDING. PLEASE NOTE THAT WE CANNOT PROCESS YOUR APPLICATION WITHOUT YOUR SIGNED CONSENT TO OUR TERMS AND CONDITIONS.

PLEASE NOTE THAT ALL PERSONS AGED 18 YEARS AND OVER WILL BE NAMED ON THE TENANCY AGREEMENT. PLEASE COMPLETE THIS FORM IN AS MUCH DETAIL AS POSSIBLE SO THAT WE HAVE SUFFICIENT INFORMATION TO CONSIDER YOUR APPLICATION ON BEHALF OF OUR CLIENT. PLEASE RETURN THE FORM TO THE LETTINGS DEPARTMENT AT THE ADDRESS LISTED ABOVE.

WE WILL CHARGE AN ADMINISTRATION FEE OF £234.00 INCLUSIVE OF VAT (£195.00 + VAT), IF A SECOND PERSON INTENDS TO RESIDE AT THE PROPERTY THEN A FURTHER APPLICATION FEE OF £60.00 INCLUSIVE OF VAT (£50.00 + VAT) WILL BE REQUIRED. IF THE LANDLORD ALLOWS A NEW TENANT TO MOVE INTO THE PROPERTY AFTER THE TENANCY HAS BEGUN, A SEPARATE APPLICATION FEE OF £117.00 INCLUSIVE OF VAT (£97.50 + VAT) WILL BE REQUIRED. PLEASE ENCLOSE YOUR PAYMENT WITH THIS APPLICATION FORM. AN APPLICATION WILL NOT BE PROCESSED UNLESS THE FEE IS RECEIVED. SHOULD ANY APPLICATION BE ACCEPTED AND REQUIRE A GUARANTOR, THEN AN ADDITIONAL FEE OF £60.00 INCLUSIVE OF VAT (£50.00 + VAT) WILL BE REQUIRED.

* PLEASE NOTE THAT SHOULD YOUR APPLICATION NOT BE ACCEPTED THEN ANY IDENTIFICATION AND YOUR ADMINISTRATION FEES WILL BE RETURNED
IF YOUR APPLICATION IS ACCEPTED AND SUBSEQUENTLY DECLINED DUE TO UNSATISFACTORY REFERENCING (INCLUDING ANY UNDISCLOSED COUNTY COURT JUDGEMENTS) THEN THE ADMINISTRATION FEE WILL NOT BE REFUNDED

I CONFIRM THAT I HAVE READ THE DETAILS CONTAINED IN THE TENANT INFORMATION SHEET.

I HEREBY GIVE PERMISSION FOR ANDREW GRANGER & CO TO CARRY OUT A CREDIT CHECK AND ANY OTHER REFERENCES AS REQUIRED AND SHARE THIS INFORMATION WITH ANY INTERESTED PARTIES.

IN PARTICULAR, ANDREW GRANGER & CO HAVE TEAMED UP WITH TENANT SHOP LIMITED TO STREAMLINE YOUR REGISTRATION PROCESS WITH THE LOCAL COUNCIL, WATER SUPPLIER AND ENERGY PROVIDER. TENANT SHOP WILL NOTIFY ALL OF THE NECESSARY ORGANISATIONS THAT YOU INTEND TO MOVE INTO THE PROPERTY AND PROVIDE YOUR CONTACT INFORMATION, MOVING IN DATE AND METER READINGS WHERE APPLICABLE.

WE MAY USE SOFTWARE SUPPLIED BY TENANT SHOP LIMITED TO NOTIFY THE LOCAL COUNCIL, WATER SUPPLIER(S) AND THE ENERGY PROVIDER(S) IN LINE WITH YOUR TENANCY START DATE AND AGAIN ON THE TENANCY END/VACATING DATE.

WE WILL ASK TENANT SHOP TO CONTACT YOU ON OUR BEHALF BY TEXT, PHONE AND/OR EMAIL TO OFFER YOU ENERGY, INSURANCE (IF APPLICABLE) AND MEDIA COMPARISONS FOR YOUR NEW TENANCY.

CALL CENTRE COMPARISONS ARE COMPLETELY OPTIONAL FOR YOU (THE TENANT) AND **YOU CAN OPT OUT AT ANY TIME BY EMAILING customerservices@mytenantshop.co.uk**

TENANT SHOP LIMITED IS FULLY COMPLIANT WITH THE DATA PROTECTION ACT 1998 AND A REGISTERED MEMBER OF THE INFORMATION COMMISSIONERS OFFICE WITH REGISTRATION NUMBER Z305733X AND WILL ONLY USE YOUR INFORMATION FOR THE PURPOSES SET OUT ABOVE.

PLEASE NOTE THAT ANDREW GRANGER & CO MAY RECEIVE A COMMISSION IN RESPECT OF ANY SUCCESSFUL REFERRAL OR INTRODUCTION.

I AM HAPPY FOR TENANT SHOP TO CONTACT ME AS SPECIFIED ABOVE.

*Signed :
APPLICANT 1

Dated :

*Signed :
APPLICANT 2

Dated :

*Signed :
APPLICANT 3

Dated :

HAVE YOU ENCLOSED THE FOLLOWING:

1. PAYMENT OF ADMINISTRATION FEE (£234.00 INCLUSIVE OF VAT)*
2. PAYMENT OF ADDITIONAL PERSON ADMINISTRATION FEE (£60.00 INCLUSIVE OF VAT)*
3. IDENTIFICATION – PROOF OF NAME AND ADDRESS
4. COPIES OF 3 MONTHS CURRENT BANK STATEMENTS – PLEASE NOTE THAT WE WILL **NOT** HOLD A PERMANENT RECORD OF THIS INFORMATION

*Signed : Dated :

AGENT: I HEREBY CONFIRM THAT I HAVE SEEN AND VERIFIED THE APPLICANT(S) IDENTIFICATION

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU FEEL MAY BE RELEVANT TO YOUR APPLICATION:

For Office Use Only:

Credit Referencing Score: _____

Right to Rent Status: _____

Application Approved by: _____

Date: _____