



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)

Please note that the date of the month on which you start your tenancy will also be your rent payment date for the remainder of your tenancy. For example if your tenancy starts on the 1st of the month, your rent will be due every month on the 1st.

MONTHLY RENT FOR ABOVE PROPERTY £.....

HAVE YOU INCLUDED?:	3 MONTHS BANK STATEMENTS	<input type="checkbox"/>
	ID AND PROOF OF ADDRESS	<input type="checkbox"/>
	GUARANTOR DETAILS (IF REQUIRED)	<input type="checkbox"/>
	SIGNATURES FOR EVERY APPLICANT OVER 18	<input type="checkbox"/>

PLEASE NOTE THAT IF THIS INFORMATION IS NOT PROVIDED, YOUR APPLICATION WILL NOT BE PROCESSED.

PLEASE NOTE THAT DUE TO PROCESSING COSTS WE ARE UNFORTUNATELY UNABLE TO ACCEPT ANY PAYMENTS BY CREDIT CARD.

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. IF YOU ARE SELLING YOUR PROPERTY, PLEASE CONFIRM IF YOU HAVE EXCHANGED CONTRACTS.

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)

E-MAIL:	DO YOU HAVE ANY CRIMINAL CONVICTIONS? YES/NO	<input type="checkbox"/>	L/L APPROVED
	IF YES, PLEASE STATE		
WORK TEL NO:	DO YOU HAVE ANY COUNTY COURT	<input type="checkbox"/>	
MOBILE TEL NO:	JUDGEMENTS, INDIVIDUAL VOLUNTARY YES/NO		
NATIONAL INSURANCE 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:			
DATE OF BIRTH:			
DO YOU REQUIRE HOUSING BENEFIT?	YES/NO	<input type="checkbox"/>	
DO YOU HAVE PETS?	YES/NO	<input type="checkbox"/>	
IF YES PLEASE LIST			
DO YOU SMOKE?	YES/NO	<input type="checkbox"/>	

OCCUPATION:
 COMPANY:
 ANNUAL SALARY:
 FULL TIME / PART TIME (delete as necessary)
 EMPLOYED / SELF EMPLOYED(delete as necessary)
 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:

PHONE NUMBER:

PHONE NUMBER:

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 – anyone who will be living at the property who is over the age of 18 must be listed as an applicant:**

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. IF YOU ARE SELLING YOUR PROPERTY, PLEASE CONFIRM IF YOU HAVE EXCHANGED CONTRACTS.

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 IF YES, PLEASE STATE	<input type="checkbox"/>
WORK TEL NO:	DO YOU HAVE ANY COUNTY COURT JUDGEMENTS, INDIVIDUAL VOLUNTARY ARRANGEMENTS OR ADVERSE CREDIT? YES/NO	<input type="checkbox"/>
MOBILE TEL NO:		
NATIONAL INSURANCE NO:.....		
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? SINCE BIRTH <input type="checkbox"/>		<input type="checkbox"/>
IN NOT SINCE BIRTH, PLEASE GIVE DATE OF COMMENCEMENT OF RESIDENCY:		
DATE OF BIRTH:		
DO YOU REQUIRE HOUSING BENEFIT? YES/NO		<input type="checkbox"/>
DO YOU HAVE PETS? YES/NO		<input type="checkbox"/>
IF YES PLEASE LIST		
DO YOU SMOKE? YES/NO		<input type="checkbox"/>

OCCUPATION:
 COMPANY:
 ANNUAL SALARY:
 FULL TIME / PART TIME (delete as necessary)
 EMPLOYED / SELF EMPLOYED(delete as necessary)
 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:

PHONE NUMBER:

PHONE NUMBER:

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 – anyone who will be living at the property who is over the age of 18 must be listed as an applicant:**

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 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. IF YOU ARE SELLING YOUR PROPERTY, PLEASE CONFIRM IF YOU HAVE EXCHANGED CONTRACTS.

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)

E-MAIL:	DO YOU HAVE ANY CRIMINAL CONVICTIONS? YES/NO	<input type="checkbox"/>	L/L APPROVED
	IF YES, PLEASE STATE		
WORK TEL NO:	DO YOU HAVE ANY COUNTY COURT	<input type="checkbox"/>	
MOBILE TEL NO:	JUDGEMENTS, INDIVIDUAL VOLUNTARY		
NATIONAL INSURANCE NO:.....	ARRANGEMENTS OR ADVERSE CREDIT? YES/NO		
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:			
DATE OF BIRTH:			
DO YOU REQUIRE HOUSING BENEFIT?	YES/NO	<input type="checkbox"/>	
DO YOU HAVE PETS?	YES/NO	<input type="checkbox"/>	
IF YES PLEASE LIST			
DO YOU SMOKE?	YES/NO	<input type="checkbox"/>	

OCCUPATION:
 COMPANY:
 ANNUAL SALARY:
 FULL TIME / PART TIME (delete as necessary)
 EMPLOYED / SELF EMPLOYED(delete as
 necessary)
 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:

PHONE NUMBER:

PHONE NUMBER:

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 – anyone who will be living at the property who is over the age of 18 must be listed as an applicant:**

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:

COMPANY:

ANNUAL SALARY

ARE YOU A HOMEOWNER? YES/NO

PLEASE NOTE GUARANTORS SHOULD BE IN FULL TIME EMPLOYMENT AND OWN A PROPERTY. THE GUARANTOR MUST SIGN BELOW TO CONFIRM THEIR CONSENT TO BE NAMED AS A GUARANTOR AND TO UNDERGO OUR AFFORDABILITY CHECKS:

*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.

*I CONSENT TO PROVIDE ANDREW GRANGER & CO WITH 3 MONTH'S CURRENT BANK STATEMENTS FOR REFERENCING PURPOSES. I UNDERSTAND THAT THE APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION AND THAT ANY FINANCIAL RECORDS WILL BE RETURNED / DESTROYED BY ANDREW GRANGER & CO AFTER THE REFERENCING PROCESS IS COMPLETE.

*I CONSENT TO SHOW ANDREW GRANGER PROOF OF MY IDENTITY AND PROOF OF MY ADDRESS. I UNDERSTAND THAT THE APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION.

*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.

A HOLDING FEE OF £90.00 WILL BE PAYABLE TO ENABLE US TO PROCESS YOUR APPLICATION INFORMATION. FURTHER INFORMATION REGARDING THE HOLDING FEE CAN BE FOUND IN OUR TENANT INFORMATION SHEET.

* PLEASE NOTE THAT SHOULD YOUR APPLICATION NOT BE ACCEPTED THEN ANY IDENTIFICATION AND YOUR HOLDING FEE WILL BE RETURNED
IF YOUR APPLICATION IS ACCEPTED AND SUBSEQUENTLY DECLINED DUE TO UNSATISFACTORY REFERENCING (INCLUDING ANY UNDISCLOSED COUNTY COURT JUDGEMENTS) THEN THE HOLDING 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 VIA CREDIT SAFE AND ANY OTHER REFERENCES AS REQUIRED AND SHARE THIS INFORMATION WITH LANDLORDS OR THEIR REPRESENTATIVES AND ANY CONTRACTORS WHO ARE INCLUDED WITHIN OUR APPROVED CONTRACTORS LIST TO CARRY OUT ANY NECESSARY MAINTENANCE.

ANY APPLICATIONS THAT ARE DECLINED WILL BE RETURNED TO THE ADDRESS OF APPLICANT 1.

ANDREW GRANGER & CO HAVE TEAMED UP WITH TENANT SHOP LIMITED TO STREAMLINE YOUR REGISTRATION PROCESS. PLEASE READ AND COMPLETE THE ATTACHED REGISTRATION FORM AND RETURN IT TO US ALONG WITH YOUR APPLICATION FORM.

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 : Dated :
APPLICANT 1

*Signed : Dated :
APPLICANT 2

*Signed : Dated :
APPLICANT 3

BY SIGNING THIS APPLICATION FORM YOU ARE AGREEING THAT YOUR HOLDING DEPOSIT CAN BE USED AS PART PAYMENT OF YOUR FIRST MONTH'S RENT.

*Signed : Dated :
APPLICANT 1

*Signed : Dated :
APPLICANT 2

*Signed : Dated :

PLEASE REFER TO THE CHECKLIST ON PAGE 1 AND ENSURE YOU HAVE ENCLOSED ALL OF THE APPROPRIATE INFORMATION

