

Application Form



Property applying for:- _____

Price pcm:- _____

Applicant _____ Student / worker / professional / clamant

(if you are a student or don't have a high or provable income you will need a guarantor)

Full Name:- _____

Address:- _____

Phone Number:- _____

Email:- _____

Share of rent:- _____

Proof of address:- _____

Photograph ID:- _____

NI number _____

Guarantor _____

Full Name:- _____

Address:- _____

Email:- _____

Phone Number _____

Signed by Applicant _____ Date:- _____

Property applying for:- _____

Costs :- _____

Application fee: (non-refundable) _____

Deposit: _____

First month's rent: _____

- ✂ If there is more than one person applying for the property we will need all applications forms in together
- ✂ Please fill in what type of ID you have and bring it with you (originals only) at the time of handing in the form
- ✂ This form will enable us to start the referencing process with [Endsleigh](#). You will be asked to either fill attached to this document or we will email you a link to fill your details out online.
- ✂ Your application will not be accepted without the [Application fee](#) in cash
- ✂ Submitting an application form **does not** create a tenancy agreement
- ✂ Your application fee is non-refundable if you fail referencing or you are not able to proceed with the tenancy for any other reason.

In connection with this application a search will be carried out with Experian to check all, or any, of the application details which have been submitted, against those held on a number of specific databases Experian has access to for example information from the Electoral Register and fraud prevention agencies. Scoring methods will be used in the verification process as this gives a more thorough check of the available data. A record of this process will be kept that may be used to help other companies to verify your identity. We may also pass information to organisations involved in fraud prevention to protect ourselves and our customers from theft and fraud. If you supply false or inaccurate information and we suspect fraud, we will record this and share this information with other organisations.

The applicant hereby consents to Experian carrying out and retaining a record of any such search or check which may be shared with other organisations for the purposes of assessing future tenancy applications and services.

The applicant also consents to the results of any such search or check being used for the purposes of assessing this application



Tenant Referencing Service

Comprehensive Application Form

In order for the application to be processed quickly, please complete in BLOCK CAPITALS and ensure the application is completed in full. All sections marked with * are mandatory information.

Agent Details

Name of agent:	<i>1 Stop Lettings (Aber) Limited</i>		
Branch number:	<i>N/A</i>	Contact name :	<i>Becky/Eirian</i>
Locality:	<i>22 Terrace Rd Aberystwyth</i>	Phone number:	<i>01970 617 757</i>

Property Details

Flat number:	House number:
House name:	Postcode* :
Street*:	District:
Town*:	County:

Rental Details

Monthly Rental*: £	Tenancy term (months)*:
Number of Tenants/Guarantors*:	Start Date (dd/mm/yyyy)*:
Rent Guarantee Type:	Share of Rent*: £
Can we contact the applicant?* Yes <input type="checkbox"/> No <input type="checkbox"/>	

Applicants Details

Title*: <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other		
First Name*:	Full Middle Name:	
Surname*:	Date of birth*:	
Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female	National Insurance Number:	
No of dependants*:	Marital Status*: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er)	
Daytime phone number*:	Mobile number:	
Work number:	Email Address:	
Any previous names*:	Last Name:	Used Until: dd/mm/yyyy
First Name:	Last Name:	Used Until: dd/mm/yyyy

Address History – Current Address (Please complete all address details where appropriate)

Time at address: From*: dd/mm/yyyy		To: dd/mm/yyyy	
Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> Other			
Flat:		House name*:	
House Number:		Postcode*:	
Street*:		District:	
Town*:	County:	Country:	

Address History – Previous Address 1 (Please complete all address details where appropriate)

Time at address: From*: dd/mm/yyyy		To: dd/mm/yyyy	
Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> Other			
Flat:		House name*:	
House Number:		Postcode*:	
Street*:		District:	
Town*:	County:	Country:	

Address History – Previous Address 2 (Please complete all address details where appropriate)

Time at address: From*: dd/mm/yyyy		To: dd/mm/yyyy	
Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> Other			
Flat:		House name*:	
House Number:		Postcode*:	
Street*:		District:	
Town*:	County:	Country:	

Landlord details or Previous landlord details

Landlord / Agent Name*:	Contact Name*:	
Phone Number*:	Mobile Number:	
Fax number:	Email address:	
Flat:	House Name:	
House Number:	Postcode:	
Street:	District:	
Town*:	County:	Country:

Additional Information to assist the referee:

Employment Details – If your Employment is likely to change please supply your offer letter or contact of new employment

Employment Type*: Full time employed Part time employed Temporary/Contract Unemployed
 Self-Employed Retired Student Housewife/Home maker Payment in advance

Occupation*:

Employment status*: Junior Management Unskilled Supervisor Semi-skilled
 Skilled Senior Management Other Not applicable

Employer Details

Organisation Name: Start date*: dd/mm/yyyy

Job Title*: Employee/Payroll/Service number:

Flat: House Name:

House Number: Postcode:

Street: District:

Town*: County: Country:

Reference Provider Details - Please provide details of the person/department of whom we may contact to obtain a reference

Contact Name: Job Title:

Phone Number: Mobile Number:

Fax Number: Email Address:

Additional Information: (e.g: Is the contact's address different to the address above)

Accountant Details (if self-employed)

Do you have an accountant?*: Yes No
If **No** Please provide 6 months bank statements showing proof of income

Company Name *: Contact Name*:

Phone Number: Mobile Number*:

Fax Number*: Email Address*:

Flat: House Name:

House Number: Postcode:

Street: District:

Town*: County: Country:

Please ensure you provide either a fax number or email address.

Additional Information to assist the referee:

Pension Details

Do you have proof of your pension?*: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes Please supply a copy of your annual pension statement		
Pension Providers Company Name:	Pension Ref Number:	
Contact Name*:	Phone Number:	
Fax Number*:	Email Address*:	
Flat:	House Name:	
House Number:	Postcode:	
Street:	District:	
Town*:	County:	Country:
Please ensure you provide either a fax number or email address.		
Additional Information to assist the referee:		

Affordability Details

Gross annual income*: £	Any additional sources of income?*: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes Please provide below
Amount of additional income per annum?* £	
Please provide details of any additional income*:	

Bank Details

Current account held?*: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please enter the following details	How many credit cards held?*
Sort code*:	Account number:
Account name*:	Name of bank*:
Address*:	
Time with bank*: (years)_____ (months)_____	Cheque guarantee card held*: Yes <input type="checkbox"/> No <input type="checkbox"/>

Next Of Kin

First Name:	Surname:	Relationship:	
Home Phone Number:	Mobile Phone Number:	Email Address:	
House/Flat Number/Name:	Postcode:	Street:	
District:	Town:	County:	Country:

Additional Information

Have you ever received any County Court Judgments or Individual Voluntary Arrangements against you?*

Yes No Not Asked

If **Yes** please enter the details

Have you ever been declared bankrupt?*

Yes No Not Asked

If **Yes** please enter the details

Will any of the tenants have pets?*

Yes No

Will any of the tenants smoke?*

Yes No

Will there be any children living at the property?*

Yes No (If Yes, Please enter details below)

Names of Children

Date of Birth

DD/MM/YYYY

DD/MM/YYYY

DD/MM/YYYY

Consent

I declare that:

- The applicant has consented that we will use information provided to us by third parties to make decisions about their application
- We have informed the applicant that credit reference agencies may supply to us, public information and fraud prevention information
- The applicant has been advised that a search "footprint" will be recorded on their credit report; this will not affect their ability to obtain credit in the future
- The applicant has agreed to Experian processing their data in accordance with the Use of Personal Information policy and has been advised of the details in this policy.

By proceeding with this application you confirm that you have advised the applicant of how their data may be used as described above Endsleigh offer specialist contents insurance for all kinds of tenants. As an additional service we'll contact your tenant once their application is complete to discuss their insurance needs. Please note - Endsleigh won't pass this data on to any 3rd parties.

If the applicant would prefer not to be contacted by Endsleigh about insurance, please tick here

By **signing your agreement to proceed** you are accepting that we may use your information in this way.

Signed:

Date:

Please ensure that you have completed all fields indicated * as failure to do this may result in a delay in producing your report.

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