

# Tenancy Application Form



Upon completion please return this form to:

**Name of Landlord:** \_\_\_\_\_

**Address of Landlord:** \_\_\_\_\_

\_\_\_\_\_

(IN THE CASE OF JOINT-APPLICANT, EACH JOINT-APPLICANT WILL BE REQUIRED TO COMPLETE AND SUBMIT A SEPARATE APPLICATION FORM. PLEASE EITHER PHOTOCOPY THIS FORM FOR THE NUMBER REQUIRED BEFORE COMPLETING - OR ASK FOR THE NUMBER OF FORMS RQUIRED)

**APPLICANTS NAME** : \_\_\_\_\_  
(Mr/Mrs/Miss/Ms)

**ADDRESS** : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**POST CODE** : \_\_\_\_\_ **N.I. NUMBER:** \_\_\_\_\_

**TELEPHONE (DAYTIME)** : \_\_\_\_\_ **(EVENING):** \_\_\_\_\_

**JOINT APPLICANTS (if any)** : \_\_\_\_\_

**ADDRESS(ES) OF JOINT APPLICANT(S)** : \_\_\_\_\_

\_\_\_\_\_

**POST CODE** : \_\_\_\_\_ **N.I. NUMBER:** \_\_\_\_\_

**RELATIONSHIP OF JOINT APPLICANTS TO YOU:** \_\_\_\_\_

**TIME AT PRESENT ADDRESS** : \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**PREVIOUS ADDRESS** : \_\_\_\_\_

(if less than 3 years) \_\_\_\_\_

\_\_\_\_\_

**HOW WAS THAT PROPERTY HELD BY YOU** :  AS TENANT  AS OWNER  AS A LODGER  
 AS A COUNCIL TENANT (OF WHICH LOCAL AUTHORITY: \_\_\_\_\_)

IF AS A TENANT OR LODGER, PLEASE GIVE THE NAME AND ADDRESS OF THE LANDLORD BELOW:

\_\_\_\_\_

\_\_\_\_\_

**IF EMPLOYED - YOUR OCCUPATION** : \_\_\_\_\_

**NAME AND ADDRESS OF EMPLOYER** : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE YOU PRESENTLY IN RECEIPT OF

<input type="checkbox"/>	HOUSING BENEFIT	<input type="checkbox"/>	INCOME SUPPORT
<input type="checkbox"/>	UNEMPLOYMENT BENEFIT	<input type="checkbox"/>	SICKNESS BENEFIT
<input type="checkbox"/>	RETIREMENT PENSION	<input type="checkbox"/>	DISABILITY ALLOWANCE

ADDRESS OF THE TENANCY BEING APPLIED FOR : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

THE DATE YOU WOULD LIKE TO BEGIN OCCUPYING THE PROPERTY IF APPLICATION IS SUCCESSFUL : \_\_\_\_\_

THE LENGTH OF TENANCY BEING APPLIED FOR : \_\_\_\_\_

IF IT IS INTENDED FOR ANYONE OTHER THAN YOURSELF TO LIVE IN THE PROPERTY, PLEASE PROVIDE BELOW THEIR NAMES, CURRENT ADDRESSES, AGES (INCLUDING CHILDREN IF ANY), AND THEIR RELATIONSHIP TO YOU:

<u>NAME</u>	<u>ADDRESS</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YOUR BANK / BUILDING SOCIETY NAME AND ADDRESS : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ACCOUNT NUMBER : \_\_\_\_\_ SORT CODE: \_\_\_\_\_

PERSONAL REFERENCE (CHARACTER) - MUST BE A NON-FAMILY MEMBER (NAME & ADDRESS) : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I confirm that I am over 18 years of age and the information I have provided is accurate. I agree to the Landlord named at the beginning of this application form making whatever enquiries he/she deems necessary in connection with this application for a tenancy. I authorise my employer, my bank / building society, a local authority (if I was previously a council tenant), and the personal referee named, to provide information about me, any prior tenancy history, and any employment / financial affairs as appropriate to the Landlord's enquiries.**

**SIGNED** \_\_\_\_\_ **NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_