

Professional Tenant Application Form

PLEASE COMPLETE THIS FORM IN BLOCK CAPITAL LETTERS.

<u>The property that you are applying for:</u>	
Address _____	
Rent _____	
Intended Move In Date _____	
Length of Tenancy _____	
<u>Personal Information</u>	
Full Name: (Mr/Mrs/Ms/Miss) _____	
Date of Birth: _____	Age: _____
Email Address: _____	
Mobile Number: _____	
Alternative Number: _____	is this: work <input type="checkbox"/> home <input type="checkbox"/> other _____
National Insurance Number: _____	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Living with Partner <input type="checkbox"/>	
Are you a smoker? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you intend to keep any pets in the property? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please state what type: _____	
Nationality: _____	
What country's passport do you hold? _____	
Length of time you have lived in the UK: _____	
Visa/Work Permit Details (if applicable): _____	
<u>Addresses</u>	
Current Address: _____	
Post Code: _____	
Time at this address ____ years ____ months	
Do you: Own this property <input type="checkbox"/> Rent from an agent/landlord <input type="checkbox"/> Live with parents <input type="checkbox"/> Rent from the council <input type="checkbox"/>	
Other (Please state _____)	

If you have lived at your current address for less than 3 years please complete below:

Previous address 1: _____

Postcode: _____ Time at this address ____ years _____ months

Previous address 2: _____

Postcode: _____ Time at this address ____ years _____ months

Current Landlord

Name of Landlord/Agent: _____

Address of Landlord/Agent: _____

Telephone: _____ Email: _____

Tenancy from _____ to _____

Rent: _____

Reason for Leaving: _____

Current EmployerAre you: Employed Self Employed Retired Contract Worker Temporary Independent Means

Company Name: _____

Address: _____

Your Job Title: _____ Full Time Part Time

Gross Annual Salary: _____

If you are working on a temporary contract how long is the remaining contract? _____

HR/Line Manager Contact Name: _____

Job Title: _____

Contact Number _____ Email _____

If you are due to change job in the near future please complete below:**Future Employer**

Company Name: _____

Address: _____

Your Job Title: _____ Full Time Part Time

Gross Annual Salary: _____

HR/Line Manager Contact Name: _____ Job Title _____

Contact Number _____ Email _____

If you have been in your current job for less than 6 months please complete below:

Previous Employer

Company Name: _____

Address: _____

Your Job Title: _____ Full Time Part Time

Gross Annual Salary: _____

HR/Line Manager Contact Name: _____

Job Title: _____

Contact Number _____ Email _____

Self Employed

Please provide the last 3 years SA302 or provide your accountants details below.

Company name: _____

Company entity: Sole trader Partnership Limited If Ltd – Registration No _____

Your position: _____

When was the company formed? _____

Address: _____

Tel: _____ Email: _____

Accountant

Name: _____

Company Name: _____

Address: _____

Tel: _____ Email: _____

Credit History

Are you aware of any County Court Judgements (CCJ's), Bankruptcy Orders or IVA's? Yes No

If yes, please give details: _____

Next of Kin

Full Name: _____

Address _____

Tel: _____ Email: _____

Relationship: _____

Identification - Three pieces of ID are required – one from each section:		
A- Proof of Address <i>(Less than 3 months old)</i> <input type="checkbox"/> Bank Statement <input type="checkbox"/> Utility Bill	B – Photographic <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Visa/Work Permit	C – National Insurance <input type="checkbox"/> Pay slip <input type="checkbox"/> P60 <input type="checkbox"/> National Insurance Card
<p>Declaration:</p> <p>I hereby confirm that the information provided by me is, to the best of my knowledge, true. I consent to this information being verified by contacting the third parties detailed in this form. I understand that the results of these findings will be forwarded to the landlord and may be accessed again should I default on my rental payment or apply for a new tenancy in the future. I understand that the administration fee that I pay is non refundable and that on receipt of this fee MBA Lettings will cease marketing the property, thus reserving it for me.</p> <p>Applicants Signature: _____</p> <p>Print Full Name: _____</p> <p>Date: _____</p>		