



Rental Application

Every occupant MUST be included in this application
 Please fill out this form COMPLETELY and sign where indicated.
 All data herein is deemed confidential.

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Communication Details

Date of Enquiry:	<input type="text"/>	Date Required:	<input type="text"/>
Main Applicants Name:	<input type="text"/>	Tel:	<input type="text"/>
Rental Address:	<input type="text"/>		
Email:	<input type="text"/>		

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Main Applicants

Applicant 1	Applicant 2
Name	Name
Address	Address
Postcode	Postcode
Tel	Tel
Email	Email
Age	Age
Occupation	Occupation

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Additional Applicants

Person 1 Name	Date of Birth	Contact Number	Working
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes / No
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes / No
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes / No
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes / No
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes / No
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes / No



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Proposed Guarantor

Name: Tel:

Address:

Email:

Home Owner: Yes No

Notes:

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Proposed Pets

Name: <input type="text"/>	Type/Breed: <input type="text"/>	Age: <input type="text"/>	Indoor / Outdoor
Name: <input type="text"/>	Type/Breed: <input type="text"/>	Age: <input type="text"/>	Indoor / Outdoor
Name: <input type="text"/>	Type/Breed: <input type="text"/>	Age: <input type="text"/>	Indoor / Outdoor

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Proposed Vehicles

Make: <input type="text"/>	Model: <input type="text"/>	Colour: <input type="text"/>	Registration No. <input type="text"/>
Make: <input type="text"/>	Model: <input type="text"/>	Colour: <input type="text"/>	Registration No. <input type="text"/>
Make: <input type="text"/>	Model: <input type="text"/>	Colour: <input type="text"/>	Registration No. <input type="text"/>
Make: <input type="text"/>	Model: <input type="text"/>	Colour: <input type="text"/>	Registration No. <input type="text"/>
Make: <input type="text"/>	Model: <input type="text"/>	Colour: <input type="text"/>	Registration No. <input type="text"/>

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Previous Address

Address:

Landlords Name: Tel:

Email:

Reason for leaving:

Length at property Reference Supplied Yes / No



Main Applicant 1

Personal Information

First Name:	Middle Name:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth:	Marital Status: Single <input type="checkbox"/>	Married <input type="checkbox"/>
	Other <input type="checkbox"/>	<input type="text"/>
National Insurance No.	<input type="text"/>	

Employment

Current Employer:	Contact No.:	Period in employment:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	
	<input type="text"/>	
Are you eligible to live and work in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Income

Current Income: Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>	Source <input type="text"/>	Proof of income <input type="checkbox"/>	Yes/No
Current Income: Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>	Source <input type="text"/>	Proof of income <input type="checkbox"/>	Yes/No
Current Income: Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>	Source <input type="text"/>	Proof of income <input type="checkbox"/>	Yes/No

General

Have you ever been evicted from a previous address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES, please give details
<input type="text"/>			
Do you owe a previous landlord arrears?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES, please give details
<input type="text"/>			
Do you have a criminal record?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES, please give details
<input type="text"/>			
Do you have any debts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES, please give details
<input type="text"/>			
Do you have an CCJs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES, please give details
<input type="text"/>			
Do you require Housing Benefit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES, please fill in additional form



Main Applicant 1

Personal Reference

Name:

Address:

Contact Number:

Relationship:

Notes

A large rectangular area with a light green border, containing horizontal dotted lines for writing notes.



Main Applicant 2

Personal Information

First Name:

Middle Name:

Last Name:

Date of Birth:

Marital Status: Single

Married

Other

National Insurance No.

Employment

Current Employer:

Contact No.:

Period in employment:

Address:

Are you eligible to live and work in the UK? Yes

No

Income

Current Income: Weekly

Monthly

Other

Source

Proof of income

Yes/No

Current Income: Weekly

Monthly

Other

Source

Proof of income

Yes/No

Current Income: Weekly

Monthly

Other

Source

Proof of income

Yes/No

General

Have you ever been evicted from a previous address?

Yes

No

If YES, please give details

Do you owe a previous landlord arrears?

Yes

No

If YES, please give details

Do you have a criminal record?

Yes

No

If YES, please give details

Do you have any debts?

Yes

No

If YES, please give details

Do you have an CCJs?

Yes

No

If YES, please give details

Do you require Housing Benefit?

Yes

No

If YES, please fill in additional form



Main Applicant 2

Personal Reference

Name:

Address:

Contact Number:

Relationship:

Notes

A large white rectangular area with a green border, containing horizontal dotted lines for writing notes.

Housing Benefit

Personal Information

Full Name:

Claim Number:

1. Do you require Housing Benefit? Yes No
2. Are you eligible for Housing Benefit? Yes No
3. Do you currently claim Housing Benefit? Yes No
4. Is your claim currently in payment? Yes No
5. Are you in arrears with your Housing Benefit? Yes No

Details

6. How much are you entitled to receive? £

7. How long have you been claiming Housing Benefit?

Income Status

8. Do you receive Income Benefit? Yes No
- a. If Yes, is it? JSA ESA DLA Other
- b. If No, where do you receive your income from?
- c. How much do you receive?

£	Source	Weekly / Fortnightly / Monthly
£	Source	Weekly / Fortnightly / Monthly
£	Source	Weekly / Fortnightly / Monthly
£	Source	Weekly / Fortnightly / Monthly
£	Source	Weekly / Fortnightly / Monthly
£	Source	Weekly / Fortnightly / Monthly

Payments

9. Are you able to pay your months rent, plus deposit up front? Yes No
10. Will you be able to pay your rent in advance of each month? Yes No