

Tenant Assessment Application Fax Form

- All sections should be completed by each applicant intending to reside in the property. In the event of more than one applicant, each person is to fill out a separate form.
- Please complete this Application Form in **BLACK INK** using **BLOCK CAPITAL LETTERS**.
Once fully completed please fax it to Underwoods Town and County on **01604 626007** or email to info@underwoodslettings.co.uk or return to **16 St Giles Street Northampton NN1 1JA**.

Tenant Comprehensive Tenant Standard Comprehensive Tenant with Guarantor

Address of Property (to be rented):

Property Number/Name

Street *

Town*

Postcode*

Please give the names of all the adult tenants intending to live in the property in the table below

	First Name	Middle Name	Surname	Share of Rent
Tenant 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

How do you propose to pay the rent? Own means Housing Benefit

Personal Details:

Mr/Mrs/Miss/Ms	<input type="text"/>	Other (please specify)	<input type="text"/>
Surname	<input type="text"/>		
First Name	<input type="text"/>	Middle Name	<input type="text"/>
Date of Birth	<input type="text"/>	Nationality	<input type="text"/>
Sex	Male / Female <i>(please circle)</i>		
Marital Status	<input type="text"/>	Maiden Name	<input type="text"/>
Daytime Telephone	<input type="text"/>	Evening Telephone	<input type="text"/>
Mobile Telephone	<input type="text"/>		
Email address	<input type="text"/>		

Do you intend to keep pets at the property? Yes No

Are you a smoker? Yes No

The information contained within this application is being transmitted to and is intended only for the use of Let Insurance Services. If the reader is not the intended recipient, you are hereby advised any dissemination, distribution or copy of this application is strictly prohibited. If you have received this application in error, please immediately notify us by calling 0844 4781 600

Are you aware of any County Court Judgements/CD Bankruptcy orders, spent, current or pending?

Yes No (please tick) If yes give details

Names of children living in the property and their dates of birth:

1.	<input style="width: 600px; height: 20px;" type="text"/>	/	/
2.	<input style="width: 600px; height: 20px;" type="text"/>	/	/
3.	<input style="width: 600px; height: 20px;" type="text"/>	/	/

Current address:

House Number / Name	<input style="width: 980px; height: 25px;" type="text"/>		
Flat number / Name	<input style="width: 980px; height: 25px;" type="text"/>		
Street	<input style="width: 980px; height: 25px;" type="text"/>		
Town	<input style="width: 980px; height: 25px;" type="text"/>		
County	<input style="width: 200px; height: 25px;" type="text"/>	Postcode	<input style="width: 200px; height: 25px;" type="text"/>

Status (tick one) Owner Rented Living with parents Council tenant

Other (please specify)

How long at this address? Years months If rented property above how much rent do you pay? £ per month

Previous address:

House Number / Name	<input style="width: 980px; height: 25px;" type="text"/>		
Flat number / Name	<input style="width: 980px; height: 25px;" type="text"/>		
Street	<input style="width: 980px; height: 25px;" type="text"/>		
Town	<input style="width: 980px; height: 25px;" type="text"/>		
County	<input style="width: 200px; height: 25px;" type="text"/>	Postcode	<input style="width: 200px; height: 25px;" type="text"/>

Status (tick one) Owner Rented Living with parents Council tenant

Other (please specify)

How long at this address? Years months If rented property above how much rent did you pay? £ per month

Employment Details:

Employment status (circle one)	Employed	Self-employed	Unemployed	Student	Payment in advance	Retired
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Job title/Profession	<input style="width: 250px; height: 25px;" type="text"/>	National Insurance no.	<input style="width: 250px; height: 25px;" type="text"/>
Annual income (gross)	£ <input style="width: 100px;" type="text"/>	Employment start date	/ / <input style="width: 50px;" type="text"/>
Payroll/pension number	<input style="width: 100px;" type="text"/>	Is your employment of a temporary, full, or contract nature?	<input style="width: 150px;" type="text"/>

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Additional Income (if applicable):

If you have any additional income please advise how much per annum £

Source of additional income

Are your job circumstances likely to change? Yes No (please circle)

If yes please give further details

Employer Details:

Employer/Accountant/ Pension Provider	<input type="text"/>	
Office / House Name	<input type="text"/>	
Street number / Name	<input type="text"/>	
Town	<input type="text"/>	
County	Postcode	<input type="text"/>
Contact Name	Contact Job Title	<input type="text"/>
Daytime contact tel:	Fax number	<input type="text"/>
Email address:	Mobile telephone	<input type="text"/>

Previous Employer Details (if current employment less than 6 months):

Employer/Accountant/ Pension Provider	<input type="text"/>	
Office / House Name	<input type="text"/>	
Street number / Name	<input type="text"/>	
Town	<input type="text"/>	
County	Postcode	<input type="text"/>
Contact Name	Contact Job Title	<input type="text"/>
Daytime contact tel:	Fax number	<input type="text"/>
Email address:	Mobile telephone	<input type="text"/>

Landlord/Managing Agents Details:

Address of property rented	<input type="text"/>	
Landlord/Agent name	<input type="text"/>	
Address	<input type="text"/>	
Address	<input type="text"/>	
Town	<input type="text"/>	
County	Postcode	<input type="text"/>
Contact Name	Contact Job Title	<input type="text"/>
Daytime contact tel:	Fax number	<input type="text"/>
Email address:	Mobile telephone	<input type="text"/>

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Bank / Building society details:

Name of Bank							
Address of branch							
Account in name of?							
How long with this branch?					Do you have a cheque guarantee card?	Yes / No <i>(please circle)</i>	
Branch sort code					Account no.		

Next of Kin:

Name			
Address			
Town			
County		Postcode	
Daytime contact tel:		Mobile number	
Email address		Relationship	

Applicants Consent:

The information which I have given in my application form is true to the best of my knowledge. I consent to this information being verified by fair and lawful means, which I understand will involve contacting referees and licensed credit reference agencies.

I consent to Let Insurance Services searching information held by a credit reference agency and agree that Let Insurance Services and the credit referencing agency will keep a record of the search and the results of the search. Such information may be used by other companies for the purpose of assessing other applications from me or for debt tracing and fraud prevention.

I understand the information supplied by me and the resulting verified information will be forwarded to the letting agency and/or to the prospective landlord. The information may also be accessed again if I apply for a tenancy in the future. I agree that information supplied by me and the results of the assessment process will be held in accordance with the Company's notification under the Data Protection Act 1998. I understand that I have the right to ask for a copy of the information held on me subject to the payment of an administration fee that will be notified to me upon application, though it will not exceed the amount set by statute. I have the right to request that the information held be amended if it is found to be incorrect.

Let Insurance Services, as well as the letting agency and other selected businesses, may use this information to keep you informed by post, telephone, email or other means about products and services that may be of interest. If you do not want your information to be used for these marketing purposes, please signify by ticking the box.

Signature _____	Date _____ / _____ / _____
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