



# 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: |                |
| Branch number: | Contact name : |
| Locality:      | Phone number:  |

### 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 |

Please supply addresses to cover your last 3 years of residency

**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**

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  No   
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  No   
If Yes Please provide below

Amount of additional income per annum?\* £

Please provide details of any additional income\*:

## Bank Details

Current account held?\*: Yes  No   
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  No

## 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

## Use of Personal Information

Information given at the point of application is provided to Experian Ltd, this information which includes e-mail addresses, mobile phone numbers and landline telephone numbers, may be supplied to other organisations and used by them and us for:

- Preventing crime, fraud and money laundering by, for example when checking details provided on applications for credit and credit related facilities, insurance proposals and claims, applications for jobs or when checked as part of employment, plus other similar facilities.
- Verifying the applicant's identity should they apply for other facilities.
- Performing on-going checks when managing the applicants existing agreements.
- Tracing the applicant in order to recover debts that they owe.
- Undertaking statistical analysis and system testing.

If false or inaccurate information is provided and fraud is suspected or identified this will be recorded and may be passed to Fraud Prevention Agencies and other organisations involved in crime and fraud prevention.

Information provided to Experian Ltd as part of this application will be retained for 24 months.

In processing this information, Experian Ltd may use the services of third parties, possibly based outside the UK or European Economic Area.

If the applicant is applying for a tenancy that is overseas then they are consenting to this information being transferred to the agent at their specified location.

## 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.

Applicant Signature

**Signed:**

**Date:**

Letting Agent Signature

**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