



Tenant Referencing Service

Comprehensive Guarantor 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

Postcode* :

House number:

Flat number:

House name:

Street*:

District:

Town*:

County:

Rental Details

Guarantor for which tenant(s)?:

Share of rent per month*: £

Tenancy term (months)*:

Total rent per month*: £

Start Date (dd/mm/yyyy)*:

Applicants Details

Title*: Mr Miss Mrs Ms Other

First Name*:

Full Middle Name:

Surname*:

Date of birth*:

Sex*: Male Female

No of dependants*:

Marital Status*: Single Married Divorced Separated Widow(er)

Any previous names*:

Can we contact the applicant?* Yes No

Home/Daytime phone number*:

Work phone number:

Mobile phone number:

National Insurance Number:

Email Address:

Have you had any detrimental info registered against you? Yes No
If Yes, Please provide details:

Please supply addresses to cover your last 3 years of residency

Current Address — Please complete all address details where appropriate

Postcode*:	House number*:
Flat number:	House name*:
Street*:	District:
Town*:	County:
Is this a Foreign address?* Yes <input type="checkbox"/> No <input type="checkbox"/>	
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	

Previous Address — Please complete all address details where appropriate

Postcode:	House number*:
Flat number:	House name*:
Street*:	District:
Town*:	County:
Is this a Foreign address?* Yes <input type="checkbox"/> No <input type="checkbox"/>	
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	

2nd Previous Address — Please complete all address details where appropriate

Postcode:	House number*:
Flat number:	House name*:
Street*:	District:
Town*:	County:
Is this a Foreign address?* Yes <input type="checkbox"/> No <input type="checkbox"/>	
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	

Employment Details

Employment Type*:	<input type="checkbox"/> Full time employed <input type="checkbox"/> Part time employed <input type="checkbox"/> Temporary/Contract <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife/Home maker <input type="checkbox"/> Payment in advance
Occupation*:	
Employment status*:	<input type="checkbox"/> Junior <input type="checkbox"/> Management <input type="checkbox"/> Unskilled <input type="checkbox"/> Supervisor <input type="checkbox"/> Semi-skilled <input type="checkbox"/> Skilled <input type="checkbox"/> Senior Management <input type="checkbox"/> Other <input type="checkbox"/> Not applicable

Employer Details

Is your employment likely to change shortly*?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please provide details of your future employer
Organisation Name*:	Start date*: (dd/mm/yyyy)
Job Title*:	Payroll number:
Contact name*:	Contact job title:
Postcode:	Building number:
Unit number:	Building Name:
Street:	District:
Town*:	County:
Daytime telephone number*:	Mobile phone number:
Fax number*:	Email address*:
Please ensure you provide either a fax number or email address.	
Additional Information to assist the referee:	

Accountant Details

Do you have an accountant?*	Yes <input type="checkbox"/> No <input type="checkbox"/> If No Please provide 6 months bank statements showing proof of income
Accountants name*:	Contact name*:
Postcode:	Building number:
Unit number:	Building name:
Street:	District:
Town*:	County:
Daytime phone number*:	Mobile phone number:
Fax number*:	Email Address*:
Please ensure you provide either a fax number or email address.	
Additional Information to assist the referee:	

Pension Providers Details

Do you have proof of pension?*	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please provide your annual statement of pension
Pension providers name*:	Contact name:
Pension reference number*:	Postcode:
Building no:	Unit number:
Building name:	Street:
District:	Town*:
County:	Day time telephone number*:
Fax number:	Email address:
Additional information to assist the referee:	

Affordability Details

Gross annual income*: £	Any additional sources of income?*: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes Please provide below
Amount of additional income per annum?* £	
Please provide details of any additional income*:	

Additional Information

Have you ever received any County Court Judgments or Individual Voluntary Arrangements against you?*
Yes <input type="checkbox"/> No <input type="checkbox"/> Not Asked <input type="checkbox"/> If Yes please enter the details
Have you ever been declared bankrupt?*
Yes <input type="checkbox"/> No <input type="checkbox"/> Not Asked <input type="checkbox"/> If Yes please enter the details

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