

Tenancy Application Form

Please complete in BLOCK CAPITALS and return to the City Lettings office with the required references. Failure to fully and accurately complete any section of this form will result in delays with the processing

Address of property to be let:		
Postcode:	Tenancy start date:	_
Total Rent per month: £	Rental Period:	_
TENANT DETAILS		
Title: First name:	Surname:	_
Current Address:		-
Postcode:	Period at address:	_
Residential Status: Council Tenant	Private Tenant □ Family/Friends □	
Date of Birth:	National Insurance No:	_
Telephone:	Mobile:	_
Have you ever been issued with a county co	ourt judgement?: Yes 🗆 No 🗆	
Are you aware of any adverse credit histor	y: Yes \square No \square	
PREVIOUS ADDRESS		
Please provide previous address:		_
Postcode:	Period at address:	
CURRENT LANDLORD OR LETTING A	AGENCY	
Name of Landlord or Letting Agency:		_
Address:		_
Postcode:	Telephone:	_

Employed: □ Self Employed: □	□ Unamployed. □	Patirad Ct1	ant. Starting:	
Datails of assessment E	• •			
Details of current Employer/Acc		,	•	
Company name:				
Address:				
	Telephone:Fax:			
	Position held:			
Start date:		Salary:		
Is this position permanent: Yes				
ADDITIONAL INFORMATION				
Are you a smoker: Yes □ No □				
Do you have children who will be	0 1 1	·		
If yes, how many?	Age	es		
How do you intend paying your	monthly rental? (Sala	ry/Sale of house/Bo	enefits etc.) Please specify	
BANK DETAILS				
Name of bank:				
Address:				
Account in name of:				
Account in name of: Sort code:				
Sort code:	Account Num	nber:	nd belief, true and have no	
Sort code: DECLARATION I confirm that the information su	Account Num	nber: of my knowledge ar er means deemed r	nd belief, true and have no necessary.	