

Key Lettings^o

Tenants Application Forms & Charges



- Fill in and return your application form Providing Listed Information & Pay £50.00 to be referenced (per applicant)

On Acceptance

- Pay 1 months rent in advance
- Pay your deposit - equivalent to 1 Months rent
- Pay £85.00 - Lease & Inventory Preparation fee
- Sign your tenancy agreement & complete your Standing Order 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

Number of tenants moving into the property?:	
Share of rent per month* :£	Total rent per month* :£
Tenancy term (months)*:	Start Date*:

Applicant Details

Title*: <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other	
First Name*:	Initial:
Surname*:	Date of birth*:
Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female	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)	
Any previous surnames:	
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	

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	
Occupation*:					
Can we contact the applicant?*		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Home phone number* :	
Work phone number:			Mobile phone number:		
Email Address:					

Affordability Details

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

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	
Job Title:	Start date*: Month - Year -
Employers company name*:	
Payroll number:	
Contact name*:	Contact job title:
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:	

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:	

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:	Daytime phone number*:
Fax number:	Email address:
Additional information:	

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*: Month - Year- To: Month - Year -	
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	

Please supply addresses to cover your last 3 years of residency**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*: Month - Year- To: Month - Year -	
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*: Month - Year- To: Month - Year -	
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	

Landlord details or Previous landlord details

Landlord / Agent name*:	Contact name*:
Postcode:	Building number:
Unit number :	Building name:
Street:	District:
Town*:	County:
Daytime phone number*:	Mobile phone number:
Fax number:	Email address:
Additional Information:	

Bank Details

How many credit cards held?*	Current account held?*: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please enter the details below
Sort code*:	Name of bank*:
Account name *:	Account number:
Address *:	
Time with bank*: (years)_____ (months)_____	Cheque guarantee card held*: Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Information

Will any of the tenants have pets?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will any of the tenants smoke?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will there be any children living at the property?*	Yes <input type="checkbox"/> No <input type="checkbox"/>

Next Of Kin Information

Name Of Nearest Next Of Kin For Emergencies & Relationship
Address
Telephone Number

Please ensure that you have completed all fields indicated * as failure to do this may result in a delay in producing your report.

DECLARATION

All Applicants are advised to read the following very carefully before signing

I hereby confirm that the information I have given above is to the best of my knowledge true in every respect & have no objections to the information being verified by whatsoever means are deemed necessary. I understand that the above may be consulted with a credit referencing firm & also used if I wish to apply for a tenancy at any time in the future. Also that by signing this form I agree to my information being shared with referencing firms and any companies or people that I have put forward myself to act as referees.

I also confirm that in the event of myself defaulting on the rental agreement, that any such default will be recorded with a crediting firm which will make it increasingly difficult to apply for credit at any time in the future. I hereby acknowledge that the information provided above will be used to assess my application for the desired Tenancy. It is hereby recorded that if tenancy be granted & the Information given on this form is found to be False Or corrupted that this will be grounds for the Landlord or acting agent to terminate the Tenancy. I hereby agree that the information given will be stored on Computer. I do hereby state that to the best of my knowledge that I am in position to proceed with a Tenancy should this Application be Deemed Successful. I agree that the deposit required is available & understand that withdrawal from the proposed Tenancy will be seen as a breach of Contract & hereby agree that any holding deposits will be kept by the Landlord / agent for breach of Contract.

I agree that if I find a property through Key lettings & applications are successful that I will place a deposit to hold the desired Property for the amount of time agreed by the Landlord. if by this time I have not Taken up the Tenancy, I agree that the Agents will have the right to use the deposit to compensate the landlord for rent lost. It is Also understood that if a tenancy is taken up through Key lettings the deposit Paid will be held by key lettings as stakeholders & will not be returned until the Tenancy has ended, the property has been inspected successfully, all rent is paid in full & all household bills have been paid. NB: the landlord will also be consulted before the deposit is returned.

PLEASE NOTE: WE CAN NEVER GUARANTEE MOVING IN DATES SO ENSURE REMOVAL VANS ARE NEVER BOOKED AS UN-FORSEEABLE CIRCUMSTANCES CAN DELAY MOVING DATES AND KEY EXCHANGES.

If you understand & agree can you please sign below so that we may begin to find a Tenancy, which will be suitable.

Thank you for your Time

Consent

We will use the information provided to us by third parties to make decisions about your application. Agencies may supply to us, public information and/or fraud prevention information.

Information provided to Endsleigh may be supplied to other organisations and used by them and us to

- A. Verify your identity for this application and if you apply for other facilities including all types of insurance applications and claims.
- B. Check all or any of the application details which have been submitted.
- C. Assist organisations to make decisions on tenancy applications by you

By **confirming your agreement to proceed** you are accepting that we may use your information in this way.

Signed:

Date:

Endsleigh* offer specialist contents insurance for people in rented accommodation and as a service will contact the applicant to discuss insurance requirements.

If you do not wish to be contacted please tick here

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

*Endsleigh Insurance Services Limited is authorised and regulated by the Financial Services Authority. This can be checked on the FSA Register by visiting its website at www.fsa.gov.uk/register. Endsleigh Insurance Services Limited. Company No: 856706 registered in England at Shurdington Road, Cheltenham Spa, Gloucestershire GL51 4UE

What To Do If I Like The property.....?

1. **Fill Out this Form Completely**
2. **Get 2 Written References** (Each Applicant)
3. **Get 2 Proofs of ID**
4. **Get Proof Of Income** Either 2 Months or 5 Weeks wage slips, Or Copies of Benefit Books & Letters from Dss
5. **Proof Of Current Address** Utility Bills or Bank Statements etc

Money to move in:

1 x_Months Rent Advance £_____

1 x Months Rent (Bond) £_____

£50 Referencing Fee (per Applicant) Or £_____

£100 (total) (Housing Benefit Tenants) **£100.00**

£85 - Administration Fee **£85.00**
=====

Total £
=====

Do i want to make an offer on this property?

Rent £_____

Bond £_____

Do I want any jobs doing before I move in the property?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

We Accept

