

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 Let Insurance Services on **0871 989 6235**.

Detail of property to be rented:

House Number / Name		
Flat number / Name		
Street		
Town		
County	Postcode	

Monthly Rent:	
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Tenancy Commencement Date:	/ /	Initial Period:		months
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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:				£
Tenant 2:				£
Tenant 3:				£
Tenant 4:				£

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

Personal Details:

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

Do you intend to keep pets at the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you a smoker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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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 478 1600

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 type="text"/>	/	/
2.	<input type="text"/>	/	/
3.	<input type="text"/>	/	/
4.	<input type="text"/>	/	/

Current address:

House Number / Name	<input type="text"/>	
Flat number / Name	<input type="text"/>	
Street	<input type="text"/>	
Town	<input type="text"/>	
County	<input type="text"/>	Postcode <input 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 type="text"/>	
Flat number / Name	<input type="text"/>	
Street	<input type="text"/>	
Town	<input type="text"/>	
County	<input type="text"/>	Postcode <input 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 type="text"/>	National Insurance no.	<input type="text"/>
Annual income (gross)	£ <input type="text"/>	Employment start date	/ / <input type="text"/>
Payroll/pension number	<input type="text"/>	Is your employment of a temporary, full, or contract nature?	<input 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

Office / House Name

Street number / Name

Town

County

Postcode

Contact Name

Contact Job Title

Daytime contact tel:

Fax number

Email address:

Mobile telephone

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

Employer/Accountant/
Pension Provider

Office / House Name

Street number / Name

Town

County

Postcode

Contact Name

Contact Job Title

Daytime contact tel:

Fax number

Email address:

Mobile telephone

Landlord/Managing Agents Details:

Address of property
rented

Landlord/Agent name

Address

Address

Town

County

Postcode

Contact Name

Contact Job Title

Daytime contact tel:

Fax number

Email address:

Mobile telephone

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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 (please circle)
Branch sort code	Account no. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						

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(s) _____	Date	_____/_____/_____ _____/_____/_____
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Please contact your Agent for your tenant's contents insurance requirements

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