



# 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

Postcode* :	House number:
Flat number:	House name:
Street*:	District:
Town*:	County:

### Rental Details

Share of rent per month*: £	Tenancy term (months)*:
Total rent per month*: £	Start Date (dd/mm/yyyy)*:

### 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	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 names*:	
Can we contact the applicant?* Yes <input type="checkbox"/> No <input type="checkbox"/>	Home phone number*:
Work phone number:	Mobile phone number:
National Insurance Number:	Email Address
Have you had any detrimental info registered against you? Yes <input type="checkbox"/> No <input type="checkbox"/> 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/yyy)	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/yyy)	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	

**2<sup>nd</sup> 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/yyy)	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	

**\* Details of Person Providing Funds for Deposit**

Yourself : Name:		
OR Second Tenant: Name:		
OR Third Party: Name:	Relationship:	
Address:		
Email:	Home Tel:	Mobile:

**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 to assist the referee:	

**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 to assist the referee:	

**2<sup>nd</sup> 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 to assist the referee:	

## 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 <b>Yes</b> please provide details of your future employer
Job Title*:	Start date*:	Month -	Year -
Payroll number:	Employers company name*:		
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 <b>No</b> 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 <b>Yes</b> 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 <b>Yes</b> Please provide below
Amount of additional income per annum?* £	
Please provide details of any additional income*:	

### Bank Details

How many credit cards held?*	Current account held?*: Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>Yes</b> 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"/>

### Next Of Kin

First Name:	Surname:	Relationship:
Postcode:	House/Flat Number/Name:	Street:
District:	Town:	County:
Home Phone:	Mobile Number:	Email Address:

## 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

## Names of Children

## Date of Birth

Names of Children	Date of Birth

## 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.

**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