

Maras Reference Application Form - Individual

Agent Name	Slades Lets	Agent Code	5248
Agent Tel		Agent Fax	

Please complete this form using block capital letters

Service Required (to be completed by the letting agent)

Reference Service	Rental Guarantee	Policyholder
Full Reference <input type="checkbox"/>	Rapid <input type="checkbox"/>	Elite Platinum <input type="checkbox"/>
Credit Check <input type="checkbox"/>	Elite 6 <input type="checkbox"/>	Elite 12 <input type="checkbox"/>
	Elite 6 Gold <input type="checkbox"/>	Elite 12 gold <input type="checkbox"/>
		Landlord <input type="checkbox"/>
		Letting Agent <input type="checkbox"/>

Section 1 – Property Rental Details

Landlord name			
Address			
Postcode			
Initial tenancy rent		Total monthly term	
Proposed tenancy start date		Is tenancy being paid in advance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of tenants		If joint tenancy, applicants share	

Section 2 – Tenants Personal Details

Title		Forename(s)	
Surname		Date of Birth	
Marital status		Phone number	
Email address		Fax number	
Current occupancy status	Owner <input type="checkbox"/>	Private tenant	<input type="checkbox"/>
	Living with Parents <input type="checkbox"/>	Existing tenant of a agent	<input type="checkbox"/>
	If other, please advise <input style="width: 100%;" type="text"/>		

If Private Tenant please provide Landlord/Letting Agents details

Current Landlord/ Letting agent name			
Address			
Postcode		Email address	
Phone number		Fax number	

Your Current Address

Address

Postcode Length of time at address

Previous addresses (if you have lived at the above address for less than 3 years)

Address

Postcode Length of time at address

Address

Postcode Length of time at address

Address

Postcode Length of time at address

Section 3 - Adverse credit

Is there any current, historic or pending adverse credit? Yes No

If yes, please supply details

Section 4 - Employment details (Current)

Are you:

A Company Director? Self-Employed? If yes, please provide a copy of your latest set of tax calculations (SA302). If you are unable to provide us with a copy please complete Section 5.

Retired? If yes, please provide a copy of your latest P60 or pension statement or the latest 3 months bank statements.

Please state employed status:

Permanent Contract Temporary Worker Student

Full time education – Student Unemployed Other – please specify

Company name

Position held

Start date If part-time, please provide hours worked

Payroll number

Address

Postcode

Contact name Phone number

Email address Fax number

Please state income Please state if annual/ monthly/ weekly

Other income details –
Please specify

Is the position likely to change? Yes If yes, please complete the future employment section No

Future or Past Employment details
Only complete this section if employed by the current firm for less than 6 month or for future employer

Company name	<input type="text"/>		
Position held	<input type="text"/>		
Start date	<input type="text"/>	If part-time, please provide hours worked	<input type="text"/>
Payroll number	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>		
Contact name	<input type="text"/>	Phone number	<input type="text"/>
Email address	<input type="text"/>	Fax number	<input type="text"/>
Please state income	<input type="text"/>	Please state if annual/ monthly/ weekly	<input type="text"/>
Other income details – Please specify	<input type="text"/>		

Section 5 - Accountant Details (Only Required for Partners, Self Employed or Company Directors)

Company name	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>		
Position held	<input type="text"/>		
Contact name	<input type="text"/>	Phone number	<input type="text"/>
Email address	<input type="text"/>	Fax number	<input type="text"/>
Start Date	<input type="text"/>	Date of finalised accounts	<input type="text"/>
Profit / Loss	<input type="text"/>	Are you a partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If yes, what percentage of profit was allocated?	<input type="text"/>

Section 6 – Landlord insurance referral (to be completed by the Letting Agent)

Address	<input type="text"/>		
Postcode	<input type="text"/>		
Email Address	<input type="text"/>	Phone Number	<input type="text"/>
Agency Representative (Print Name)	<input type="text"/>	Fax Number	<input type="text"/>

I confirm that I have gained consent from the above customer to pass their details to MARAS, who will use the information provided to contact them by telephone and/or letter for a general insurance quotation.

Signature

Section 7 - Additional Information

Please state the ages of any children

Smoker(s)/Non Smoker(s) Yes

No

If Non UK citizen, please state Nationality

Please list any pets

If there are any other occupants over the age of 18 who are not listed on the tenancy agreement, please provide details below

Additional comments:

Section 8 - Declaration

I hereby confirm that the information provided by me is to the best of my knowledge true. I consent to this information being verified by contacting the third parties detailed in this form. I understand that the results of the findings will be forwarded to the appointed letting agent and/or landlord and may be accessed again should I default on my rental payment or apply for a new tenancy in the future. I agree that MARAS or their approved agent may search the files of a credit referencing agency and IDS Limited, the insurance industry's data collection agency, which will keep a record of that search. I understand that I may request the name and address of the credit reference agency to whom I may then apply for a copy of the information provided. I also understand that in the event of me defaulting on the rental payment, that any default may be recorded with the credit reference agency and IDS Limited, who may supply the information to other credit companies or insurers in the quest for the responsible granting of tenancies, insurance and/or credit. I understand that in the event of any default by me in respect of my covenants in my tenancy agreement with my landlord, the information contained herein may be disclosed to MARAS and/or one or more tracing companies and/or debt collection agencies in order to recover any monies due or to trace my whereabouts. The information provided in this form by me is information as described in Ground 17 of the Housing Act 1996 (Ground 6 Housing Act Scotland 2005) and I understand that if any information within this application is found to be untrue, it is grounds for termination of the tenancy. I also understand that any default in the payment of rent may affect any future applications for tenancies, insurance or credit. The details you provide will be held by MARAS and the letting agent and may be used by us or passed to carefully selected third parties to keep you up to date on our products and services and those of the Towergate Group and other organisations we believe will be of interest to you.

If you prefer not to receive this information, please tick this box

Applicants signature

Date

Print Name

Once completed please return this form to your letting agent

Please note You can track the progress of this Reference request by accessing our website - www.maras.co.uk selecting the "application tracker" option, enter your date of birth and the agent code (noted on the first page) and select "search".