



# Tarrants Property Services Ltd

4 Bevan Street East, Lowestoft, Suffolk, NR32 2AA

Telephone: 01502-573177 Email: info@letusletyou.co.uk

## Let Us Let You

### GUARANTOR

Address of Property \_\_\_\_\_

Rent Per Calendar Month £ \_\_\_\_\_ Deposit £ \_\_\_\_\_

**A Guarantor must own their home and have been resident for at least one year, documents supporting this will be required, i.e. mortgage statement/or solicitor letter. You will also be required to show proof of income. The Guarantor must also be available to visit our office in Lowestoft to sign a Deed of Guarantee and to enable us to verify their proof of identity.**

**Credit checks will be carried out on the Guarantor. By signing this document and ultimately the Deed of Guarantee you confirm you understand your obligations will stand for the lifetime of the Tenancy. Should the Tenants default in any way with their Tenancy your obligation is as per the Terms and Conditions of their Tenancy Agreement but will also include any Clauses added in The First Schedule at the time the Tenancy Agreement is signed (a draft copy of the Tenancy Agreement is available on request.**

Full Name: Mr/Mrs/Miss/Ms First Names: Surname:

Current Address:

Postcode:

Telephone Nos: Email Address: Date of Birth:

Landline:

Mobile:

How Long Have You Been At This Address:

Are You Currently  Employed  Self Employed  Unemployed  Other

If Other, Please Specify:

National Insurance No:

### If Employed, Name of Employer:

Employers Address:

Postcode: Telephone Number:

Name of Contact: Email Address of Contact:

Your National Insurance No: Your Job Title:

How Long Have You Been With This Company:

**Income:** PA/PCM/PW Frequency Paid: Please provide 3 months bank statements

**Marital Status:** Single Married Living with someone Divorced Widow/Widower



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**Accountant Reference (if self employed)** Your Company Name: \_\_\_\_\_

Name of Accountant: \_\_\_\_\_

Address of Accountant: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Email Address of Contact: \_\_\_\_\_

## **Bank Details**

Name of Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Address: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Sort Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

## **Declaration & Authorisation To Disclose Information**

I confirm that to the best of my knowledge and belief the above details are true and correct at the time of completion.

I hereby authorise Tarrants Property Services Ltd to seek references from those named above and to make whatever further enquiries and credit checks are deemed necessary to confirm the details I have provided. I understand I can request the names of any credit reference agency used by Tarrants Property Services Ltd so that I may verify the information held about myself, but also that should I default on the Tenancy Agreement I enter into, the information contained in this application may be released to authorised credit recovery agencies. The information disclosed on this form will be shared with the Property Landlord.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Name Printed In Full: Mr/Mrs/Miss/Ms: \_\_\_\_\_