

Let Us Let You

Tenant Application Form

Address Of Property			
Rent Per Calendar Month £	Deposit £		
Second Applicant			
Full Name: Mr/Mrs/Miss/Ms			
Current Address:			
	Postcode:		
Landline: Email Address:	Mobile: Date of Birth:		
How Long Have You Been At This Address:			
Are You Currently Employed Self Employee	d Unemployed Other		
If Other, Please Specify:			
National Insurance No: Len	ngth of employment:		
Income: £ PA/PCM/PW Frequency pai	id:		
Are You Currently A Homeowner In Rented	d Accommodation Living At Home Or With Friends		
Are You: Single Married of	or Living With A Partner		
Do You, Or Anyone Living With You, Have Any County (Court Judgements (CCJ's) Against You: Yes No		
Have You, Or Anyone Living With You, Been Made Ban ☐ Yes ☐ No	nkrupt Or Subject To Any Insolvency Arrangements Or Agreements:		
Have You, Or Anyone Living With You, Ever Been Evicte	ed From Rented Accommodation: 🗆 Yes 🗀 No		
Will You Be Claiming Housing Benefit Or Local Housing	Allowance:		
Do you smoke: ☐ Yes ☐ No			
Do you have Pets if so please state what			
Is there anything you need us to consider or be made aware of in relation to this application? Yes/no			

Tarrants Property Services Ltd 4 Bevan Street East, Lowestoft, Suffolk, NR32 2AA Telephone: 01502-573177 Email: info@letusletyou.co.uk

Let Us Let You

Bank Details:	Name of Bank:	
Name on account		
Sort code:	Account Number:	
Landlord Refere	ence — Is your current Landlord related to you yes/no if yes, in what way	
Name of Landlord:		
Address of Landlord:		
Postcode:	Telephone No:	
Name of Contact:	Email address:	
Employer Refer	ence — Is your Employer related to you yes/no if yes, in what way	
Name of Employer:	is your employer related to you yes, in what way	
Address of Employer:		
Postcode:	Telephone Number:	
Name of Contact:	Email Address:	
A	· · · · · · · /· · · · · · · · · · · ·	
Name of Accountant:	erence (if self employed) Your Company Name:	
Name of Accountant.		
Address of Accountant:		
Postcode:	Telephone Number:	
Name of Contact:	Email Address:	
Items Required	:	
•		
Proof of Identit	-	
Passport: Yes No Driving Licence With Picture: Yes In the UK evidence that you are allowed to rent in the UK is required		
Other:		
Other. E 163 E 18	i rease speeny.	
Proof Of Currer	nt Address (please supply copy of)	
Utility Bill: ☐ Yes ☐ N		

Tarrants Property Services Ltd 4 Bevan Street East, Lowestoft, Suffolk, NR32 2AA Telephone: 01502-573177 Email: info@letusletyou.co.uk

Let Us Let You

Proof of Ability to Pay Rent please provide copies of 3 months bank statements and wage slips

Next of Kin (in case of em	ergency)	
Name:		
Address		
Relationship	Tel No	
Davida a C. A. alb		
Declaration & Author	orisation to Disclos	e information
I confirm that to the best of my	knowledge and belief the above	e details are true and correct at the time of completion.
enquiries and credit checks are of any credit reference agency walso that should I default on the	deemed necessary to confirm to sed by Tarrants Property Servic Tenancy Agreement I enter int	rences from those named above and to make whatever further he details I have provided. I understand I can request the names es Ltd so that I may verify the information held about myself, but to, the information contained in this application may be released ed on this form will be shared with the property Landlord.
Signed:	Dated:	
Name In Full: Mr/Mrs/Miss/Ms		
Current Address In Full:		

_ Postcode: __