

Tenancy Application Form



This is an application to rent a property and it is subject to contract and references, this does not guarantee that you will be granted tenancy on the property.

Name, email addresses and phone number of all proposed residents over the age of 18:

Property Applied for: _____ Postcode: _____

Proposed Tenancy Start Date: ____/____/____ Proposed Length of tenancy: _____ months

Rental Amount: _____

BREAK DOWN OF COSTS

What For	Why	When Due	Amount	Paid
Rent	This is the monthly rental figure and is ALWAYS paid in advance. It will fall due on the monthly anniversary of the tenancy start date, e.g. if you move in on 12 th of the month, this will be your future rent due date.	This is payable on or before the commencement date of the tenancy.	£ _____ —	
Deposit	This amount is in addition to the monthly rent. It is equal to 1.5 times the rental and is held in a separate account protected by the tenancy deposit scheme (TDS). This amount is refundable at the end of the tenancy subject to the property being left in the condition it was found in, an independent inventory will verify this and the cost of the checkout will be the responsibility of the tenant to be paid at the commencement of the tenancy, as part of the agency/holding charge.	This is payable on or before the commencement date of the tenancy.	£ _____ —	
Agency/ Holding Charge <i>(This is the only fee you as a tenant will pay to Lets Rent Cambridge)</i>	This is an administration, reference and checkout charge payable to Lets Rent Cambridge. By paying this, you will reserve the property and it will be taken off the market for you. Should you fail the reference check or decide not to proceed with the property, this charge is NON refundable. This charge includes the inventory cost.	This is payable to reserve the property as soon as possible	£ _____ —	
Please pay monies to:	Lets Rent Cambridge Client Account, Sort Code: 20-17-35; Account Number: 73191559			



Lets Rent Cambridge
 Unit 4, New Close Farm, Butt Lane, Milton, Cambridge, CB24 6DQ
 Tel: 07976 463 944 or 07896 352 160
 Fax: 01223 280327
 Partners: Mrs Jo Clark (MARLA) & Ms Nicola Webb



Please sign below to confirm you agree to these conditions and that you will complete the online reference form within the next 48 hours (a link will be emailed to you), unless agreed otherwise. Should you have any questions, please do not hesitate to ask.

Signed: _____ Date ____/____/____



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