

APPLICATION FORM FOR RENTED ACCOMMODATION

(As part of our normal administration procedure on prospective tenants, all references are taken up and checked. Please note that we will not process an application for three or more unrelated individuals. Families will be processed as one application)

ADDRESS OF PROPERTY APPLIED FOR:		
Please note that the date of	ART DATE:	
MONTHLY RENT FOR ABOV	VE PROPERTY £	
HAVE YOU INCLUDED?:	3 MONTHS BANK STATEMENTS	
	ID AND PROOF OF ADDRESS	
	GUARANTOR DETAILS (IF REQUIRED – PAGE 8)	
	SIGNATURES FOR EVERY APPLICANT OVER 18 (PAGES 6 & 7)	
	TENANT SHOP CONSENT FORM SIGNED (ATTACHED)	

PLEASE NOTE THAT ALL PERSONS AGED 18 YEARS AND OVER WILL BE NAMED ON THE TENANCY AGREEMENT. PLEASE COMPLETE THIS FORM IN AS MUCH DETAIL AS POSSIBLE SO THAT WE HAVE SUFFICIENT INFORMATION TO CONSIDER YOUR APPLICATION ON BEHALF OF OUR CLIENT. WE WILL NOT BE ABLE TO APPROVE YOUR APPLICATION IF INSUFFICIENT DETAIL IS PROVIDED.

PLEASE NOTE THAT DUE TO PROCESSING COSTS WE ARE UNFORTUNATELY UNABLE TO ACCEPT ANY PAYMENTS BY CREDIT CARD.

Please note that unless we are advised to the contrary, all postal correspondence regarding your application will be sent to the address of Applicant 1.

APPLICANT 1:	FOR OFFICE USE ONLY: Credit Score Check carried out on:/			
	LANDLORD APPROVED AI	PPLICATION	N ON://	
TITLE: (Mr/Mrs/etc.)				
FORENAME(S):				
SURNAME:				
CURRENT ADDRESS:				
POSTCODE:	IS THIS PROPER			
	CCOMMODATION, PLEASE COULD YOU CONFIRM YOU ARE SELLING YOUR PROPERTY, PLEASE CON			
PERIOD OF OCCUPATION AT CURRENT ADDR IF LESS THAN 24 MONTHS PLEASE SUPPLY Y	RESS:MONTHS OUR PREVIOUS ADDRESS AND PERIOD OF OCCUPA	TION		
FROM(MONTH / YEAR)	TO (MONTH / YEAR)		L/LADDDOVED	
E-MAIL:	DO YOU HAVE ANY CRIMINAL CONVICTIONS?	YES/NO	L/L APPROVED	
	IF YES, PLEASE STATE	. 20/. 10		
WORK TEL NO:	DO YOU HAVE ANY COUNTY COURT			
MOBILE TEL NO:	JUDGEMENTS, INDIVIDUAL VOLUNTARY	YES/NO	_	
NATIONAL INSURANCE NO:	ARRANGEMENTS OR ADVERSE CREDIT?			
PASSPORT NUMBER:	IF YES, PLEASE PROVIDE FURTHER DETAILS			
DATE OF ISSUE:	AT THE END OF THIS SECTION			
PLACE OF ISSUE:				
HOW LONG HAVE YOU LIVED IN THE UK?				
SINCE BIRTH				
IN NOT SINCE BIRTH, PLEASE GIVE DATE OF				
COMMENCEMENT OF RESIDENCY:				
DATE OF BIRTH:				
DO YOU REQUIRE HOUSING BENEFIT?	YES/NO			
DO YOU HAVE PETS?	YES/NO			
IF YES PLEASE LIST			u	
DO VOLLSMOKE?	VES/NO		_	

OCCUPATION:				
COMPANY:				
ANNUAL SALARY:				
FULL TIME / PART TIME	(delete as necessary)			
EMPLOYED / SELF EMPLO	OYED(delete as			
necessary)				
LENGTH OF TIME AT THIS				
EMPLOYER				
CURRENT EMPLOYER			CURRENT LANDLORD	* PLEASE INDICATE IF YOU OWN
REFERENCE			REFERENCE	YOUR PROPERTY AND ARE
(IF SELF EMPLOYED				CURRENTLY IN THE PROCESS OF
PLEASE PROVIDE YOUR				SELLING
ACCOUNTANTS DETAILS)				
NAME:			NAME:	
ADDRESS (include			ADDRESS:	
Company Name):				
POSTCODE:			POSTCODE:	
EMAIL:			EMAIL:	
PHONE NUMBER:			PHONE NUMBER:	
CHILDREN				
Please list the names in full will be living at the property	and the ages of all individuals v ty who is over the age of 18 r	who will be	e residing at the property, who sted as an applicant:	o are under 18 years of age – anyone who
NAME:		AGE:		(Years / Months)
NAME:		AGE:		(Years / Months)
NAME:		AGE:		(Years / Months)
NAME:		AGE:		(Years / Months)

PLEASE PROVIDE BELOW ANY FURTHER DETAILS WHICH MAY BE RELEVANT TO APPLICANT 1:

APPLICANT 2:	FOR OFFICE USE ONLY: Credit Score Check carried out on:/						
		LANDLORD APPROVED APPLICATION ON://					
TITLE: (Mr/Mrs/etc.)							
FORENAME(S):							
SURNAME:							
CURRENT ADDRESS:							
POSTCODE:		IS THI	S PROPERTY REN	NTED? YES / NO			
		DATION, PLEASE COULD YOU CONFIRM YOUR U ARE SELLING YOUR PROPERTY, PLEASE CO					
CONTRACTS.	TITT AWILT LTG. II TO	O ARE SELLING TOOK PROPERTY, PLEASE CO.	VIIINWIII TOOTIA	VE EXCITANGED			
PERIOD OF OCCUPATION	N AT CURRENT ADDRE	SS:MONTHS					
IF LESS THAN 24 MONTH	S PLEASE SUPPLY YO	UR PREVIOUS ADDRESS AND PERIOD OF OCC	JPATION				
FROM	(MONTH / YEAR) T	O(MONTH / YEAR)					
				L/L APPROVED			
E-MAIL:		DO YOU HAVE ANY CRIMINAL CONVICTION: IF YES, PLEASE STATE	S? YES/NO				
WORK TEL NO:		DO YOU HAVE ANY COUNTY COURT					
MOBILE TEL NO:		JUDGEMENTS, INDIVIDUAL VOLUNTARY	YES/NO	_			
NATIONAL INSURANCE N	IO:	ARRANGEMENTS OR ADVERSE CREDIT?					
PASSPORT NUMBER:		IF YES, PLEASE PROVIDE FURTHER DETAIL	S				
		AT THE END OF THIS SECTION	.0				
PLACE OF ISSUE:		AT THE END OF THIS GEOTION					
HOW LONG HAVE YOU LI							
SINCE BIRTH	VED IN THE OR:			Ц			
_	EASE CIVE DATE OF						
IN NOT SINCE BIRTH, PLE COMMENCEMENT OF RE							
DATE OF BIRTH:							
DO YOU REQUIRE HOUS	ING BENEFIT?	YES/NO		П			
DO YOU HAVE PETS?	INO BENEFIT.	YES/NO		ш.			
IF YES PLEASE LIST		120/140					
II TEST LEASE LIST							
DO YOU SMOKE?		YES/NO					
OCCUPATION:							
COMPANY:							
CONTAIN I							

ANNUAL SALARY:

FULL TIME / PART TIME	ЛЕ (delete as necessary)		
EMPLOYED / SELF EMP	LOYED(delete as		
necessary)			
LENGTH OF TIME AT TH	IS		
EMPLOYER			
CURRENT EMPLOYER		CURRENT LANDLORD	* PLEASE INDICATE IF YOU OWN
REFERENCE		REFERENCE	YOUR PROPERTY AND ARE
(IF SELF EMPLOYED			CURRENTLY IN THE PROCESS OF
PLEASE PROVIDE YOUR	2		SELLING
ACCOUNTANTS DETAILS	5)		
NAME:		NAME:	
ADDRESS (include		ADDRESS:	
Company Name):			
POSTCODE:		POSTCODE:	
EMAIL:		EMAIL:	
PHONE NUMBER:		PHONE NUMBER:	
CHILDREN			
Please list the names in fu will be living at the prope	ll and the ages of all individuals who will berty who is over the age of 18 must be I	ne residing at the property, whisted as an applicant:	o are under 18 years of age – anyone who
NAME:	AGE:		. (Years / Months)
NAME:	AGE:		. (Years / Months)
NAME:	AGE:		. (Years / Months)
NAME:	AGE.		(Years / Months)

PLEASE PROVIDE BELOW ANY FURTHER DETAILS WHICH MAY BE RELEVANT TO APPLICANT 2:

DECLARATIONS

PLEASE READ EACH OF THE DECLARATIONS BELOW AND SIGN TO CONFIRM YOUR UNDERSTANDING.

DECLARATION REGARDING RIGHT TO RENT CHECKS

ANDREW GRANGER & CO ARE LEGALLY REQUIRED ON BEHALF OF THE LANDLORD TO CHECK THE IMMIGRATION STATUS OF ALL OCCUPANTS WHO WILL BE LIVING AT THE PROPERTY. YOU WILL BE ASKED TO PROVIDE EVIDENCE THAT YOU HAVE THE RIGHT TO LIVE IN THE UK EITHER TEMPORARILY OR PERMANENTLY.

I HEREBY CONFIRM I WILL PROVIDE ANDREW GRANGER & CO WITH A COPY OF MY PASSPORT/VISA/WORK PERMIT WHERE APPLICABLE OR PROOF OF SETTLED/PRE-SETTLED STATUS UNDER THE EU SETTLEMENT SCHEME.

Signed :	Dated
APPLICANT 1	
*Signed:	Dated ·
APPLICANT 2	
DECLARATION REGARDING CREDIT CHECK	K AND SHARING OF CONTACT DETAILS
	R & CO TO CARRY OUT A CREDIT CHECK VIA CREDITSAFE AND ANY OT
	INFORMATION WITH LANDLORDS OR THEIR REPRESENTATIVES. PPROVED CONTRACTORS LIST WILL ALSO BE GIVEN CONTACT DETAIL
AND WHEN NECESSARY DURING THE PERIOD OF THE	
AND WHEN NEOLOGARY BORING THE FERIOD OF THE	. TENANOT FOR AIN RELAIR WORK REGOINED.
*Signed :	Dated :
APPLICANT 1	
*Signed :	Dated :
APPLICANT 2	
DECLARATION REGARDING ANTI-MONEY L	AUNDERING CHECKS
	ER & CO TO CARRY OUT AN ANTI-MONEY LAUNDERING CHECK INVOL
IDENTITY VERIFICATION AND AN ASSESSMENT OF AN	Y POLITICALLY EXPOSED PERSONS.
*Signed :	Dated:
APPLICANT 1	
*Signed:	Dated :
APPLICANT 2	Dated

DECLARATION REGARDING HOLDING FEE

I AM HAPPY FOR TENANT SHOP TO CONTACT ME AS SPECIFIED ABOVE.

*Signed :APPLICANT 1

APPLICANT 2

A HOLDING FEE OF £90.00 WILL BE PAYABLE TO ENABLE US TO PROCESS YOUR APPLICATION INFORMATION. FURTHER INFORMATION REGARDING THE HOLDING FEE CAN BE FOUND IN OUR TENANT INFORMATION SHEET.

* PLEASE NOTE THAT SHOULD YOUR APPLICATION NOT BE ACCEPTED THEN ANY IDENTIFICATION AND YOUR HOLDING FEE WILL BE RETURNED

IF YOUR APPLICATION IS ACCEPTED AND SUBSEQUENTLY DECLINED DUE TO UNSATISFACTORY REFERENCING (INCLUDING ANY UNDISCLOSED COUNTY COURT JUDGEMENTS) THEN THE HOLDING FEE WILL <u>NOT</u> BE REFUNDED

BY SIGNING THIS APPLICATION FORM YOU ARE AGREEING THAT YOUR HOLDING DEPOSIT CAN BE USED AS PART PAYMENT OF YOUR FIRST MONTH'S RENT.

*Signed :APPLICANT 1	Dated :
*Signed :	Dated :
TERMS AND CONDITIONS	
I CONFIRM THAT I HAVE READ THE DETAILS CONTAINED IN THE TE	NANT INFORMATION SHEET.
ANY APPLICATIONS THAT ARE DECLINED WILL BE SHREDDED REGULATIONS.	D IMMEDIATELY IN ACCORDANCE WITH DATA PROTECTION
*Signed :	Dated :
APPLICANT 1	
*Signed:	Dated :
APPLICANT 2	
CONSENT TO USE TENANT SHOP SERVICE	
ANDREW GRANGER & CO HAVE TEAMED UP WITH TENANT SHOP ENERGY PROVIDERS AND MEDIA SERVICES. PLEASE READ AND OUT TO US ALONG WITH YOUR APPLICATION FORM.	
TENANT SHOP LIMITED IS FULLY COMPLIANT WITH THE DATA F INFORMATION COMMISSIONERS OFFICE WITH REGISTRATION NUI THE PURPOSES SET OUT ABOVE. PLEASE NOTE THAT ANDREW (ANY SUCCESSFUL REFERRAL OR INTRODUCTION.	MBER Z305733X AND WILL ONLY USE YOUR INFORMATION FOR

Dated :

Dated:

PLEASE REFER TO THE CHECKLIST ON PAGE 1 AND ENSURE YOU HAVE ENCLOSED ALL OF THE APPROPRIATE INFORMATION

*SEE OVERLEAF FOR GUARANTOR INFORMATION IF REQUIRED

GUARANTOR: (If require	PASS/FAIL:PASS/FAIL:
LANDLORD APPROVED	1 / CO/1 / NL
TITLE: (Mr/Mrs/etc.)	
FORENAME(S):	
SURNAME:	
CURRENT ADDRESS:	
POSTCODE:	
LENGTH OF TIME AT CURRE	NT ADDRESS:(YEARS/MONTHS)
HOME TEL NO:	
WORK TEL NO:	
MOBILE TEL NO:	
E MAIL ADDRESS:	
DATE OF BIRTH:	
NATIONAL INSURANCE NO:	
OCCUPATION:	
COMPANY:	
ANNUAL SALARY	
ARE YOU A HOMEOWNER?	YES/NO
GUARANTOR MUST SIG	NTORS SHOULD BE IN FULL TIME EMPLOYMENT AND OWN A PROPERTY. THE BN BELOW TO CONFIRM THEIR CONSENT TO BE NAMED AS A GUARANTOR AND FORDABILITY CHECKS:
	I FOR ANDREW GRANGER & CO TO CARRY OUT A CREDIT CHECK AND ANY OTHER REFERENCES AS INFORMATION WITH ANY INTERESTED PARTIES.
PURPOSES. I UNDERSTAND	ANDREW GRANGER & CO WITH 3 MONTH'S CURRENT BANK STATEMENTS FOR REFERENCING THAT THE APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION AND THAT ANY BE RETURNED / DESTROYED BY ANDREW GRANGER & CO AFTER THE REFERENCING PROCESS IS
A DDI LOATION OANINGT DE DI	REW GRANGER PROOF OF MY IDENTITY AND PROOF OF MY ADDRESS. I UNDERSTAND THAT THE COCESSED WITHOUT THIS INFORMATION.
*Signed : GUARANTOR (if applicable)	Dated :