

Howkins & Harrison TENANCY APPLICATION FORM

Please complete this form clearly (in biro), in full and in block capitals. Include contact telephone and fax numbers where requested. Incomplete answers will cause delays in processing this application.

PROPERTY DETAILS FULL ADDRESS: Rental per Month: £ Number of Applicants:	Tenancy Start Date: Property Type: Tenancy Term: months V O P:
Postcode:	

APPLICANT'S PERSONAL DETAILS Surname: First name: Middle Name: Title: Marital Status: Maiden Name: Date of Birth: Male / Female: National Insurance No: Car Registration No: Do you smoke?
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Do you keep a pet? If YES Give Details (Pets subject to Landlord's Consent)
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Home Telephone No: Work Contact No: Mobile Telephone No: Children / Permitted Occupants:

Are you aware of any County Court Judgements against you? GIVE DETAILS:
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JOINT TENANT' NAMES (NB Each Tenant is required to complete a separate Tenancy Application Form)

FULL NAME	RELATIONSHIP
1	
2	

3	

CURRENT ADDRESS DETAILS (please tick the appropriate box) Are you currently: Property Owner <input type="checkbox"/> Private Tenant <input type="checkbox"/> Council Tenant <input type="checkbox"/> With Parents / Family/Friends <input type="checkbox"/> Temp Accom <input type="checkbox"/> CURRENT ADDRESS <u>INCLUDING FULL POSTCODE</u> Postcode: Date moved into this address:

PREVIOUS ADDRESSES OVER THE LAST 3 YEARS
(please include POSTCODES)

Pcode: From: To:

Pcode: From: To:

Pcode: From: To:

CURRENT / PREVIOUS (please delete as appropriate)
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Landlord / Managing Agent / Local Authority

Name:

Address:

Tel No: Fax No:

EMPLOYMENT DETAILS (OVER PAST 18 MONTHS)
Applicable to Full Referencing Only

	CURRENT	PREVIOUS	PREVIOUS
Company / College and Address			
Contact Name and their Position			
Contact Telephone No:			
Contact Fax No:			
Monthly Gross Income			
Additional Monthly Income Declare any State Benefits			
Payroll Number			
Your Position Held			
Full or Part-time / Temp / Contract			
If Contract – Expiry Date			
Employment Dates			

CHARACTER REFEREE'S DETAILS (Not a Relative)

Name:

Address:

Home Tel No:

Work Tel No:
Referee will be contacted between 9am – 5pm

ACCOUNTANT'S DETAILS (Self-Employed Applicants Only)

Company Name:

Contact Name:

Telephone No:

Fax No

CURRENT ACCOUNT DETAILS

Name of Bank:

Branch:

Sort Code:

Account Number:

Account in the name of:

NEXT OF KIN DETAILS

Name:

Address:

Postcode:

DECLARATION
I confirm that the information supplied is correct to the best of my knowledge and true belief and will be verified. I understand that Mandrex Associates will make a search of the Credit Register and will keep a record of that search on their files. The results of any findings will be passed to the Managing Agent / Landlord and if an application is refused, for whatever reason, NO explanation will be given. I understand that this information may be used in the pursuit of debt tracing and fraud prevention. Any administration charges levied are strictly non-refundable in any event. Strict confidentiality will be observed in the processing of this application.

(PLEASE READ AS THIS IS A LEGAL REQUIREMENT)

APPLICANT'S SIGNATURE:

PRINT NAME: DATE:

PLEASE INFORM YOUR REFEREES THAT WE WILL BE CONTACTING THEM IMMEDIATELY