



ACCOMMODATION AGENCY

E-mail: accommagency@btconnect.com | Web: www.theaccommodationagency.co.uk

APPLICATION FORM

PROPERTY APPLIED FOR:

RENT AGREED: £ PCM

DEPOSIT: £

Application process and move in time scale is 3-4 weeks.

PLEASE NOTE: THIS APPLICATION WILL NOT BE ACCEPTED UNLESS IT IS COMPLETED IN FULL ALONG WITH X3 MONTHS FULL UP TO DATE BANK STATEMENTS, X3 MONTHS UP TO DATE PAYSLEIPS, PASSPORT ID AND 'RIGHT TO RENT SHARE CODE' (if applicable).

PROPOSED NUMBER OF TENANTS:
INCLUDING CHILDREN

PLEASE NOTE:

SHOULD THERE BE MORE PEOPLE LIVING AT THE PROPERTY THAN SPECIFIED BY YOURSELF, ANY TENANCY AGREEMENT WILL BE VOID AND NOTICE TO LEAVE WILL BE GIVEN IMMEDIATELY. ACCOMMODATION AGENCY SHOULD BE NOTIFIED OF ALL CHILDREN LIVING AT THE PROPERTY AT ALL TIMES.

SOME PROPERTIES DO NOT HOLD INSURANCES TO COVER MULTIPLE TENANTS OR CHILDREN.

PERSONAL DETAILS:

TITLE: _____

FIRST NAME: _____

SURNAME: _____

OTHER NAMES: _____

DATE OF BIRTH: _____

MOBILE NUMBER: _____ OTHER NUMBER _____

EMAIL: _____

RIGHT TO RENT SHARECODE: _____ EXPIRY DATE: _____

7 WELFORD ROAD, LEICESTER LE2 7AD

TEL: (0116) 255 1440 OR 254 3089 - VAT No. 7059 61134



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PERSONAL DETAILS CONTINUED:

YES: NO:

ADVERSE CREDIT HISTORY- CCJ'S BANKRUPTCY:

IF YES, PLEASE PROVIDE DETAILS:

YES: NO:

DO YOU HAVE OR HAVE ANY PENDING CRIMINAL CONVICTIONS?

IF YES, PLEASE PROVIDE DETAILS:

REFERENCING REQUIREMENTS:

EMPLOYMENT:

EMPLOYED FULL TIME:

EMPLOYED PART TIME:

UNEMPLOYED:

STUDENT:

SELF EMPLOYED:

AGENCY WORKER:

INDEPENDENT MEANS:

TEMP WORKER:

RETIRED:

ZERO HOURS:

COMPANY NAME: _____

COMPANY ADDRESS: _____

CONTACT NAME: _____

CONTACT NUMBER: _____

EMAIL: _____

GROSS SALARY PER ANNUM: _____

POSITION HELD: _____

POSITION PERMANENT: YES: NO:

NATIONAL INSURANCE NUMBER: _____

OTHER EMPLOYMENT: _____

* IF APPLICABLE

GROSS SALARY PER ANNUM: _____

FOR SELF EMPLOYED PLEASE SEE NEXT PAGE.

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REFERENCING REQUIREMENTS CONTINUED :

SELF EMPLOYED:

NAME OF ACCOUNTANT: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

CURRENT ACCOMMODATION: LANDLORD / AGENT

NAME OF AGENT/LANDLORD: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

CURRENT ADDRESS: _____

LENGTH OF TIME AT ADDRESS: _____

CURRENT MONTHLY RENT PAID: _____

CURRENT CONTRACT LENGTH: _____

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TENANT DETAILS:

MARITAL STATUS: SINGLE:

MARRIED:

DIVORCED/SEPARATED:

OTHER:

ARE YOU A SMOKER: YES:

NO:

DO YOU HAVE ANY PETS: YES:

NO:

NAMES AND AGES OF ALL CHILDREN WHO WILL BE OCCUPYING THE PROPERTY.
PLEASE INCLUDE THOSE WHO MAY STAY OVER ON OCCASIONS:

STUDENT DETAILS- IF APPLICABLE:

***PROOF OF ACCEPTANCE AND PROOF OF FINANCE REQUIRED.**

COURSE: _____

LOCATION: _____

LENGTH OF COURSE: _____

START DATE: _____ END DATE: _____

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NEXT OF KIN:

* PLEASE NOTE THIS CANNOT BE ANOTHER TENANT OF THIS PROPERTY. THIS MUST BE SOMEONE LIVING ELSEWHERE.

FULL NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

RELATION: _____

BANK DETAILS:

*PLEASE NOTE WE DO NOT TAKE RENT FROM YOU ACCOUNT. PAYMENTS MUST BE MADE BY TENANTS.

BANK NAME: _____

BANK ADDRESS: _____

SORT CODE: _____

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

SIGNED: _____ DATE: _____

PLEASE READ THE BELOW

I HEREBY CONFIRM THAT THE INFORMATION PROVIDED BY ME IS TO THE BEST OF MY KNOWLEDGE AND TRUE. I CONSENT TO THIS INFORMATION BEING VERIFIED BY CONTACTING THE THIRD PARTIES DETAILED IN THIS FORM. I UNDERSTAND THAT THE RESULTS OF THE FINDINGS WILL BE FORWARDED TO THE APPOINTED LETTING AGENT AND/OR LANDLORD AND MAY BE ACCESSED AGAIN SHOULD I DEFAULT ON MY RENTAL PAYMENT OR APPLY FOR A NEW TENANCY AGREEMENT IN THE FUTURE. I AGREE THAT THEIR APPROVED AGENT MAY SEARCH THE FILES OF A CREDIT REFERENCE AGENCY AND IDS LTD, THE INSURANCE INDUSTRY'S DATA COLLECTION AGENCY, WHICH WILL KEEP A RECORD OF THAT SEARCH. I UNDERSTAND THAT I MAY REQUEST THE NAME AND ADDRESSES OF THE CREDIT REFERENCE AGENCY TO WHOM I MAY THEN APPLY FOR A COPY OF THE INFORMATION PROVIDED.

THE DETAILS I HAVE GIVEN ARE THE TRUTH TO THE BEST OF MY KNOWLEDGE.

I AGREE TO THE ACCOMMODATION AGENCY HOLDING MY PERSONAL INFORMATION ON THEIR DATABASE AS PER GENERAL DATA PROTECTION.

SIGNED: _____ DATE: _____

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