



ACCOMMODATION AGENCY

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

APPLICATION FORM

PROPERTY APPLIED FOR:

RENT AGREED: £ PCM

DEPOSIT: £

FAST TRACK:

YES:

NO:

* A Fast Track Service offered to prospective tenants to ensure that you are to be moved into the property within 2 weeks from application. An extra £100.00 is charged for this service.

Without this, the application process and move in is 3-4 weeks.

PROPOSED NUMBER OF TENANTS: OVER THE AGE OF 18

UNDER THE AGE OF 18

PERSONAL DETAILS:

TITLE: _____

FIRST NAME: _____

SURNAME: _____

OTHER NAMES: _____

DATE OF BIRTH: _____

MOBILE NUMBER: _____ OTHER NUMBER _____

EMAIL: _____

7 WELFORD ROAD, LEICESTER LE2 7AD

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



ACCOMMODATION AGENCY

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

PERSONAL DETAILS CONTINUED:

ADVERSE CREDIT HISTORY- CCJ'S BANKRUPTCY: YES: NO:

IF YES, PLEASE PROVIDE DETAILS:

REFERENCING REQUIREMENTS:

EMPLOYMENT:

EMPLOYED FULL TIME:	<input type="checkbox"/>	EMPLOYED PART TIME:	<input type="checkbox"/>	UNEMPLOYED:	<input type="checkbox"/>
STUDENT:	<input type="checkbox"/>	SELF EMPLOYED:	<input type="checkbox"/>	AGENCY WORKER:	<input type="checkbox"/>
INDEPENDENT MEANS:	<input type="checkbox"/>	TEMP WORKER:	<input type="checkbox"/>	RETIRED:	<input type="checkbox"/>
ZERO HOURS:	<input type="checkbox"/>				

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.

7 WELFORD ROAD, LEICESTER LE2 7AD

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



ACCOMMODATION AGENCY

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

REFERENCING REQUIREMENTS CONTINUED :

SELF EMPLOYED:

NAME OF ACCOUNTANT: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

CHARACTER REFERENCE: NOT A RELATIVE—SOMEBODY YOU HAVE KNOWN FOR 3 YRS

NAME: _____

ADDRESS: _____

TEL: _____

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: _____



ACCOMMODATION AGENCY

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

TENANT DETAILS:

MARITAL STATUS: SINGLE:	<input type="checkbox"/>	MARRIED:	<input type="checkbox"/>
DIVORCED/SEPARATED:	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>
ARE YOU A SMOKER: YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>
DO YOU HAVE ANY PETS: YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>

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: _____



ACCOMMODATION AGENCY

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

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: _____

7 WELFORD ROAD, LEICESTER LE2 7AD

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