

Upon completion please return this	form to:
Name of Landlord:	<u> </u>
Address of Landlord:	
	I JOINT-APPLICANT WILL BE REQUIRED TO COMPLETE AND SUBMIT A SEPARATE APPLICATION FORM. FOR THE NUMBER REQUIRED BEFORE COMPLETING - OR ASK FOR THE NUMBER OF FORMS RQUIRED)
APPLICANTS NAME (Mr/Mrs/Miss/Ms)	
ADDRESS	
EMAIL ADDRESS	
TELEPHONE	(LANDLINE) (MOBILE) (WORK)
DATE OF BIRTH	N.I. NUMBER
JOINT APPLICANTS NAME (if any)	
RELATIONSHIP OF JOINT APPLIC	CANTS TO YOU
TIME AT PRESENT ADDRESS	
HOW WAS THAT PROPERTY HELD BY YOU	AS PRIVATE TENANT AS OWNER AS A LODGER LIVING WITH PARENTS AS TENANT OF A HOUSING ASSOCIATION AS A COUNCIL TENANT - OF WHICH LOCAL AUTHORITY (below)
IF AS A TENANT OR LODGER, PL	EASE GIVE THE NAME AND ADDRESS OF THE LANDLORD BELOW:
CURRENT LANDLORD'S TELEPHONE NUMBER AND/OR	
EMAIL ADDRESS	
PREVIOUS ADDRESS (if less than 3 years at current property)	
TIME AT ADDRESS	Years Months
LANDLORD'S EMAIL ADDRESS	
AND/OR TELEPHONE NUMBER (if more addresses are needed to document)	reach 3 years of tenant history please see continuation sheet at the end of this



CURRENT EMPLOYMENT STATUS		SELF-E	EMPLOYED		UNEMPLOY RETIRED OTHER - SE	
IF EMPLOYED - YOUR OCCUPATION						
NAME AND ADDRESS OF EMPLOYER						
TELEPHONE NUMBER OF EMPLOYER						
EMAIL ADDRESS OF EMPLOYER						
IF A STUDENT UNIVERSITY/COLLEGE NAME						
ADDRESS OF UNIVERSITY/COLLEGE						
COURSE ATTENDED						
YEAR						
ACCOUNTANT DETAILS (where self employed)						
NAME						
ADDRESS						
TELEPHONE NUMBER						
EMAIL ADDRESS						
ARE YOU PRESENTLY IN RECEIP	T OF		HOUSING BI UNEMPLOYI RETIREMEN UNIVERSAL	MENT BI	ON	INCOME SUPPORT SICKNESS BENEFIT DISABILITY ALLOWANCE



ADDRESS OF THE TENANCY BEING APPLIED FOR			
THE DATE YOU WOULD LIKE TO E OCCUPYING THE PROPERTY IF APPLICATION IS SUCCESSFUL	BEGIN		
THE LENGTH OF TENANCY BEING APPLIED FOR			
IF IT IS INTENDED FOR ANYONE THEIR NAMES, AGES (INCLUDING	OTHER THAN YOU CHILDREN IF ANY),	RSELF TO LIVE IN THE PROP , AND THEIR RELATIONSHIP TO	ERTY, PLEASE PROVIDE BELOW O YOU:
NAME	<u>AGE</u>	RELATIONSHIP	
			_
			_
YOUR BANK / BUILDING SOCIETY NAME AND ADDRESS			
ACCOUNT NAME(S)			
ACCOUNT NUMBER		SORT C	CODE
HAVE YOU EVER BEEN MADE BANKRUPT OR ENTERED INTO A VOLUNTARY ARRANGEMENT OF ANY KIND WITH YOUR CREDITORS	YES/NO		
HAVE YOU EVER HAD A COUNTY COURT JUDGMENT MADE AGAINST YOU	YES/NO		
IF EITHER OF THE ABOVE APPLIE	S PLEASE GIVE FUR	RTHER DETAILS INCLUDING D	ATES AND AMOUNTS INVOLVED
DO YOU HAVE ANY CHILDREN WHO WILL NOT BE LIVING AT THE PROPERTY	YES/NO		



NEXT OF KIN AND THEIR CONTACT DETAILS		
WILL ANY ANIMALS/PETS BE LIVING AT THE PROPERTY GIVE DETAILS	YES/NO	
GIVE DETAILS		
PERSONAL REFERENCE (CHARACTER) - MUST BE A NON-FAMILY MEMBER (NAME & ADDRESS)		
WILL ANYONE ELSE BESIDE YOURSELF PAY ANY TENANCY DEPOSIT (ALL OR PART). IF YES, PLEASE GIVE THE NAME OF THE PERSON PAYING OR CONTRIBUTING AND IF THEY	YES/NO	
ARE PAYING PART ONLY THE AMOUNT THEY ARE PAYING.		
will be living in the property except		s true and accurate. I confirm that no one DATE
check, he/she deems necessary in obuilding society, a local authority (if	connection with this application for a tel f I was previously a council tenant), cur on about me, any prior tenancy history,	king whatever enquiries, including a credit nancy. I authorise my employer, my bank / rent or former landlord, and the personal and any employment / financial affairs as
	How to rent: a checklist for renting in Entation relating to the proposed tenancy	gland', the energy performance certificate via the given email address on page 1.
	original documents proving the right to of the landlord or the agent. I understawill not be granted a tenancy.	
I consent to a credit check being ca landlord's behalf by RLA Publishing	rried out in relation to myself – by Credi g Limited (RLAP) OR by	itCall which will be conducted on the
(NR: Jeave blank if the PLA credit of		
IND. leave blank if the NEA credit (checking service is to be used).	
	-	he credit check was ordered by RLAP –
Where the credit check is carried ou	-	he credit check was ordered by RLAP – DATE



Continuation of Previous Address History

PREVIOUS ADDRESS			
TIME AT ADDRESS	Years	Months	
LANDLORD'S EMAIL ADDRESS			
AND/OR TELEPHONE NUMBER			
PREVIOUS ADDRESS			
TIME AT ADDRESS	Years	Months	
LANDLORD'S EMAIL ADDRESS			
AND/OR TELEPHONE NUMBER			
PREVIOUS ADDRESS			
TIME AT ADDRESS	Years	Months	
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