



INDIVIDUAL APPLICATION

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AGENT NAME:

AGENT CODE:

SECTION 1 – TO BE COMPLETED BY THE LETTING AGENT

Product required	References:	Express: <input type="checkbox"/>	Ultimate: <input type="checkbox"/>
	R/G Period:	6 months: <input type="checkbox"/>	12 months: <input type="checkbox"/>
Rental property address	Landlord name:	.....
	Address line 1:	.....
	Address line 2:	.....
	Address line 3:	.....
	Postcode:	.....
Tenancy details	Tenancy term:	.....
	Monthly Rental:	£.....	
	No. of tenants being referenced	.....
	Proposed tenancy start date: (Can be altered later if necessary)/...../.....	
	Is the Property	Let Only <input type="checkbox"/> Fully Managed <input type="checkbox"/>	

SECTION 2 – TENANTS PERSONAL DETAILS

Title:

Forename(s):

Middle Name(s):

Surname:

Date of birth:/...../.....

Mobile number

Contact details:
(All are required fields apart from Fax)

Contact number

E-mail address

Fax

Website: www.letalliance.co.uk



SECTION 2 – TENANTS PERSONAL DETAILS (continued)

You must provide three years address history

Present address

Address line 1:

Address line 2:

Address line 3:

Postcode:

Time at this address: yrsmths

Address Status (circle): Owner Rented Accommodation

 Living with Parents/Friends Other:

Previous address 1:

House No./Street -

City / Town

Postcode Time at this address:yrsmths

Previous address 2:

House No./Street -

City / Town

Postcode Time at this address:yrsmths

(If more space required, please use reverse of form)

SECTION 3 – CURRENT LANDLORD / LETTING AGENT

Name of Landlord / Letting Agent:
(where you are living at present)

Number:

Please Note :
Failure to provide adequate contact details could delay your application

Email:

Fax:

Address line 1:

Address line 2:

City : Postcode :



Tenant Credit Information (if applicable)

Please note : Failure to disclose adverse credit could affect your application

	Do you have any current/historic or pending adverse credit?	Yes / No
	If Yes, give details.....	
Adverse Credit	Do you have any CCJs or Court Decrees?	Yes / No
	If Yes, give details.....	
	Have you ever been declared bankrupt or any IVA's,etc?	Yes / No
	If Yes, give details.....	

SECTION 4 – EMPLOYMENT DETAILS

Current Employment Status	Please circle one:	Employed	Unemployed	Self Employed	Retired
		Contract Worker	Temp Worker	Student	Independent Means

NOTE: If Self-Employed, Retired or Independent Means, go to Section 5

Please Note : Failure to provide adequate contact details could delay your application	Name of company:	.....
	Position	Gross Salary
	Payroll No.....	Start Date...../...../... Full Time / Part Time (circle)
	Address line 1:	.....
	Address line 2:	.....
	Address line 3:	.....
	Postcode:	.....
	Contact name:	.....
	Email:	.....
	Contact Number:	.....
	Fax number:

Previous employment details

(if in current position less than 6 months)

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Previous Employment Status	Please circle one:	Employed	Unemployed	Self Employed	Retired
		Contract Worker	Temp Worker	Student	Independent Means

Name of company:

Position Gross Salary

Payroll No..... Start Date...../...../..... Full Time / Part Time (circle)

End Date...../...../.....

If you have been in your current employment for less than 6 months

Address line 1:

Address line 2:

Address line 3:

Postcode:

Contact name:

Email:

Contact Number:

Fax number:

Is your current position going to change in then near future Yes / No

If yes, please complete as below:

Future employment details

Future Employment Status	Please circle one:	Employed	Unemployed	Self Employed	Retired
		Contract Worker	Temp Worker	Student	Independent Means

(if current position is due to change in the near future)

Name of company:

Position Gross Salary

Payroll No..... Start Date...../...../..... Payroll No.....

Address line 1:

Address line 2:

Address line 3:

Postcode:

Website: www.letalliance.co.uk

Future Employment Status

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Position which you will hold:

Contact name:

Email:

Contact Number:

Fax:

Do you have any other source of income?

Total Annual Amount £..... Breakdown

.....

SECTION 5 – ACCOUNTANT / PENSION PROVIDER

Self Employment / Retirement / Independent Means Start Date

Annual Income - £..... Will accountant be verifying income? Yes / No

Does the applicant have a private pension Yes / No How many?

Have finalized accounts been prepared? (circle) Yes – by accountant Yes – Self Assessment No

Name of Accountant:

Name of Pension Company:

Pension No..... Pension amount £.....

Accountant / Pension Company details

Address line 1:

Address line 2:

Address line 3:

Postcode:

Contact name:

Email:

Contact number: Fax number:

OTHER OCCUPANTS: Details of other people who will be staying in the property

Number of adults: Number of children:

Are any of the occupants Smokers? Yes / No

Do you have any pets? Yes / No

If yes to these questions, please provide details:

Website: www.letalliance.co.uk



EMERGENCY CONTACT: Please provide details of your Next of Kin

Next of Kin name:

Contact telephone number:

e-mail address:

Home address:

Relationship to tenant:

SECTION 6 – DECLARATION

I hereby certify that the information provided is true and accurate and give permission for this information to be verified by third parties and disclosed as detailed above for the purpose of:

- Performing a credit search by a third party agency
- Contacting my current, previous employers and referees to confirm the details provided
- Fraud prevention, credit assessment and insurance decisions

I understand that the results of these searches will be provided to the Letting Agent and accessed again in the event of a default in my rental payments.

I understand that I can request the details of any credit reference agencies used so that I can verify with them the information provided.

I understand that if I default on my tenancy obligations, this information may be released to authorised debt recovery agencies and could affect any future applications I make for tenancies, credit and insurance.

I understand that providing false information may lead to early termination of any subsequent tenancy agreement.

I am happy for Let Alliance to contact me in respect to this application if required.

I have read and agree to be bound by the above terms.

Signature: Date:

Print name:

PLEASE RETURN THIS APPLICATION FORM TO YOUR LETTING AGENT

SHOULD YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION
PLEASE DO NOT HESITATE TO CONTACT US ON 0845 6850475 OR EMAIL US AT
TENANT@LETALLIANCE.CO.UK