



Residential Application Form

Please Note: In the case of Joint Applicants, Each Joint Applicant will be required to complete a separate form. (Copies of this form may be taken and completed).

Property Address for which Tenancy Applied : _____

Personal Details

Title (Mr/Miss/Mrs/MS) _____ Forename(s) _____

Surname _____ Date of Birth: _____

Current Address: _____

Postcode: _____

Length of Stay at Current Address: _____

Capacity of Stay (eg. Tenant, Living with Parents etc) _____

Permanent Address for correspondence: (ONLY COMPLETE IF YOU HAVE LIVED AT CURRENT ADDRESS FOR LESS THAN 3 YEARS AND/OR IF DIFFERENT FROM NEXT OF KIN ADDRESS)

_____ Postcode: _____

National Insurance Number: _____

Passport Number: _____ (Please provide photocopy of Passport)

Contact Mobile Number: _____ E-Mail Address: _____

Have you had any County Court Judgements (CCJ's) in the past three years (please tick) YES ___ NO ___

If YES please provide details _____

Have you ever been evicted (Please tick) YES ___ NO ___

If Yes please provide details _____

Have you ever been served with an Anti-Social Behaviour Order ASBO/s (please tick) Yes ___ No ___

If YES please provide details _____

Next of Kin

Full Name (Mr/Mrs/Miss/Ms): _____

Relationship to you: _____ Current Address: _____

Postcode: _____

Permanent Address for correspondence if different from above: _____

Postcode _____

Contact Tel. Number. Day _____ Evening _____

Contact Mobile Number: _____

Status

Please complete the relevant section below stating whether you are in full time Education or Employment.

Student Details:

Course Title: _____



Course Status: (please tick relevant box) Full Time Part Time

University Name: _____

Address : _____

_____ Postcode _____

Student ID Number: _____ (Please provide photocopy)

Course Commencement Date: _____ End Date: _____

Study Year: _____

Employment Details (ONLY COMPLETE IF IN FULL TIME EMPLOYMENT)

Job Title/Occupation: _____

Company Name: _____

Employers Address: _____

_____ Postcode: _____

Contracted Hours Worked Per Week: _____

Length of Service: _____

Contact Name: _____

Tel. Number: _____ Extension(if applicable): _____

FULL TIME
EMPLOYMENT ONLY-
PLEASE NOTE: WE
REQUIRE THE LAST 3
MONTHS WAGE SLIPS
OR THE LAST 3
MONTHS BANK
STATEMENTS. THESE
MUST BE SUBMITTED
WITH THIS FORM FOR
US TO PROCEED.

References

We require 2 references. One must be from a previous/current Landlord or your current University Halls of Residence Details. The second can be a family friend or close relative providing they do not live at the same address given for your next of kin details.

Landlord Details (Please tick relevant box) Current Previous

Landlord Name: _____

Agent Name: _____

Landlord/Agent Address: _____

_____ Postcode: _____

Landlord Tel. No: _____ Agent Tel.No: _____

Address of Property you resided at: _____

_____ Postcode: _____

Length of Stay: From _____ To _____

Halls of Residence (if applicable)

Full Halls Address: _____

_____ Postcode: _____

Block/Room Number: _____

Contact Name: _____

Contact Tel. Number: _____

Length of Stay: From _____ To _____



2nd Reference

Full Name: (Mr/Mrs/Miss) _____

Relationship To You: _____

Address: _____

_____ Postcode: _____

Permanent Contact Address: (if different) _____

_____ Postcode: _____

Contact Tel.No: Day _____ Evening: _____

Contact Mobile Number: _____

Declaration :

I declare that all the information provided by me in this application is true and that this proposal and declaration shall be the basis of the licence and no relevant information has been withheld by me that would influence your acceptance. I give permission for you to contact my references to obtain any relevant information and I authorise any of the above to release such relevant information. I understand the contract is subject to vacant possession.

Signed: _____ Date: _____