



Your local dedicated Letting Agents

Individual Application Form

Agent Name: 4you Lettings Ltd

Section 1 – To Be Completed By The Letting Agent

Service required References: Express Ultimate
Rent Guarantee Period: 6 months 12 months
Landlord name:

Rental property address

Address line 1:
Address line 2:
Address line 3:
Postcode:

Tenancy details

Tenancy term:
Monthly rental: £..... Rental share per applicant: £.....
Number of tenants being referenced:
Proposed tenancy start date:
(Can be altered later if necessary)
Is the property: Let only Fully managed

Section 2 – Tenants Personal Details

Personal Details

Title:.....Forename(s):
Middle Names:
Surname:
Date of Birth:/...../..... Marital Status: Married Divorced Not married
Mobile no:Contact no:
E-mail address:.....
If you have ever been known by another name please confirm it here:
.....



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You must provide 3 years address history

Present address

Address line 1:
Address line 2:
Address line 3:
Postcode: Time at this address:Years.....Months
Status: [] Owner [] Rented Accomodation [] Living with Parents/Friends
Other:

Previous addresses

Previous address 1:
Postcode: Time at this address:Years.....Months
Previous address 2:
Postcode: Time at this address:Years.....Months
If more space is required please use reverse of form

Tenant Credit Information

PLEASE NOTE: FAILURE TO DISCLOSE ADVERSE CREDIT COULD AFFECT YOUR APPLICATION

Do you have any current OR historic OR pending adverse credit? [] Yes [] No
If Yes, give details:
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:



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Section 3 – Current Landlord / Letting Agent

NOTE: Failure to provide adequate contact details could delay your application

Name of landlord / Letting agent:
Address line 1:
Address line 2:
Address line 3:
Postcode:
Telephone number:
Mobile number:
Fax number:
Email:
Tenancy start date:
Current monthly rent:

Section 4 - Employment Details

Current employment status

Please select:
Employed
Unemployed
Self Employed
Retired
Contract Worker
Temp Worker
Student
Independent Means

NOTE: If Self-Employed, a Director of your own Company, Retired or Independent Means, go to Section 5
Failure to provide adequate contact details could delay your application

Name of company:
Address line 1:
Address line 2:
Address line 3:
Postcode:
Position held:
Contact name:
Tel number:
Fax number:
Email:
Gross Salary:
Overtime:
London Weighting:
NI number:
Payroll number:
Start date:
Full time
Part time
Is the position likely to change?
Yes
No
If YES please complete next section



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Future employment details

Please select: Employed Unemployed Self Employed Retired
 Contract Worker Temp Worker Student Independent Means

Name of company:

Address line 1:

Address line 2:

Address line 3:

Postcode: Position held:

Contact name:

Tel number: Fax number:

Email:

Gross Salary:..... Overtime:..... London Weighting:.....

NI number: Payroll number:

Start date:..... Full time Part time

Additional income

Do you have any other source of income? (Proof will be required)

Tax Credits £..... Disability Benefit £.....

Child Maintenance £..... Housing Benefit £.....

Carers Allowance £..... Fosterers Allowance £.....

Child Benefit £..... Employment Support Allowance £.....

Guardian Allowance £.....

Additional Income 1 £..... Additional Income 2 £.....

Description..... Description.....

.....



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Section 5 – Accountant / Pension Provider

Self Employment / Retirement / Independent Means Start Date:/...../.....

Annual Income: £..... Will accountants be verifying income? Yes No

Does the applicant have a private pension: Yes No - How many?.....

Have finalized accounts: Yes - by Accountant Yes - Self Assessment No

Name of Accountant:

Name of Pension Company:.....

Pension No: Pension Amount:

Accountant details

Address line 1:

Address line 2:

Address line 3:

Postcode: Position:

Contact name:

Tel number: Fax number:

Email:



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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 4you Lettings to contact me in respect to this application if required. I have read and agree to be bound by the above terms.

- The details provided by you will be held by 4you Lettings and may be used to keep you up to date on our products and services and those of the 4you Lettings and other organisations we believe will be of interest to you. If you would prefer not to receive this information, please tick box.

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.



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Supplementary Tenant Information

Please Complete This Form In Full And Return It To Your Letting Agent

Agent Name: 4you Lettings Ltd

Personal details:

Name:

Contact Number:

Email address:

Date of Birth:

Bank Details:

Please Provide Your Bank or Building Society Current Account Details

Bank account number:

Sort code:

Account holder name:

Name of Bank or Building Society:.....

Other Occupants: Details Of Other People Who Will Be Staying In The Property

Number of adults:

Number of children:.....

Please provide dates of birth for your children

Child 1: Child 2

Child 3: Child 4

Child 5: Child 6

Child 7: Child 8

Are any of the occupants Smokers? Yes / No

Do you have any pets? Yes / No

If yes please provide details:

.....



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Emergency Contact: Please Provide Details Of Your Next Of Kin

Next of Kin name:.....

Contact telephone number:.....

Email address:

Home address:

.....

.....

Relationship to tenant:

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