

FOR OFFICE USE ONLY	GOLD FULL REFERENCE	SILVER CREDIT CHECK ONLY	BRONZE (HB) JUDGEMENT
PLEASE COMPLETE IN BLACK INK AND CAPITAL LETTERS			
<p>BARNSDALES</p> <p><u>INDIVIDUAL APPLICATION FOR A TENANCY</u></p>			
SECTION BELOW TO BE COMPLETED BY BARNSDALES			
PROPERTY ADDRESS (with Postcode): _____			
POSTCODE: _____			
RENT: £ _____	BOND: £ _____	TOTAL RENT FOR THIS TENANT £ _____	
SECTION BELOW TO BE COMPLETED BY APPLICANT			
PLEASE TICK ONE OF THE FOLLOWING:			
HOME OWNER <input type="checkbox"/>	COUNCIL TENANT <input type="checkbox"/>	PRIVATE TENANT <input type="checkbox"/>	LIVING WITH PARENTS <input type="checkbox"/>
TITLE: _____ NAME _____ MIDDLE _____			
SURNAME: _____ D.O.B _____			
PREVIOUS NAMES: _____			
HOME TEL: _____ MOBILE TEL: _____			
WORK TEL: _____ EMAIL: _____			
CURRENT ADDRESS: _____			
POSTCODE: _____			
PERIOD AT THIS ADDRESS: _____ years _____ months			
(Please provide two previous addresses)			
FROM: _____ TO: _____ ADDRESS: _____			
POSTCODE: _____			
FROM: _____ TO: _____ ADDRESS: _____			
POSTCODE: _____			
HAVE YOU ANY: COUNTY COURT JUDGEMENTS, COURT DECREE, BANKRUPTCY OR ADMINISTRATION ORDERS? YES ___ NO ___ (If yes, please give details on the back of this sheet) Failure to disclose any of the above information will result in your application being rejected and the loss of your reference fee			

PREVIOUS LANDLORD/MANAGING AGENT (please complete in full)	
NAME IN FULL: MR/MRS/MISS/MS: _____	
ADDRESS: _____	
POSTCODE: _____	
HOME TEL NO: _____	MOBILE: _____
WORK TEL NO: _____	EMAIL: _____
RENTED FROM: _____	RENTED TO: _____

EMPLOYMENT STATUS	
EMPLOYER: (we will require copies of your last 3 months wage/salary slips)	
COMPANY NAME: _____	
ADDRESS: _____	
POSTCODE: _____	
EMPLOYER CONTACT NAME _____	
CONTACT POSITION: _____	
EMPLOYERS TEL NO: _____	FAX: _____
YOUR CURRENT POSITION HELD: _____	GROSS SALARY _____ per annum/week
START DATE _____	IS THE POSITION PERMANENT? YES ___ NO ___
SELF EMPLOYED	
We will require a minimum of 12 months accounts and your accountant/auditor solicitors name & address also a bank and trade reference	
NAME _____	ADDRESS: _____
	POSTCODE _____
TELEPHONE _____	FAX NO: _____
EMAIL: _____	
HOW LONG HAVE YOU BEEN SELF-EMPLOYED? _____	
RETIRED (with independent means)	
PLEASE SUPPLY DETAILS OF PENSIONS/SOLICITOR ETC	
TELEPHONE: _____	FAX: _____
TELEPHONE: _____	FAX: _____
EMAIL: _____	

DECLARATION & DATA PROTECTION

I hereby confirm that the information enclosed on this form provided by me is to the best of my knowledge true. I consent to this information being verified by contacting third parties detailed in this form. I understand that the results of these findings will be forwarded to Barnsdales 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 Barnsdales may search the files of a Credit Referencing Agency to whom I may then apply for a copy of the information provided.

I also understand that in the event of my defaulting on the rental payment, that any such default may be recorded with the Credit Reference Agency, who may supply the information to other credit companies or insurers in the quest for the responsible granting of tenancies, insurance and credit.

I understand that in the event of any default by me in respect of the covenants in my Tenancy Agreement with my Landlord, the information contained herein may be disclosed to one or more tracing companies and/or one or more debt collection agencies in order to recover any monies due or to discover and trace my whereabouts. I understand that the information provided by me may be transferred to a country outside the EU for the purposes only of processing this reference application, not with standing such transfer, Barnsdales will remain the Data Controller for the purposes of this application.

The information provided in this form by me is information as described in Ground 17 of the Housing Act 1996 and I understand that if any information within this application is found to be untrue, it is grounds for termination of the Tenancy. I also understand that any default in the payment of my rent may affect any future application for Tenancies, Credit, Mortgage or Insurance

UPON APPLICATION WE WILL REQUIRE PROOF OF RESIDENCY, IN THE FORM OF A UTILITY BILL i.e. GAS, ELECTRIC, WATER, COUNCIL TAX, TELEPHONE OR MOBILE BILL WITH YOUR CURRENT ADDRESS, ALSO A PHOTO DRIVING LICENSE (where applicable) OR PASSPORT. PLEASE NOTE. THERE IS A REFERENCING FEE OF £72.00 PER PERSON PAYABLE IN CASH PRIOR TO AN APPLICATION BEING PROCESSED, PLUS AN ADMINISTRATION FEE OF £102.00 PER PROPERTY AND £30.00 PER PROPERTY TO REGISTER THE BOND IN A GOVERNMENT APPROVED SCHEME.

I HEREBY AUTHORISE THE ABOVE NAMED BANK OR BUILDING SOCIETY TO RESPOND TO STATUS ENQUIRIES MADE IN RESPECT TO THIS APPLICATION.

SIGNED: _____ DATED:: _____

PRINT NAME:

BANK/ BUILDING SOCIETY DETAILS (current account details only)	
NAME _____	ADDRESS: _____
	POSTCODE: _____
TELEPHONE: _____	FAX NO: _____
SIGNATURE(S) NAME(S) _____	
ACCOUNT NUMBER: _____	SORT CODE _____
NEXT OF KIN	RELATIONSHIP:
NAME _____	ADDRESS: _____
	POSTCODE: _____
TELEPHONE: _____	MOBILE: _____
IN CASE OF EMERGENCY PLEASE PROVIDE A FURTHER CONTACT (not a relative or anyone else named on this form)	
NAME: _____	ADDRESS: _____
	POSTCODE: _____
TELEPHONE: _____	MOBILE: _____
EMAIL: _____	RELATIONSHIP: _____
GUARANTOR (not a person who is going to reside at the property) (The Guarantor must be in full time employment earning more than £16,000 per annum)	
NAME _____	ADDRESS: _____
	POSTCODE: _____
TELEPHONE: _____	MOBILE: _____

CHECKLIST :	
<u>ALL ITEMS ARE REQUIRED TO ACCEPT & PROCESS THIS APPLICATION</u>	
1. PASSPORT OR DRIVING LICENSE	<input type="checkbox"/>
2. RECENT UTILITY BILL OR MOBILE PHONE BILL	<input type="checkbox"/>
3. WAGE SLIPS (LAST 3 MONTHS)	<input type="checkbox"/>
4. REFERENCE FEE £72.00 PER PERSON	<input type="checkbox"/>
5. APPLICATION FORM, CHECKED, SIGNED AND DATED	<input type="checkbox"/>

IN ORDER TO CHECK THE SUITABILITY OF YOUR APPLICATION TO THE PROPERTY WOULD YOU KINDLY COMPLETE THE FOLLOWING:	
CHILDREN	YES ___ NO ___ HOW MANY _____ AGES: _____
SEX OF CHILDREN	_____
PETS	YES ___ NO ___ TYPE (S) OF PET (S) _____
SMOKERS	YES ___ NO ___
SPECIAL NEEDS:	PLEASE ADVISE

Once this form has been completed please return it to the Residential Lettings Department at Barnsdales (we also suggest you keep a copy of the completed form for your own records).