



# Lettings | Direct

Letting Agents & Property Management Specialists

## TENANT APPLICATION FORM

- Property Details

Address of Property	POSTCODE		
Rent per Month	£	Deposit	£
Tenancy Start Date		Tenancy Term	months

- Tenant Personal Details

Personal Details (please completed in full)

Mr / Mrs / Miss / Ms		Other (please specify)	
First Name		Surname	
Middle Name(s)		Maiden Name	
Date of Birth		Sex	Male / Female
Marital Status			
Daytime Telephone Number		Evening Telephone Number	
Mobile Telephone Number		Other	
Email Address			

- Tenant Address Details

Current Address (please completed in full)

Address	POST CODE			
Residential Status	PROPERTY OWNER	RENTED PRIVATELY	LIVING WITH FRIENDS/ RELATIVES	COUNCIL TENANT
Other (please specify)		Period at Address		

**Previous Address** (please supply a previous address if you have lived at your current address for less than 3 years)

Address	POST CODE			
Residential Status	PROPERTY OWNER	RENTED PRIVATELY	LIVING WITH FRIENDS/ RELATIVES	COUNCIL TENANT
Other (please specify)	Period at Address			

**Landlord/Lettings Agent Details** (if you indicated you live, or have lived, in rented accommodation please complete this section)

Name of Landlord or Lettings Agent			
Address	POST CODE		
Daytime Telephone Number	Evening Telephone Number		
Mobile Telephone Number	Other		
Email Address			

- **Tenant Employment Details**

**Employment Details**

Employment Status	Employed	Self-Employed	Unemployed	Student	Retired
How do you intend to pay your monthly rental?	Salary / Pension / other:				
Profession / Position Held					
Annual Gross Income	£	Employment Start Date			
Payroll / Pension Number	Are your circumstances likely to change?		Yes / No		
If yes, please give further details					

**Employer Details** (if you are employed, self-employed or retired, please give the details of your employer, accountant or pension provider below)

Employer / Accountant / Pension Provider			
Address	POST CODE		
Contact Name	Contact Job Title		
Daytime Telephone Number	Mobile Telephone Number		
Email address	Other		

**Additional Income** (if applicable)

Do you have any additional income?	Yes / No
If so, please advise how much per annum	£
Source of Additional Income	

• **Tenant Bank / Building Society Details**

Name of Bank			
Address of Bank	POST CODE		
Account in the Name of			
Sort Code		Account Number	
Do you have a Cheque Guarantee Card	Yes / No	Length of time with the bank	
Do You Have a Credit Card?		If so, how many?	

• **Next of Kin Details**

**Details of your next of kin** (please note this cannot be a spouse)

Title		First Name		Last Name	
Current Address	POST CODE				
Daytime Telephone Number		Mobile Telephone Number			
Email address		Other			
Relationship to Tenant					

• **Additional Information**

National Insurance Number				
Car Registration No		Make / Model		
Are you aware of any adverse credit history or CCJs?				
Do you have any pets?	Yes / No	Are you a smoker?	Yes / No	

**Names and dates of births of children living in the property** (if applicable)

1		/	/
2		/	/
3		/	/
4		/	/

- **Applicants Consent**

I confirm that the information supplied is correct to the best of my knowledge and belief. I have no objections to the following; my identify being verified by fair and lawful means, which will involve contacting referees supplied. The results of the findings will be forwarded to the appointed Letting Agent and/or Landlord and may be accessed again should I apply for a Tenancy Agreement in the future. I agree that Lettings Direct may search the files of a credit reference agency which will keep a record of that search. This information may be used by other lenders in assessing applications from me and other members of my household and for occasional debt tracing and fraud prevention. All information will be treated as confidential.

A representative of the referencing company may contact you during the referencing process, please tick the box if you do not wish to be contacted.

Please note, Lettings Direct require Tenants to take out contents insurance to protect your belongings, as well as accidental damage towards the Landlords fixtures and fittings. Please tick this box if you already have contents insurance in place and do not want to be telephoned by Endsleigh\* for a quote.

By confirming your agreement to proceed you are accepting the above.

(Please sign and date the form)

Signature:	
Print Name:	Date:

Please return this form together with photocopies of the following documents (where applicable):

1. Driving Licence
2. Passport
3. Recent Bank Statement
4. Last 2x payslips

**Please return completed form and above documents to:**  
Lettings Direct Limited, 1 Canute Road, Ocean Village, Southampton, SO14 3FH  
Email: [lettings@lettings-direct.com](mailto:lettings@lettings-direct.com)

**For any queries regarding this form or the referencing process, please contact us on 02380 703106 or [lettings@lettings-direct.com](mailto:lettings@lettings-direct.com)**

\*Endsleigh Insurance Services Limited is authorised and regulated by the Financial Services Authority. This can be checked on the FSA Register by visiting its website at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register).  
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