

INDIVIDUAL APPLICATION

AGENT NAME: Mclean Forth Properties

AGENT CODE: 100145

SECTION 1 – TO BE COMPLETED BY THE LETTING AGENT

References: Express Ultimate
 Is Global Reference Required? Express Global Ultimate Global
 Do you require Evict? Yes No

(For RG complete below)

Product required
 R/G Period: 6 months 12 months
 R/G Type: Per Tenant Per Property

Address line 1:
 Address line 2:
 Address line 3:
 Postcode:
 Tenancy term:

Tenancy details
 Monthly Rental: £..... Rent share for applicant £.....
 No. 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

Title:
 Forename:
 Middle Name(s):
 Surname:
 Date of birth:/...../.....
 Marital Status: Married Divorced Not Married Civil Partnership
 Mobile number:
 Contact details: Contact number:
 E-mail address:

If you have ever been known by another name please confirm it here

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:

Address line 1:

Address line 2:

Address line 3:

Postcode:

Time at this address:Yrsmths

Please Complete if you have been at your current address less than 6 months

Address Status (circle): Owner Rented Accommodation
 Living with Parents/Friends Other:

Previous address 2:

Address line 1:

Address line 2:

Address line 3:

Postcode:

Time at this address:Yrsmths

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

SECTION 3 – LANDLORD / LETTING AGENT DETAILS

Name of Landlord / Letting Agent:
 (where you are living at present or if not
 renting, the details of your last Landlord or
 Agent)

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

Number:

Email:

Fax:

Address line 1:

Address line 2:

City: Postcode:

Tenant Credit Information (if applicable)

ADVERSE CREDIT Do you have any current/historic or pending adverse credit? Yes / No

IT IS IMPERATIVE THAT YOU DECLARE ANY ADVERSE CREDIT, WHETHER IT IS SATISFIED OR UNSATISFIED. FAILURE COULD HAVE A DETRIMENTAL AFFECT ON YOUR APPLICATION. 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

SECTION 4 – EMPLOYMENT DETAILS

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

NOTE: If Self-Employed, a Director of your own Company, Retired or Independent Means, go to Section 5

Name of company:

If company Director, Company Number:

Name of company:

If Company Director, Company Number:

Position Gross Salary

Shift Allowance Overtime

Bonus Car Allowance

London Weighting

Email:
 Contact Number:
 Fax:

Do you have any other source of income?
 Additional 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 1	£.....
Description		Description	

SECTION 5 – ACCOUNTANT / PENSION PROVIDER

Self-Employment/Retired/ 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

Accountant / Pension Company details

Name of Accountant:

Name of Pension Company:

Pension No..... Pension amount £.....

Address line 1:

Address line 2:

Address line 3:

Postcode:

Contact name:

Email:

Contact number: Fax number:

NATIONAL INSURANCE NUMBER:

Please provide your NI number

Nationality

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:

EMERGENCY CONTACT: (This must not be a cohabiting tenant)

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.

Let Alliance will hold your details securely and will contact you in respect of this reference if required.

Please tick here if you would like one of our Let Alliance Insurance Team to contact you to provide a quote for our specialist Contents Insurance and/or Liability Insurance, therefore providing you with peace of mind that your valuables and the landlord's fixtures and fittings are protected.

Please tick here if you would like our preferred partner 'TenTel' to contact you in order to offer you a broadband and/or telephone service designed specifically for tenants.

Signature: Date:

**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 01244 421
261 OR EMAIL US AT TENANT@LETALLIANCE.CO.UK**