Tenancy Application Form

Upon completion please return this fo	rm to:	
Name of Landlord:		
Address of Landlord:		
(IN THE CASE OF JOINT-APPLICANT, EACH JI PLEASE EITHER PHOTOCOPY THIS FORM FO	DINT-APPLICANT WILL BE REQUIRED TO COMPLETE AND SUBMIT A SEPARATE APPLICATION FORM. OR THE NUMBER REQUIRED BEFORE COMPLETING - OR ASK FOR THE NUMBER OF FORMS RQUIRED)	
APPLICANTS NAME (Mr/Mrs/Miss/Ms)		
ADDRESS		
EMAIL ADDRESS		
TELEPHONE (LANDLINE)	(MOBILE)	
DATE OF BIRTH	N.I. NUMBER	
ID TO BE PHOTOCOPIED	BIRTH CERTIFICATE DRIVING LICENCE OTHER	
JOINT APPLICANTS NAME (if any)		
SMOKING (Yes/No)		
TIME AT PRESENT ADDRESS		
PREVIOUS ADDRESS (if less than 3 years)		
HOW WAS THAT PROPERTY HELD BY YOU	AS A COUNCIL TENANT - OF WHICH LA:	
IF AS A TENANT OR LODGER, PLEASE GIVE THE NAME AND ADDRESS OF THE LANDLORD BELOW:		
IF EMPLOYED - YOUR OCCUPATION		
NAME AND ADDRESS OF EMPLOYER		

For use in England and Wales

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ARE YOU PRESENTLY IN RECEIPT OF ADDRESS OF THE TENANCY BEING APPLIED FOR	HOUSING BENEFIT UNEMPLOYMENT BENEFIT RETIREMENT PENSION	INCOME SUPPORT SICKNESS BENEFIT DISABILITY ALLOWANCE
THE DATE YOU WOULD LIKE TO BEGIN OCCUPYING THE PROPERTY IF APPLICATION IS SUCCESSFUL		
THE LENGTH OF TENANCY BEING APPLIED FOR		
IF IT IS INTENDED FOR ANYONE OTHER THEIR NAMES, AGES (INCLUDING CHILD		
NAME	<u>AGE</u>	RELATIONSHIP
YOUR GUARANTOR NAME AND ADDRESS		
TELEPHONE (LANDLINE)	MOBILE	
Relationship to tenant	Homeowner (Y/N)	UK Resident (Y/N)
Occupation	Employed/Self Employ/Retired	
I confirm that I am over 18 years of age a named at the beginning of this applicatio necessary in connection with this applica- local authority (if I was previously a cour me, any prior tenancy history, and any en	on form making whatever enquiries, in ation for a tenancy. I authorise my en ncil tenant), and the personal referee	ncluding a credit check, he/she deems mployer, a named, to provide information about
SIGNED	NAME	DATE

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