

Instant Application Form

In order for the application to be processed quickly, please complete in BLOCK CAPITALS and ensure the application is completed in full. All sections marked with * are mandatory information.

Agent Details

Name of agent:	
Branch number:	Contact name :
Locality:	Phone number:

Property Details

Postcode* :	House number:
Flat number:	House name:
Street*:	District:
Town*:	County:

Rental Details

Share of rent per month*: £	Tenancy term (months)*:
Total rent per month*: £	Start Date (dd/mm/yyyy)*:

Applicants Details

Title*: <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other	
First Name*:	Full Middle Name:
Surname*:	Date of birth*:
Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female	No of dependants*:
Marital Status*: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er)	
Any previous surnames*:	
Can we contact the applicant?* Yes <input type="checkbox"/> No <input type="checkbox"/>	Home phone number*:
Work phone number:	Mobile phone number:
National Insurance Number:	
Have you had any detrimental info registered against you? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please provide details:	

Please supply addresses to cover your last 3 years of residency

Current Address – Please complete all address details where appropriate

Postcode*:	House number*:
Flat number:	House name*:
Street*:	District:
Town*:	County:
Is this a Foreign address?* Yes <input type="checkbox"/> No <input type="checkbox"/>	Time at address From*: Month - Year- To: Month - Year-
Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> Other	

Previous Address – Please complete all address details where appropriate

Postcode:	House number*:
Flat number:	House name*:
Street*:	District:
Town*:	County:
Is this a Foreign address?* Yes <input type="checkbox"/> No <input type="checkbox"/>	Time at address From*: Month - Year- To: Month - Year-
Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> Other	

2nd Previous Address – Please complete all address details where appropriate

Postcode:	House number*:
Flat number:	House name*:
Street*:	District:
Town*:	County:
Is this a Foreign address?* Yes <input type="checkbox"/> No <input type="checkbox"/>	Time at address From*: Month - Year- To: Month - Year-
Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> Other	

Employment Details

Employment Type*:	<input type="checkbox"/> Full time employed <input type="checkbox"/> Part time employed <input type="checkbox"/> Temporary/Contract <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife/Home maker <input type="checkbox"/> Payment in advance
Employment status*:	<input type="checkbox"/> Junior <input type="checkbox"/> Management <input type="checkbox"/> Unskilled <input type="checkbox"/> Supervisor <input type="checkbox"/> Semi-skilled <input type="checkbox"/> Skilled <input type="checkbox"/> Senior Management <input type="checkbox"/> Other <input type="checkbox"/> Not applicable

Affordability Details

Gross annual income*: £	Any additional sources of income?*: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes Please provide below
Amount of additional income per annum?* £	
Please provide details of any additional income*:	

Bank Details

How many credit cards held?*	Current account held?*: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please enter the details below
Sort code*:	Name of bank*:
Account name*:	Account number:
Address*:	
Time with bank*: (years)_____ (months)_____	Cheque guarantee card held*: Yes <input type="checkbox"/> No <input type="checkbox"/>

Next Of Kin

First Name:	Surname:	Relationship:
Postcode:	House/Flat Number/Name:	Street:
District:	Town:	County:
Home Phone:	Mobile Number:	Email Address:

Additional Information

Have you ever received any County Court Judgments or Individual Voluntary Arrangements against you?*	
Yes <input type="checkbox"/> No <input type="checkbox"/> Not Asked <input type="checkbox"/> If Yes please enter the details	
Have you ever been declared bankrupt?*	
Yes <input type="checkbox"/> No <input type="checkbox"/> Not Asked <input type="checkbox"/> If Yes please enter the details	
Will any of the tenants have pets?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will any of the tenants smoke?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will there be any children living at the property?*	Yes <input type="checkbox"/> No <input type="checkbox"/>

Names of Children

Date of Birth

Please ensure that you have completed all fields indicated * as failure to do this may result in a delay in producing your report.

Consent

We will use the information provided to us by third parties to make decisions about your application. Agencies may supply to us, public information and/or fraud prevention information.

Information provided to Experian Ltd may be supplied to other organisations and used by them and us to

- A. Verify your identity for this application and if you apply for other facilities including all types of insurance applications and claims.
- B. Check all or any of the application details which have been submitted.
- C. Assist organisations to make decisions on tenancy applications by you

By **confirming your agreement to proceed** you are accepting that we may use your information in this way.

Signed:

Date:

The information contained within this application is being transmitted to and is only for the use of Experian. If the reader of this message is not the intended recipient, you are hereby advised that any dissemination, distribution or copy of this application is strictly prohibited. If you receive this application in error, please immediately notify us by calling

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