## HAMOND ESTATES OUR GOAL IS ACHIEVING YOURS



### FOR OFFICE USE ONLY: Rent per week/month: £

**Deposit: £** 

### **Property Address:**

# **Tenancy Application Form**

## >> THIS SECTION TO BE COMPLETED BY THE **FIRST APPLICANT** <<

Title (Mr/Mrs/Miss/Ms/Dr/Other)	Surname	
First Name	Middle Nam	e

Date Of Birth	//	National Insurance Number	
Marital Status	Single / Married / W	idowed / Divorced /	Separated
Maiden Name			MALE/FEMALE
Phone No:		Email:	

Your Current Address	Street & No			
	Area & Town			
	POSTCODE			
What are you at this address?	Owner () Hous	ing association () Private Tenant () With Parents ()		
How long have you lived at	How long have you lived at this address? Years Months			
Your <u>Previous</u> Address	Street & No			
	Area & Town			
	POSTCODE			
What were you at this address?	Owner 🔿 Housi	ng association () Private Tenant () With Parents ()		
How long did you live at this address?Years Months				





>> NEXT OF KIN – THIS INFORMATION IS ESSENTIAL <<		
Full Name - inc. Title		
Address – inc. Postcode		
Phone & Mobile		
Relationship to First Applicant		

ABOUT YOUR CURRENT LANDLORD			
Landlord / Agent Name			
Landlord Full Address	Building Name		
	Street & No		
	Town & Post Code		
Phone (daytime):		Mobile:	
E-mail:		Fax (essential):	

ABOUT YOUR FINANCIAL CIRCUMSTANCES			
Employment Status	Employed 🔿 Self-Employed 🔿 Unemployed 🔿 Student 🔿		
Your Job Title:		Gross Salary Per Year: £	
Start Date: Month Year		Is your job likely to change in the near future?	
Do You Have Any Other Income?		If Yes, How Much Per Year? £	





## ABOUT YOUR EMPLOYER (Or Accountant if Self Employed) (Please Note: The More You Fill In The Easier It Is For Us To Obtain A Reference)

Company Name		
Company Full Address	Building Name	
	Street & No	
	Town & Post Code	
Contact Name:	<u>.</u>	Contact Job Title:
Phone (daytime):		Mobile:
E-mail:		Fax (essential):

BANK DETAILS – We cannot process your application without these details			
Bank Name:	Branch:		
Sort Code:	A/C No:		
Full Address of Branch:			
Name(s) of Account Holder:			
How Long Have You Held An Account With This Bank?			

>> THIS SECTION TO BE COMPLETED BY THE <b>SECOND APPLICANT</b> <<			
Title (Mr/Mrs/Miss/Ms/Dr/Other)		Surname	
First Name		Middle Name	





Your Current Address	Street & No	
	Area & Town	
	POSTCODE	
What are you at this address?	Owner 🔿 Housi	ng association () Private Tenant () With Parents ()

How long have you lived at this address? \_\_\_\_\_\_ Years \_\_\_\_\_ Months

Your <u>Previous</u> Address	Street & No	
	Area & Town	
	POSTCODE	
What were you at this address?	Owner 🔿 Housir	ng association $\bigcirc$ Private Tenant $\bigcirc$ With Parents $\bigcirc$
How long did you live at this	addross2	Vaars Months

How long did you live at this address?	Years	
0		

\_\_\_ Wonths

>> NEXT OF KIN – THIS INFORMATION IS ESSENTIAL <<		
Full Name - inc. Title		
Address – inc. Postcode		
Phone & Mobile		
Relationship to Second Applicant		





ABOUT YOUR CURRENT LANDLORD			
Landlo	ord / Agent Name		
Landle	ord Full Address	Building Name	
		Street & No	
		Town & Post Code	
Phone	e (daytime):		Mobile:
E-mail:			Fax (essential):

ABOUT YOUR FINANCIAL CIRCUMSTANCES		
Employment Status	Employed 🔿 Self-Employed 🔿 Unemployed 🔿 Student 🔿	
Your Job Title:		Gross Salary Per Year: £
Start Date: Month Year		Is your job likely to change in the near future?
Do You Have Any Other Income?		If Yes, How Much Per Year? £

ABOUT YOUR EMPLOYER (Or Accountant if Self Employed) (Please Note: The More You Fill In The Easier It Is For Us To Obtain A Reference)		
Company Name		
Company Full Address	Building Name	
	Street & No	
	Town & Post Code	
Contact Name:	•	Contact Job Title:

# HAMOND ESTATES OUR GOAL IS ACHIEVING YOURS



Phone (daytime):	Mobile:
E-mail:	Fax (essential):

BANK DETAILS – We cannot process your application without these details		
Bank Name:	Branch:	
Sort Code:	A/C No:	
Full Address of Branch:		
Name(s) of Account Holder:		
How Long Have You Held An Account With This Bank?		

You MUST List the Names & Ages of any Children or Adults that Will be Living With You		
Name:	MALE / FEMALE	Age:
Name:	MALE / FEMALE	Age:
Name:	MALE / FEMALE	Age:
Name:	MALE / FEMALE	Age:
Name:	MALE / FEMALE	Age:

Declaration: I/We have read and understand all the Terms and Conditions of Lettings and I authorise Hamond Estates Ltd to follow up the reference that I /We have provided and to carry out credit checks. I / We understand that any holding deposit handed over with this application for is non-refundable and that the property will be held for a maximum of two weeks subject to the Terms and Conditions.

SIGNED:	SIGNED:
DATE:	DATE: