

**athertonslettings**  
Fern Court Business Centre  
Castlegate, Clitheroe BB7 1AZ  
Tel: 01200 613110

**Residential Lettings Application Form**

Name of Applicant(s)

Address of Property to Rent:

Period of tenancy are you looking for e.g. 6months, 12 months:

Reason for renting:

**Notes:**

1. Please note that an application fee of **£75.00** is payable on submission of each application, a further £10 is payable for subsequent applicants over 18 years of age.

Applications will not be processed without this fee. Please supply cash or a cheque payable to **Athertons** along with this application form. Alternatively the monies can be paid by bank transfer, please contact us for details. Please note that we do not have debit or credit card facilities.

2. Applications to be submitted to our Lettings Department, Fern Court Business Centre, Castlegate, Clitheroe BB7 1AZ along with proof of identity and proof of current address e.g Passport or Driving Licence, Utility bill..
3. On receipt of an application Athertons will take instructions from the landlord before obtaining any references. The fee will be refunded on applications not processed. Our application processing system usually takes between 3 and 5 working days.
4. Proof of Contents Insurance will be required before commencement of the tenancy.
5. There is a further charge of **£125.00** for the legal tenancy agreement, which is payable upon commencement of the tenancy



# Tenant Assessment Application Form

This Form can be used by letting agents or landlords who are vetting applicants prior to the letting of a property. Part A should be completed by the agent / landlord. The other sections should be completed by the tenant applicant or guarantor, according to the type of assessment required. Please complete this Application Form in **BLACK INK** using **BLOCK CAPITAL LETTERS**. Once fully completed please fax it to Letsure on **0844 561 7909**.

**Part A** To be completed by the agent or landlord *Mandatory field for assessments.*

Agent Name		
Letsure Agency Number		
Contact Name		
Contact Telephone Number		

To assist us to complete the assessment process, there might be a requirement to contact the applicant/guarantor by telephone.   
 Please tick the box opposite if this is not acceptable

**Type of assessment required** (see definitions on final page)

If a guarantor applicant is required, please supply the Applicants Reference ID in box provided.  
 (If the guarantor is acting for more than one tenant, please confirm names in part F). LS

**Complete Parts:** (please tick to highlight which parts you are completing)

Tenant Comprehensive	A,B,C,D & E	<input type="checkbox"/>
Tenant Standard	A,B,C & E	<input type="checkbox"/>
Guarantor Standard	A,B,F, & H	<input type="checkbox"/>
Comprehensive Guarantor	A,B,F,G, & H	<input type="checkbox"/>
Comprehensive Tenant Guarantor	All sections A - H	<input type="checkbox"/>

**Property Details:**

House Number / Name			
Flat Number / Name			
Street			
Town			
District			
County		Postcode	
Total Rent	£	Per week / month (delete as appropriate)	
Tenancy Commencement Date		Period	

**Confidentiality Note**

The information contained within this application is being transmitted to and is intended only for the use of Letsure. If the reader of this message is not the intended recipient, you are hereby advised any dissemination, distribution or copy of this application is strictly prohibited. If you receive this application in error, please immediately notify us by calling **0844 561 7808**

**Part B** To be completed by the applicant Mandatory for all assessments  
 If more than one applicant, all remaining sections must be completed as appropriate for each.

How do you propose to pay the rent?

Own means  Housing benefit

Please give the names of all adult tenants moving into the property:

	First Name	Middle Name	Surname	Share of Rent
Tenant 1				£
Tenant 2				£
Tenant 3				£
Tenant 4				£
Tenant 5				£
Tenant 6				£

**Part C** To be completed by the applicant \* Mandatory fields  
 Please complete ALL boxes. If more than one applicant, parts C to I inclusive must be completed as appropriate for each.

**Personal Details:**

Mr/Mrs/Miss/Ms*	<input type="checkbox"/>	Other (please specify)	<input type="text"/>
Surname *	<input type="text"/>		
First Name *	<input type="text"/>	Middle Name	<input type="text"/>
Date of Birth *	<input type="text"/>	Nationality	<input type="text"/>
Sex	Male / Female (please circle)		
Marital Status	<input type="text"/>	Maiden Name	<input type="text"/>
Daytime Telephone Number *	<input type="text"/>	Evening Telephone Number	<input type="text"/>
Mobile Telephone Number	<input type="text"/>		
Email Address	<input type="text"/>		
Do you have any pets	Yes / No (please circle)	Are you a smoker?	Yes / No (please circle)
Are you aware of any CCJ/CD Bankruptcy orders, current or pending? Yes / No (please circle), If yes give details:	<input type="text"/>		

**Names of children living in the property and their dates of birth:**

1.	<input type="text"/>	/	/
2.	<input type="text"/>	/	/
3.	<input type="text"/>	/	/
4.	<input type="text"/>	/	/

**Current Address:**

House Number / Name*	<input type="text"/>		
Flat Number / Name*	<input type="text"/>		
Street	<input type="text"/>		
Town	<input type="text"/>		
District	<input type="text"/>		
County	<input type="text"/>	Postcode *	<input type="text"/>
Status (circle one)*	Owner	Rented	Living with parents Council tenant
Other (please specify)	<input type="text"/>		

**Part C (continued) To be completed by the applicant \* Mandatory fields**

**Previous address:**

Enter this information only if you have lived at your current address for less than 3 years otherwise leave blank.

House Number / Name *			
Flat Number / Name *			
Street			
Town			
District			
County		Postcode *	
Status (circle one) *	Owner	Rented	Living with parents Council tenant
Other (please specify)			

**Part D To be completed by the applicant for Comprehensive Assessments \* Mandatory fields**

**Employment Details:**

Employment Status	Self-Employed	Employed	Unemployed	Student	Retired	Payment in Advance
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If you have indicated unemployment or student and you are currently or have previously lived in rented accommodation, proceed to Landlords details in this part, otherwise proceed to Part E. If you are unable to provide any employment detail a guarantor may be required. To avoid delay please arrange for the proposed guarantor to complete Parts A, B, F, G, H and I of this form.

Profession			
Annual Income (gross)		Employment Start Date*	
Payroll/pension number		Is your employment of a temporary, full, or contract nature?	

**Additional Income (if applicable):**

Are your circumstances likely to change?\* Yes / No (please circle)

If yes please give further details \*

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If you have any additional income please advise how much per annum*	£
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Source of additional income	
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**Employer Details:**

If you are employed, Self-employed or retired, give details of your employer, accountant or pension provider (alternatively you may provide proof of pension) below, and authorise them to reply to the enquiries which will be made to verify this information. Please complete ALL boxes, including contact details for referee.

Employer / Accountant / Pension provider *			
Office / House Name *			
Street Number / Name *			
Town *			
County		Postcode*	
Contact Name*			
Contact Job Title*			
Daytime telephone (including STD code)*			
Mobile telephone			
Email Address*			
Fax Number *			

**Part D (Continued) To be completed by the applicant \* Mandatory fields**

**Landlord Details:**

Complete this section if you indicated that you are or have lived in rented accommodation.

Please complete ALL boxes, including individual contact details (telephone and fax number) for landlord or current managing agent.

Landlord or Agent Name *			
Office / House name *			
Street Number / Name *			
Town *			
County		Postcode	
Daytime Telephone*		Evening Telephone Number	
Mobile Telephone			
Email Address *			
Fax Number *			

**Part E (continued) to be completed by the applicant**

**Please read the declaration and sign and date below.**

I confirm that the information which I have given in my application is to the best of my knowledge true and accurate. I acknowledge and agree to Letsure carrying out searches to verify such information. I hereby authorise my employer/accountant/pension administrator **(delete as appropriate)** to provide details of my earnings and date of employment to Letsure Limited for the purposes described above via electronic, telephonic or written communication. Including outside EU where applicable.

I understand and consent to Letsure Limited providing my personal data to my employer/account/pension provider **(delete as appropriate)** during the referencing process. These checks may include:

- contacting any referee detailed in my application;
- consulting with credit referencing agencies;
- consulting with the Industry Sortcode Directory (ISCD) and Account Number Modulus Checker in order to confirm the accuracy of my bank account details; and
- Consulting with other third party tenancy database providers, such as Insurance Database Services Limited (who operate the Claims and Underwriting Exchange (CUE)).

In connection with my application I acknowledge and agree that:

- Letsure Limited and any third party may keep a record of any search carried out to verify the information I have provided;
- Letsure Limited may pass on any information I have supplied and the results of any linked verification checks to the letting agent and/or any appointed landlord;
- if I default on paying my rent the default will be recorded on Letsure Limited's central database for defaulting tenants and that such default may affect any future application I may make for tenancies, credit and/or insurance;
- Letsure Limited can use debt collection agencies or tracing agents to trace my whereabouts and recover any monies I owe to Letsure limited; and
- Letsure Limited may otherwise release my personal data where they are required to do so by law and may pass my personal data, including any forwarding address I may provide to a utility company to ensure that any outstanding bills or credit on utility accounts are paid or received by me

The provisions of Section 17 of the Housing Act 1996 will apply to this application. If any information within this application is found to be untrue it will be grounds to terminate the tenancy agreement.

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Letsure shall, for the purposes of this application form, be the Data Controller as defined in the Data Protection Act 1998 (the "Act"). In connection with the Act I acknowledge and consent that Letsure can contact me (including contact by electronic means such as email or SMS) about their alternative services which are appropriate and may be of interest to me if I do not tick this box.   
Please note that you can contact us to unsubscribe at any time.