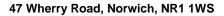




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TENANCY APPLICATION FORM

1. AF	PPLICANT INFORMATION					
Mr/Mrs/Miss/Ms:						
Full Name:						
Date of birt	h:	NI #:		Nationality:		
Gender:		Marital Status:				
Mobile:			Email:			
	EASE PROVIDE THREE YEA a separate sheet if necessary		OF RESIDENCY D	DETAI	LS	
Current add	dress:					
City:		County:			Post Code:	
Status:	Owner Choose an item.	Rented Choose an		se an ite	m.	
	With Family/Friends Choose an item. Council Tenant Choose an item.					
Rental Figure:			Length of time at current address:			
PREVIOUS ADDRESS IF LESS THAN THREE YEARS:-						
Address:						
City:		County:			Post Code:	
Status:	Owner Choose an item.		Rented Choos	se an iter	n.	
	With Family/Friends Choose an item. Council Tenant Choose an item.					
Rental Figure:			Length of time at	Length of time at address:		





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Are you Aware of ANY adverse credit history, including IVA's Bankruptcy and CCJ's whether or not these have been satisfied:-						
Please note that failure to disclose infor	mation relating to advers	se credit history may	resul	It in your application being declined.		
If you have answered yes please give de	etails below:					
Any Additional Information:						
4. EMPLOYMENT INFORMA	ATION					
		OUR REFEREE AWA	RE T	HAT WE WILL BE CONTACTING		
IN ORDER TO SPEED UP YOUR APPLICATION PLEASE MAKE YOUR REFEREE AWARE THAT WE WILL BE CONTACTING THEM BY PHONE OR EMAIL						
Employment Status: (employed/self employed/self)	oyed/retired/unemployed/s	student)				
Employer Name:						
Employer address:						
City:	County:		Post Code:			
Contact Number:		Email:				
Job Title: Permanent Choose an item. Temporary Choose an item. Contract Choose an item.						
Annual Income:						
Start Date: Payroll No:		Is yo futur		ur job likely to change in the near e		
If in probation period state length of time left:						
AVAITANA L'AMMISSIAN/NANIIS NAT ANNIIM'				ive any further source of income se provide details below.		
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Kings&Co	LETTINGS
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5. IF SELF EMPLOYED	PLEASE	PROVIDE AC	COUNTANTS DE	IAILS			
Accountants Name:							
Address:							
City:	y: County:		Post Code:				
Contact Name:		Phone #:					
Emai:							
6. CURRENT LANDLOR	D OR L	ETTING AGEN	CT DETAILS				
Who do you pay your rent to: (La	indlord or Le	etting Agent)					
Name of Landlord or Letting Agent:							
Address:							
City:		County:		Post Code:			
Contact Number:			Email:				
Rental Figure:			Tenancy Start Date:				
Additional Information							





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CONSENT

PLEASE READ THE DECLARATION AND SIGN AND DATE BELOW: WE CANNOT PROCEED WITH THIS APPLICATION IF YOU DO NOT SIGN.

I hereby confirm that the information provided by me is to the best of my knowledge true. I consent to this information being verified by contacting the third parties detailed on this form. I understand that the results of the findings will be communicated to the landlord and may be accessed again should I default on my rental payment or apply for a new tenancy agreement in the future. I understand that Kings & Co Lettings will make a search with a credit reference agency, which will keep a record of that search.

I also understand that in the event of my defaulting on the rental payment, that any such default may be recorded with any Credit Referencing Agency as seen fit by Kings & Co Lettings who may supply the information to other credit companies or insurers in the quest for the responsible granting of tenancies, insurance and credit.

I understand that in the event of any default by me in respect of the covenants in my tenancy agreement with my landlord, the information provided herein may be disclosed to one or more tracing companies and/or debt collection agencies in order to recover any monies due or to trace my whereabouts. I understand that the information provided by me may be transferred to a country outside of the EU for the purposes only of processing this referencing application, notwithstanding such transfer. Kings & Co Lettings will remain the Data Controller for the purposes of this application. The information provided in this form by me is information as described in Ground 17 of the Housing Act 1996 and I understand that if any information within this application if found to be untrue, it is grounds for termination of the tenancy. I also understand that any default in the payment of rent may affect any future application for tenancies, credit or insurance and that the assessment of this application presumes that at some time during the tenancy agreement, I may be granted or allowed some form of deferred payment.

I confirm that I understand and that it has been explained to me that the payment of Application Fees are due with all applications. I understand that should mine or any of my joint applications references be unsatisfactory or that I/we do not take up the tenancy on the agreed start date that I/we will forfeit the Application Fee.

Cignotius of applicants	Data
Signature of applicant:	Date:
PRINT NAME:	