

## Individual applicant form

Tenant 5

Part A should be completed by the Landlord. The other sections should be completed by the tenant/applicant, according to the type of assessment required. Please complete this Application Form in BLACK INK using BLOCK CAPITAL LETTERS. Once fully completed, send with your cheque with the correct payment made payable to 'Reference My Tenant' to Reference-my-tenant, PO Box 10181, Grantham NG31 0GG. One application form should be completed per prospective tenant.

Part A to be com	pleted by the Landlord	(All fields are mand	atory)	
Landlord's name				
Landlord's tel number				
Landlord's address				
Landiora's address				
Landlord's email address				
	he assessment process, there box opposite if this is not acc		ement to contact the a	oplicant by
Landlord to tick the appro	priate report type to indicate	which parts the ter	nant must complete:	
Tenant Comprehensive – s	sections A B C D E Te	enant Standard – se	ections A B D E	
Property details (of	the property you are going to	o rent)		
House number / name				
Flat number / name				
Street				
Town				
District				
County		Post code	e	
Total rent	£ per week / r	nonth (circle as appro	priate)	
Proposed tenancy start date		Period		months
Is the rental being paid i	n advance? YES / NO	If so, how man	y months in advance?	
Please give details	of all adults moving in	to the property	, and their rental s	hare
Title	First name	Middle name	Surname	Share of rent
Tenant 1				f
Tenant 2				f
Tenant 3				£
Tenant 4				f

# **PART B – To be completed by the applicant** (\* Denotes mandatory fields) **Personal details**

Mr/Mrs/Miss/Ms *		Other (please	e specify)	
First name *			Middle name(s) *	
Surname *			Maiden name(s) *	
Date of birth *			Nationality *	
Sex	Male /	Female	N.I. number *	
Marital status *				
Daytime tel no *			Evening tel no *	
Mobile tel no *			Email address	
Is this your main a Are you aware of a Do any of the prope Do any of the prope How do you propos	ny CCJ/CD/Bar osed tenants ke osed tenants sn	nkruptcy Orde eep pets? * noke? *	ers, current or pendi	No Yes
Name(s) of childr	en or permitt	ed occupiers	5	Age Date of birth
	en or permitt	ed occupiers		Age Date of birth
1	en or permitt	ed occupiers		Age Date of birth
Name(s) of childr	en or permitt	ed occupiers		Age Date of birth
1 2	en or permitt	ed occupiers		Age Date of birth
1 2 3 4 Current address (If you have two curre	* Denotes mandatory	y fields) ease complete t		boxes on the next page, to
1 2 3 4 Current address (If you have two curre	* Denotes mandatory ent addresses, ple current address a	y fields) ease complete t	the 'Previous Address'	boxes on the next page, to
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Current address ( If you have two curre confirm your second of the secon	* Denotes mandator; ent addresses, ple current address a	y fields) ease complete t	the 'Previous Address' sees will need to be cre	boxes on the next page, to

House number / name *	· · · · · · · · · · · · · · · · · · ·
Flat number / name *	
Street *	
Town *	
District *	
County *	Post code *
Status * (circle one)	Owner Rented Living with parents Council tenant
Other (please specify)	
PART C – Employ	ment details (to be completed by the applicant if a fully Comprehensive reference is
required) (* Denotes mandato	ory fields)
Employment status * (please tick)	Self employed Unemployed
	Student Retired Payment in advance
Is your job likely to chan current one	nge in the next 2 months? If so, please give details of your new employer and not
Type of business	
Job title*	
Annual income (gross) *	£ Employment start date *
Average annual overtime or bonus	e f Average annual commission f
Payroll/pension no *	Nature of your employment * Full time
	Temporary
	Temporary  Contract
	Contract  ly to change in the near future? * YES NO
(if so, please give details	Contract  ly to change in the near future? * YES NO Of your new employer)
(if so, please give details  Is your employment of a	Contract  ly to change in the near future? * YES NO Of your new employer)  a PAYE or Self Employed nature? PAYE Self Employed
(if so, please give details  Is your employment of a  Is your employment sub	Contract  ly to change in the near future? * YES NO Of your new employer)  a PAYE or Self Employed nature? PAYE Self Employed  oject to a probationary period? YES NO
(if so, please give details  Is your employment of a  Is your employment sub  If so, when does this pro	Contract  ly to change in the near future? * YES NO Of your new employer)  a PAYE or Self Employed nature? PAYE Self Employed  oject to a probationary period? YES NO

## **Employer / Accountant / Pension Provider's details** (\* Denotes mandatory)

Employer / Accountant Pension provider *			
Office / house name / nui	mber *		
Street name *			
Town *			
County *		Post code *	
Contact name *			
Contact job title *			
Daytime tel number *			
Mobile number			
Email address *			
Fax number *			
	f where you are currently, or hav on your tenancy agreement, usually		
	on your condiney agreement, assumy	on page 1 ( Beneti	es manacory neras)
Landlord's name *			
House number / name *		Street name *	
Town *			
County *		Post code *	
Daytime tel number *		Mobile number	
Email address *			
		Fax number *	
Do you rent through a	managing agent? If so, give det		
<b>Do you rent through a</b> Agent's name *	managing agent? If so, give det		
Agent's name *			
Agent's name * Office / house name / nu			
Agent's name *  Office / house name / num  Street name *			
Agent's name *  Office / house name / num  Street name *  Town *		tails below:	
Agent's name *  Office / house name / nur  Street name *  Town *  County *		tails below:	

count holder*  count number (last four digits only please) *  you have a cheque guarantee card? Yes No  sinformation is vitally important as we may need to contact this person in an emergency. Can you please confirm a st of kin, who is not a fellow tenant. Please be aware that providing this data is not a mandatory requirement.  The sume the sum of t		
cocount holder*  ow long with bank?  ccount number (last four digits only please) *  o you have a cheque guarantee card? Yes No  ext of Kin (not co-tenant)  is information is vitally important as we may need to contact this person in an emergency. Can you please confirm a sext of kin, who is not a fellow tenant. Please be aware that providing this data is not a mandatory requirement.  ame  ouse number / name  ounty  Post code  elationship  aytime tel number  Mobile number	ame of bank *	
Account number (last four digits only please) *  No you have a cheque guarantee card? Yes No	Address *	
Do you have a cheque guarantee card? Yes No  lext of Kin (not co-tenant) his information is vitally important as we may need to contact this person in an emergency. Can you please confirm a sext of kin, who is not a fellow tenant. Please be aware that providing this data is not a mandatory requirement.  Name  nouse number / name  Fown  County  Post code	Account holder*	
Do you have a cheque guarantee card? Yes No  No  No  No  No  Next of Kin (not co-tenant)  his information is vitally important as we may need to contact this person in an emergency. Can you please confirm a siext of kin, who is not a fellow tenant. Please be aware that providing this data is not a mandatory requirement.  Name  No  Street name  Fown  County  Post code  Relationship  Daytime tel number  Mobile number	How long with bank?	
lext of Kin (not co-tenant) his information is vitally important as we may need to contact this person in an emergency. Can you please confirm a stext of kin, who is not a fellow tenant. Please be aware that providing this data is not a mandatory requirement.  Name  nouse number / name  Street name  Town  County  Post code  Relationship  Daytime tel number  Mobile number	Account number ( <i>last fo</i>	ur digits only please) * Sort code *
his information is vitally important as we may need to contact this person in an emergency. Can you please confirm a stext of kin, who is not a fellow tenant. Please be aware that providing this data is not a mandatory requirement.  Name  Nouse number / name  County  Post code  Relationship  Daytime tel number  Mobile number	Do you have a cheque g	uarantee card? Yes No
his information is vitally important as we may need to contact this person in an emergency. Can you please confirm a sext of kin, who is not a fellow tenant. Please be aware that providing this data is not a mandatory requirement.  Name  Nouse number / name  County  Post code  Relationship  Daytime tel number  Mobile number		
Name  nouse number / name  Fown  County  Relationship  Daytime tel number  Street name  Post code  Mobile number	lext of Kin (not co-to	enant) nortant as we may need to contact this person in an emergency. Can you please confirm a s
Town County Relationship Daytime tel number  Street name  Street name  Mobile number	ext of kin, who is not a fello	by tenant. Please be aware that providing this data is not a mandatory requirement.
Town  County  Relationship  Daytime tel number  Street name  Street name  Mobile number		
County Post code Relationship Daytime tel number Mobile number	Name	
County Post code  Relationship  Daytime tel number Mobile number	nouse number / name	Street name
Relationship Daytime tel number  Mobile number	Town	
Daytime tel number Mobile number	County	Post code
	Relationship	
Email address	Daytime tel number	Mobile number
	Email address	
	any supporting not	

#### **Confidentiality Note**

Once fully complete, please transfer to www.reference-my-tenant.com. The information contained within this application is being transmitted to and is intended only for RMT. If the reader of this message is not the intended recipient, you are hereby advised any dissemination, distribution or copy of this is strictly prohibited.

#### ☐ The information, which I have given in my Application Form, is true to the best of my knowledge. I consent to this information being verified by fair and lawful means, which I understand will involve contacting referees and licensed credit reference agencies. I understand the resulting verified information would be forwarded to the letting agency and / or to the landlord. The results may also be accessed again if I apply for a tenancy in the future. I also confirm that I have gained consent from my referees and my next of kin contact(s) to add their details to my application in relation to this rental let. ☐ I consent to Reference-my-tenant.com searching information held by a credit reference agency and agree that Reference-mytenant.com can submit my application on my behalf, via their online portal. I also consent to Reference-my-tenant.com completing any mandatory fields within this form that I may have omitted. I further consent to the credit referencing agency keeping a record of the search and the results of the search. The results of that search may show how I conduct my payments including rental payments and this may also be disclosed to the agency and may affect future credit applications from me and/or from members of my household and from time-to-time such information may be used for debt tracing and fraud prevention. ☐ I hereby expressly consent to my personal details, including all recorded details in this application form, and any forwarding address(es) at the determination of any tenancy being passed to the landlord and / or to the utility companies and / or to the local authority. Otherwise all information will be treated as confidential. ☐ I understand that information supplied by me will be held in accordance with the Company's notification under the Data Protection Act 1998 and that all data collection and processing will comply with the EU's General Data Protection Regulations (GDPR). That you may record sensitive data as defined in above Acts and I understand that I have the right to ask for a copy of the information held about me subject to the payment of an administration fee that will be notified to me upon application, though it will not exceed the amount set by statute. I have the right to request that the information on me be amended if it is found to be incorrect. I also consent to passing the results of any such search or assessment to my prospective landlord(s) for the purpose of assessing this application. Please sign and date below, to complete the consent process

Signature

PART E - Consent (For RMT to process your application, boxes 1-4 below must be ticked and

your application signed and dated).

Name

Date