Rental Application Form

CHRIS MORGAN

PROPERTY

APPLICANT 1:   APPLICANT 2: (WHERE APPLICABLE)

NAME: MR/MRS/MISS   NAME MR/MRS/MISS

SURNAME: SURNAME:

FIRST NAME/S: FIRST NAME/S:

DATE OF BIRTH: DATE OF BIRTH:

MARITAL STATUS: MARITAL STATUS:

CHRIS MORGAN PROPERTY

20 Church Street, Dungannon BT71 6AB   Tel : 028 8772 7897

Sales — Lettings — Property Management — Valuations
&
Property Advice

NUMBER OF DEPENDANTS: NUMBER OF DEPENDANTS:

LANDLINE TELE/EMAIL ADDRESS: LANDLINE TELE/EMAIL ADDRESS:

MOBILE TELEPHONE: MOBILE TELEPHONE:

ADDRESS: ADDRESS:

TIME AT ADDRESS: TIME AT ADDRESS:

PREVIOUS ADDRESS (IF ABOVE LESS THAN 3 YEARS): PREVIOUS ADDRESS(IF ABOVE LESS THAN 3 YRS):

HOUSING BENEFIT ASSISTED: YES/NO   HOUSING BENEFIT ASSISTED: YES/NO

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EMPLOYMENT STATUS: (DELETE WERE APPROPRIATE)

SELF EMPLOYED/EMPLOYED/UNEMPLOYED

EMPLOYMENT STATUS: (DELETE WERE APPROPRIATE)

SELF EMPLOYED/EMPLOYED/UNEMPLOYED

IF SELF EMPLOYED NAME OF ACCOUNTANT:

IF SELF EMPLOYED NAME OF ACCOUNTANT:

PROFESSION:

PROFESSION:

EMPLOYER IF APPLICABLE

EMPLOYERS REFERENCE

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PLEASE COMPLETE AND STAMP WITH COMPANY STAMP OR TYPE ON HEADED PAPER

NAME OF EMPLOYEE: _____

CONTACT NUMBER: _____

LENGTH OF SERVICE: _____

UNDER NOTICE OF TERMINATION? YES/NO

ANY ISSUES WITH EMPLOYEE? YES/NO

COMMENTS:

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SIGNED BY: _____

PRINT: _____

POSITION: _____

DATE: _____

N.B. ALL REFERENCES ARE CONFIDENTIAL

PLEASE RETURN THIS TO OUR OFFICE BY POST, FAX OR EMAIL

PREVIOUS LANDLORD REFERENCE

NAME OF TENANT:

PROPERTY ADDRESS:

PERIOD OF TENANCY:

/   /   TO   /   /

ARE RENTAL PAYMENTS UP TO DATE? YES/NO

WOULD YOU RECOMMEND THIS TENANT? YES/NO

PLEASE COMMENT:

NAME   :   _____

SIGNED: _____

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DATE: _____

TELE NO.:   _____

IF YOU WISH TO DISCUSS THIS APPLICATION WITH A MEMBER OF OUR STAFF PLEASE CONTACT OUR OFFICE ON ABOVE NUMBER.

N.B. ALL REFERENCES ARE CONFIDENTIAL

PLEASE RETURN THIS TO OUR OFFICE BY POST,FAX OR EMAIL

FOR OFFICE USE ONLY:

RENTAL PROPERTIES ADDRESS:

MONTHLY RENT:

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RENT INCLUDES RATES? YES/NO

APPLICATION REGISTRATION FEE RECEIVED? YES/NO/NA

REFERENCES CHECKED? YES/NO

CREDIT REPORT? YES/NO

STAFF SIGNATURE: _____

DATE:_____