

Tenant referencing service

Property Details		
Post code:	House Number:	
Flat Number:	House Name:	
Street:	District:	
Town:	County:	
Rental Details		
Number of tenants:		
Share of rent per month: £	Total rent per month: £	
Tenancy term (months):	Requested start date:	
Applicants Details		
Title: Mr Miss Mrs Ms other		
First name:	octatos com	
Surname: Date of birth:		
Sex: Male Female Number of dependants:		
Marital status: Single Married Divorced Separate	ed Widow(er)	
Any previous surnames:		
Employment Type: Full time employed Part time employed Temporary/contract Unemployed Self-Employed Retired Student Housewife/home maker Payment in Advance		
Employment status: Junior Management Unskilled Supe	rvisor semi-skilled skilled senior management Other	
Occupation:		
Mobile number:		
Home phone number:		
Email address:		
National Insurance Number:		

Affordability & Employer Details				
Gross Annual Income:	Additional sources of income: Yes No			
Amount of additional income:				
Please provide details of additional income:				
Is your employment likely to change shortly: Yes No	If yes please provide details of new employer			
Job title:	Start date: Month Year			
Employers Name:				
Payroll number:	Control to built			
Contact name:	Contact job title:			
Post code of employer:	Building number:			
Street:	Town:			
Daytime telephone number:	Mobile number:			
Fax number:	Email address:			
Additional information:				
Current Address – Please complete all address details where	appropriate			
Post code:	House number:			
Flat Number:				
Street:				
Town:	County:			
Is this a foreign address: Yes No				
Time at address: From: Month Year to: Month	Year:			
Living <mark>stat</mark> us: Fur <mark>nishe</mark> d t <mark>ena</mark> nt unf <mark>urni</mark> shed te <mark>nan</mark> t	own home with parents other			
Previous Address – Please complete all address details where appropriate				
Post code:	House number:			
Flat Number:	estates.com			
Street:	Country			
Town:	County:			
Is this a foreign address: Yes No	V			
Time at address: From: Month Year to: Month	Year:			
Living status: Furnished tenant unfurnished tenant	own home with parents other			
2 nd Previous Address – Please complete all address details w	here annronriate			
Post code:	House number:			
Flat Number:				
Street:				
Town:	County:			
Is this a foreign address: Yes No				
Time at address: From: Month Year to: Month	Year:			
	own home with parents other			

Landlord details or previous landlord de	tails			
Landlord/Agent Name:		Contact name:		
Post Code:		Building number:		
Street:		Town:		
Daytime Tel No:		Mobile No:		
Email address:				
Additional information:				
Bank Details				
How many cards held:		Current account held:		
Sort Code:		Name of Bank:		
Account number:		Account name:		
Time with bank approx:				
Additional information				
Will any of the tenants have pets: Yes	No			
Will any of the tenants smoke: Yes No				
Any children living at property: Yes N				
Name of children		Date of birth		
Next of Kin				
First name:	Surname:		Relationship:	
Post Code:	House/flat no:		Street:	
Town:	County:	(2)	101(25,0011)	
Home Phone:	Mobile No:		Email address:	
Consent				
We will use the information provided to			t your application. Agencies may supply	
to us, public information and/or fraud pr	evention information			
Information supplied to James Duggan Estates may be supplied to other organisations and use by them and us to				
A. Verify your identity for this application and if you apply for any other facilities including all types of insurance				
B. Check all or any of the application details that have been submitted				
C. Assist organisations to make decisions on tenancy applications by you				
By confirming your agreement to	proceed you are acc	epting that we may u	use your information in this way	
Signed	Print:		Data	
Signed: Print: Date: If you do not wish to be contacted by us tick here				
if you do not wish to be contacted by us tick here				