



Application for Tenancy of: _____ (property)

Applicant(s) Full Name(s) _____

NOTICE: This property is to be let UNMANAGED / MANAGED BY D B ROBERTS & PARTNERS

A minimum credit checking and administration charge of £120 (incl. VAT) is payable by you with your application. For any other applicant/s wishing to apply with you for the same property, there is an additional credit charge of £90 (incl. VAT) per person. These charges are non-returnable.

A sample Tenancy Agreement will be provided to you. You are strongly advised to read it carefully and, if you do not understand it, take independent legal advice before applying.

IF YOUR APPLICATION IS APPROVED: - You will be required to pay a charge of £150 (incl. vat) for the preparation of the Tenancy Agreement. You are advised to take independent legal advice before signing the Agreement.

First month's rent to be paid £..... Security deposit to be paid £.....

The security deposit may be held by D. B. Roberts & Partners or your Landlord in accordance with the Tenancy Deposit Scheme. The Tenancy Agreement will state who is to hold the security deposit.

For payment of admin fees, agreement fees, first month's rent and security deposit please see our separate form entitled Methods of Payment for Your Tenancy.

PAYMENT OF RENT AND SERVICES DURING YOUR TENANCY: - A standing order must be set up with your Bank or Building Society to pay your rent. Rent is to be paid every month on the date stated in the tenancy agreement. Unless stipulated in the Tenancy Agreement, you will also be responsible for the payment of all bills for water, gas, electricity, Council Tax, telephone, TV licence and tenant's insurance during your tenancy.

References:

We will require the following for each applicant:

- Employer's Name, Address, Telephone numbers and your staff reference no.
- Previous Landlord's Name & Address (if any)
- Proof of Address/identity – 2 utility bills no more than 6 months old
- 3 Copy Bank Statements – no more than 3 months old
- 3 Recent Salary Slips
- Photo Identification (Passport, Photo Driving Licence etc)

Have you been involved in any Possession Proceedings regarding any property you have lived in? YES/NO
If YES, please give details.

Please list the names of all persons over the age of 18 who will be occupying the property:

Signed _____ Dated _____

For D. B. Roberts & Partners use only

Date application received _____ Payment received £ _____

IMPORTANT NOTICE AND INFORMATION

METHODS OF PAYMENT FOR YOUR TENANCY

OUR POLICY IS STRICTLY TO ACCEPT NO CASH

D. B. ROBERTS & PARTNERS LTD LETTINGS CENTRE ACCEPTS THE FOLLOWING METHODS OF PAYMENT:

1. PAYMENT DIRECT IN TO OUR CLIENT ACCOUNT

BARCLAYS BANK – PAYMENT MAY BE MADE AT ANY BRANCH.

ACCOUNT NUMBER – 40178683

SORT CODE – 20-85-46

PLEASE QUOTE THE PROPERTY ADDRESS YOU ARE APPLYING FOR WHEN PAYING MONEY INTO THIS ACCOUNT.
PLEASE ALSO SUPPLY US WITH THE PAYING IN SLIP PROVIDED BY THE BANK AS PROOF OF PAYMENT.

2. PERSONAL CHEQUE

WE ACCEPT PERSONAL CHEQUES, PROVIDED THEY ARE PAID AT LEAST 7 (SEVEN) WORKING DAYS BEFORE YOU ARE DUE TO MOVE IN TO THE PROPERTY. CHEQUES SHOULD BE MADE PAYABLE TO **D. B. ROBERTS & PARTNERS LIMITED**.

3. BANKER'S DRAFT

YOUR BANK SHOULD PROVIDE YOU WITH A BANKER'S DRAFT UPON REQUEST. *BANK CHARGES VARY FOR PROVIDING THIS SERVICE.*

4. CREDIT/DEBIT CARDS

WE ACCEPT CREDIT CARD/DEBIT CARD PAYMENTS. **NOTE: THERE IS AN ADMINISTRATION CHARGE OF 3% ADDED TO ALL CREDIT CARD TRANSACTIONS.**

We will write to you regarding the total amount you will be required to pay before moving in to the property.

Please sign below to acknowledge that you have read and understand the above. This form should be handed in with your Application Form.

SIGNED _____ DATED _____

PLEASE PRINT NAME _____

Comprehensive Application Form

In order for the application to be processed quickly, please complete in BLOCK CAPITALS and ensure the application is completed in full. All sections marked with * are mandatory information.

Agent Details

Name of agent: D B Roberts & Partners Limited	Phone Number: 01952 621288
Branch number: 30795	Fax Number: 01952 619218
Address: 6 Oxford Street Oakengates Telford TF2 6AA	Email: lettings@dbroberts.co.uk

Property Details

Postcode* :	House number:
Flat number:	House name:
Street*:	District:
Town*:	County:

Rental Details

Number of tenants moving into the property?:	
Share of rent per month* :£	Total rent per month* :£
Tenancy term (months)*:	Start Date*:

Applicant Details

Title*:	Mr	Miss	Mrs	Ms	Other
First Name*:				Middle Name*:	
Surname*:				Date of birth*:	
Sex*:	Male	Female	No of dependants*:		
Marital Status*:	Single	Married	Divorced	Separated	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	Supervisor	Semi-skilled
	Skilled	Senior Management	Other	Not applicable	
Occupation*:					
Can we contact the applicant?*	Yes	No	Home phone number* :		
Work phone number:	Mobile phone number:				
Email Address:					

Affordability Details

Gross annual income*: £	Any additional sources of income?*: Yes	No
Amount of additional income per annum?*: £		
Please provide details of any additional income*:		

Employer Details

Is your employment likely to change shortly*? Yes	No	If Yes please provide details of your future employer
Job Title:	Start date*: Month -	Year -
Employers company name*:		
Payroll number:		
Contact name*:	Contact job title:	
Postcode:	Building number:	
Unit number:	Building Name:	
Street:	District:	
Town*:	County:	
Daytime phone number*:	Mobile phone number:	
Fax number*:	Email address*:	
Please ensure you provide either a fax number or email address.		
Additional Information:		

Self-Employed: Accountant Details or 3 years worth of SA302s or CIS Vouchers

Do you have an accountant?*: Yes	No	If No Please provide 6 months bank statements showing proof of income
Accountants name*:		
Contact name*:		
Postcode:	Building number:	
Unit number:	Building name:	
Street:	District:	
Town*:	County:	
Daytime phone number*:	Mobile phone number:	
Fax number*:	Email Address*:	
Please ensure you provide either a fax number or email address.		
Additional Information:		

Pension Providers Details

Do you have proof of pension?*	Yes	No	If Yes please provide your annual statement of pension
Pension providers name*:			
Contact name:			
Pension reference number*:		Postcode:	
Building no:		Unit number:	
Building name:		Street:	
District:		Town*:	
County:		Daytime phone number*:	
Fax number:		Email address:	
Additional information:			

Credit History

Do you have any adverse credit history whether settled or not?	Yes	No
Please note that failure to disclose information relating to any adverse credit history may result in your application being rejected. (Examples of adverse credit history are County Court Judgements, Bankruptcies, Court Decrees and Individual Voluntary Arrangements). Should you have any of the above a Guarantor will be required.		

Current Address — Please complete all address details where appropriate

Postcode*:	House number*:				
Flat number:	House name*:				
Street*:	District:				
Town*:	County:				
Is this a Foreign address?*	Yes	No			
Time at address From*:	Month -	Year-	To: Month -	Year -	
Living status*:	Furnished Tenant	Unfurnished Tenant	Own home	Living with parents	Other

Please supply addresses to cover your last 3 years of residency

Previous Address – Please complete all address details where appropriate

Postcode:	House number*:
Flat number:	House name*:
Street*:	District:
Town*:	County:
Is this a Foreign address?* Yes No	
Time at address From*: Month - Year-	To: Month - Year -
Living status*: Furnished Tenant Unfurnished Tenant Own home Living with parents Other	

2nd Previous Address – Please complete all address details where appropriate

Postcode:	House number*:
Flat number:	House name*:
Street*:	District:
Town*:	County:
Is this a Foreign address?* Yes No	
Time at address From*: Month - Year-	To: Month - Year -
Living status*: Furnished Tenant Unfurnished Tenant Own home Living with parents Other	

Landlord details or Previous landlord details

Landlord / Agent name*:	Contact name*:
Postcode:	Building number:
Unit number :	Building name:
Street:	District:
Town*:	County:
Daytime phone number*:	Mobile phone number:
Fax number:	Email address:
Additional Information:	

Bank Details

How many credit cards held?*	Current account held?*: Yes No If Yes please enter the details below
Sort code*:	Name of bank*:
Account name *:	Account number:
Address *:	
Time with bank*: (years)_____ (months)_____	Cheque guarantee card held*: Yes No

Additional Information

Will any of the tenants have pets?*	Yes	No
If yes, please provide details*:		
Will any of the tenants smoke?*	Yes	No
Will there be any children living at the property?*	Yes	No
If yes, names and ages of any children who will be occupying the property:		
Please provide details of your next of kin below*:		
Name:		
Address:		
Telephone:		
Relationship:		

Please ensure that you have completed all fields indicated * as failure to do this may result in a delay in producing your report.

Consent

We will use the information provided to us by third parties to make decisions about your application. Agencies may supply to us, public information and/or fraud prevention information.

Information provided to Endsleigh may be supplied to other organisations and used by them and us to

- A. Verify your identity for this application and if you apply for other facilities including all types of insurance applications and claims.
- B. Check all or any of the application details which have been submitted.
- C. Assist organisations to make decisions on tenancy applications by you

By **confirming your agreement to proceed** you are accepting that we may use your information in this way.

Signed:

Date:

Endsleigh* offer specialist contents insurance for people in rented accommodation and as a service will contact the applicant to discuss insurance requirements.

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

*Endsleigh Insurance Services Limited is authorised and regulated by the Financial Services Authority.

This can be checked on the FSA Register by visiting its website at www.fsa.gov.uk/register.

Endsleigh Insurance Services Limited. Company No: 856706 registered in England at Shurdington Road, Cheltenham Spa, Gloucestershire GL51 4UE