

Guarantor 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

Guarantor for which tenant(s)*:	
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

Bank Details

How many credit cards held?*	Current account held?*: Yes No <small>If Yes please enter the details below</small>
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
Will any of the tenants smoke?*	Yes No
Will there be any children living at the property?*	Yes No

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