

# Tenant Assessment Application Form

Part A should be completed by John German. The other sections should be completed by the tenant applicant or guarantor, according to the type of assessment required.

## Part A To be completed by JOHN GERMAN LETTINGS

Agent Name *	JOHN GERMAN
Branch	LICHFIELD
Contact Name *	SUE / KIM / KATE
Contact Telephone Number *	01543 414323
To assist us to complete the assessment process, there may be a requirement to contact the applicant/guarantor by telephone. Please tick the box opposite if this is not acceptable <input type="checkbox"/>	

## Property Details

Number / Name *		Street	
District		Town	
County		Postcode	
Total Rent *		per week / month (delete as applicable)	
Tenancy Commencement *		Period *	

## Part B To be completed by the applicant

**Mandatory for all assessments. If more than one applicant, Parts C to E inclusive must be completed as appropriate for each**

How do you propose to pay the rent?:					
Own means <input type="checkbox"/>		Housing Benefit <input type="checkbox"/>			
How many adult tenants will there be?					
	First Name *	Surname*	Share of rent	Photo ID	Proof of Residency
Tenant 1					
Tenant 2					
Tenant 3					
Tenant 4					

**Part C To be completed by the applicant. Mandatory for all assessments. If more than one applicant, Parts C to E inclusive must be completed as appropriate for each**

## Personal Details

Title *	First name *	Middle name(s)	Surname *
Date of birth (dd/mm/19yy) *		Sex	Male / Female
Marital status		Maiden name	
Phone (daytime) *		(mobile)	
Phone (evening)			
Email			
Do you have any pets?	Yes/No	Type:	How many?
Are you a smoker?	Yes/No	No of Children:	Ages:
Are you aware of any CCJ/CD or Bankruptcy?	Yes / No * if yes, please give details below		
National Insurance No.		Driving Licence No.	

## Current Address

Number / Name *		Street	
District		Town	
County		Postcode *	Yrs Mths
Status (circle one) *	owner / rented / living with parents / council tenant / other		

## Previous Address

Enter this information only if you have lived at your current address for less than 3 years.

Number / name *		Street	
District		Town	
County		Postcode *	Yrs Mths
Status (circle one)	owner / rented / living with parents / council tenant / other		

## Part D Employment Details

Employment status	Employed / Self-Employed / Unemployed / Student / Retired / Housewife
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If you have indicated unemployed/student/retired or housewife and you are currently or have previously lived in rented accommodation proceed to Part D Landlords details, otherwise proceed to Part E.

If you are unable to provide any employment details a guarantor may be required. To avoid delay please arrange for the proposed guarantor to complete Parts F-H of this form.

Job title			
Annual salary (gross) *		Employment start date *	
Payroll / Pension Number			
If your job is likely to change or you have additional income, please give further details *			
If you have additional income, please advise how much *	per annum		

## Employer Details

If you are employed/ self-employed or retired, give details of your employer/ accountant or pension provider (alternatively you may provide proof of pension) below, and authorise them to reply to the enquiries which will be made to verify this information.

Employer/Accountant/Pension			
Number / Name		Street	
District		Town	
County		Postcode	
Contact name *			
Contact job title *			
Phone (daytime) *		Phone (evening)	
Email		Fax *	

## Landlord Details

Complete this section if you indicated that you are or have lived in rented accommodation

Landlord/Agent Name *			
Number / name		Street	
District		Town	
County		Postcode	
Phone (daytime) *		Phone (mobile)	
E-mail		Fax *	

**Next of Kin (Must not be spouse)**

Name			
Number / name		Street	
District		Town	
County		Postcode	
Phone (daytime)		Phone (mobile)	
E-mail		Relationship	

**Part E To be completed by applicant (mandatory)**  
**Bank/Building Society Details**

Bank Name		Address	
Sort Code	- -	Account Number	
Account in the name of			How long with this branch?      Years
Do you have a debit card/ cheque guarantee card?	Yes/ No		

**Applicant's Consent**

In connection with this application a search will be carried out by a credit reference agency to check all or any of the application details, which have been submitted. They may carry out periodic checks on the conduct of your tenancy agreement with your landlord. I consent to this information being shared with other organisations for the purposes of assessing tenant applications and services.

I also expressly 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 the form)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Part F Guarantor's Details (if required)

Please note to be acceptable as a guarantor you must have resided at your current UK address for at least 2 years

### Guarantor's Personal Details

Title *	First name *	Middle name(s)	Surname *
Date of birth (dd/mm/19yy) *		Sex	Male / Female
Marital status		Maiden name	
Phone (daytime) *		Mobile Number	
Phone (evening)			
E-mail			

### Guarantor's Current Address

Number / Name *		Street	
District		Town	
County		Postcode *	Yrs Mths
Status *	owner / rented / living with parents / council tenant		

### Guarantor's Previous Address

Enter this information only if you have lived at your current address for less than 3 years.

Number / Name *		Street	
District		Town	
County		Postcode *	Yrs Mths

## Part G Guarantor's Reference

### Employment details

Please note to be acceptable as a Guarantor you must be employed / self employed or have an additional source of income which can be verified.

Employment status	Employed/ Self-Employed/ Unemployed/ Student /Retired/ Housewife
Job title *	
Annual salary (gross) *	
Employment start date *	
Payroll / Pension Number	
If your job is likely to change or you have additional income, please give further details *	
If you have additional income, please advise how much *	per annum

## Employer Details

If you are employed or self-employed, give details of your employer or accountant below, and authorise them to reply to the enquiries which will be made to verify this information.

Employer / Accountant's Name			
House or flat number/name			
Street			
District			
Town			
County			
Postcode			
Contact name *			
Contact job title *			
Phone (daytime) *		Phone (mobile)	
E-mail		Fax *	

## Part H Guarantor's Consent

In connection with this application a search will be carried out by a credit reference agency to check all or any of the application details, which have been submitted. I consent to this information being shared with other organisations for the purposes of assessing guarantor applications and services.

I also expressly consent to passing the results of any such search or assessment to the prospective landlord(s) for the purpose of assessing this application.

(Please sign and date the form)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_