

Tenant Assessment Application Form

Part A should be completed by the branch. The other sections should be completed by the applicant, according to the type of assessment required. Please complete this Application Form in **BLACK INK** using **BLOCK CAPITAL LETTERS**. Once fully completed please return to your local branch.

Part A To be completed by the branch (mandatory field for assessments)

Branch Name	TLC Username/ Cost Centre
Contact Name	
Contact Telephone Number	er Common Com
Complete Parts: please tick	k to highlight which parts you are completing
Tenant Comprehensive	ABCDE
Tenant Standard	A B C E
Property Details	
House Number / Name	
Flat Number / Name	
Street	
Town	
District	
County	Postcode
Total Rent	£ Per week / month (delete as appropriate)
Proposed Tenancy Commencement Date	Period
Does the landlord have re	sident landlord status? Yes No

Confidentiality Note

Once fully complete, please transfer to www.tenant-letting-check.com. The information contained within this application is being transmitted to and is intended only for TLC. If the reader of this message is not the intended recipient, you are hereby advised any dissemination, distribution or copy of this is strictly prohibited. If you receive this application in error, please immediately notify us by calling **01476 594296**.

Part B To be completed by the applicant (mandatory for all assessments) If more than one applicant applying, separate application forms must be completed as appropriate for each.

	First Name	Middle Name	Surname	Relationship	Share of Rent
Tenant 1	T HOL HAINS	Wildalo Hamo	Carnamo	reductionip	£
Tenant 2					£
Tenant 3					£
Tenant 4					£
Tenant 5					£
Tenant 6					£

Part C To be completed by the applicant (* denotes mandatory fields) Please complete ALL boxes. If more than one applicant, parts C to E inclusive must be complete.

Please complete ALL boxes	. If more than one applicant, parts C to	E inclusive must be o	completed as	appropriate	for each tenant
Personal Details					
Mr/Mrs/Miss/Ms*	Other (please specify)				
Surname *					
First Name *		Middle Name			
Date of Birth *		Nationality*			
Sex	Male / Female (please circle)				
Marital Status		Maiden/Other Name			
Daytime Telephone Number		Evening Tel Number			
Mobile Telephone Number		Bank Acc. No* (8 digits)			
		Bank Sortcode* (00-00-00)			
Email Address *					
How do you propose to pa	ay the rent?*		Own means	Hous	sing benefit
Are you aware of any curr CCJ/Bankruptcy Orders/IV	ent or pending adverse records suc 'As etc?* (please tick)	h as	Yes	No O	Unknown
If yes, give details:					
Do any of the proposed te	nants keep pets? (please tick)		Yes	No O	Unknown
Do any of the proposed te	nants smoke? (please tick)		Yes	No O	Unknown (
Names of children or perm	nitted occupiers (not co-tenants):		Age	Date of B	irth (dd/mm/yy)
1.				1	1
2.				1	1
3.				1	1
				,	,

Current Address Please ent	er the address you ar	re currently living	at regardless of the time you hav	e been there.
House Number / Name*				
Flat Number / Name*				
Street*				
Town*				
District*				
County*			Postcode*	
Status (circle one)*	Owner	Rented	Living with Parents	Council tenant
Other (please specify)				
How long have you lived at y	your current addre	ess?*	Years	Months
Previous Address Enter on	ly if you have lived at	your current addi	ess for less than 3 years.	
House Number / Name*				
Flat Number / Name*				
Street*				
Town*				
District				
County			Postcode*	
Status (circle one)*	Owner	Rented	Living with Parents	Council tenant
Other (please specify)				
How long did you live at you	ır previous addres	ss?*	Years	Months
Additional Address Enter of	only if you have lived	at your current an	d previous addresses for less tha	n 3 years.
House Number / Name*				
Flat Number / Name*				
Street*				
Town*				
District				
County			Postcode*	
Status (circle one)*	Owner	Rented	Living with Parents	Council tenant
Other (please specify)				
How long did you live at you	ır additional addre	ess?*	Years	Months

Part D To be completed by the applicant for Comprehensive Assessments (* denotes mandatory fields)

				-		
1 9	nd	\mathbf{I}	- 11	et		II S
	I I I V	IU	 		(- II	

Complete this section	n if you indica	ted that you are	e or have live	d in rented ac	ccommodation.	Please complete	ALL boxes,
includina individual c	ontact details	(telephone and	d fax number)	for landlord a	and/or current r	managing agent.	

g	(
Landlord's name* (This information can be found in your tenancy agreement)						
House Name*						
Street Number / Name*						
Town*						
District*						
County			Postco	ode*		
Daytime Telephone* (including STD code)			Evenin Teleph			
Mobile Number			Fax No	o.*		
Email Address*						
f your references need to be	given by a	a letting/manag	ing agent or local a	uthority, please	e also complete	below.
Managing Agent Name* (if applicable)						
Contact Name*						
Office / House Name*						
Street Number / Name*						
Town*						
District						
County			Postco	ode*		
Daytime Telephone* (including STD code)			Fax No	o.*		
Email Address*						
Financial Details						
I Illalicial Details						Payment i
Self-E Employment Status	Employed	Employed	Unemployed	Student	Retired	Advance
(please tick)						
f you have indicated unemploye guarantor may be required. To a	ed or stude avoid delay	nt proceed to Pa please arrange	rt E. If you are unabl for the proposed gua	le to provide any rantor to comple	v employment det ete an appropriate	ails a form.
Is your job likely to change w	ithin the ne	ext 3 months?*	Yes No			
If your job is due to change in references will need to be ob-				your new position	on and not your c	urrent one as
Type of business						
Job Title			Employment T	уре		
Annual Income* (gross)	£		Employment Start Date*			
Average annual commission	£		Average annu			
Payroll/pension number			overtime or bo	mus ment? Tempora	ary Permano	ent
NI number			(please tick)	Contract		

If you have any additional income please advi	se how much per annum* (f
Source of additional income	20 11011 111001 F 01 111111111
Employer Details	
	e details of either your employer, accountant or pension provider below and
authorise them to reply to the enquiries which will	be made to verify this information. Please complete ALL boxes, including provide proof of pension / self assessment forms with this application).
Employer / Accountant / Pension Provider Name*	
Office / House Name*	
Street Number / Name*	
Town*	
County	Postcode*
Contact Name*	Position
Daytime Telephone* (including STD code.	Extension
Please note: - We are unable to accept mobile contact numb	ers for referees)
Fax Number*	
Email Address* (Please note: -	
We are unable to accept personal emails for referees.)	
Next of Kin (NOT CO-TENANT) This addre	ess will also be used as a forwarding address on the tenancy agreement unless
indicated to the contrary and an alternative address	
Name*	
Relationship*	
House Name / Number*	
Street Name*	
Town*	Particulati
County* Daytime Telephone*	Postcode*
(including STD code)	
Email Address*	Mobile No.*

Part E To be completed by the applicant (* denotes mandatory fields)

Applicant's Consent

Please read the declaration and sign by ticking the box below. WE CANNOT PROCEED WITH THIS APPLICATION IF YOU DO NOT SIGN.

The information you have given in this application form should be true to the best of your knowledge. We will verify this by fair and lawful means, which will involve contacting referees and one or more licensed credit referencing agencies. Tenant Letting Check may pass your application to its carefully selected partners for the purposes of assisting with the referencing and where this is the case, the chosen referencing partner will contact referees and one or more licensed credit referencing agencies. Our present referencing partners are HomeLet, Keysafe and Rentshield Direct, but may include others from time to time.

Tenant Letting Check and/or our partners as described above will search records held by one or more credit referencing agencies and you agree that Tenant Letting Check, our partners and those credit referencing agencies will keep a record of that search and its results. The results of the referencing process may show how you conduct your payments, including rental payments, and this may be disclosed to the letting agency and/or landlord and may affect future applications from you.

The law requires that we verify the identity of all applicants under the Proceeds of Crime Act 2002 and Money Laundering Regulations 2007. We will therefore seek to verify your identity and obtain proof of residency via electronic verification using the CallML online identity check system (provided by TransUnion). The footprint left by carrying out a CallML search is "Prevention of Money Laundering". This will be visible on your credit file along with a footprint of the credit search. These footprints will have no effect on your credit score or credit-worthiness.

You may still be required to provide photo ID and proof of residency to your letting agency and/or landlord, or to Tenant Letting Check or one of our partners as described above.

A copy of your application form and the results of any searches or assessment, along with any supporting documentation, may be forwarded to the letting agency and/or to the landlord for the purposes of assessing your application, and for the purposes of debt collection, tracing and fraud prevention.

The law specifies that the parties have 14 days to carry out references and complete the tenancy paperwork, otherwise the holding deposit should be returned. In order to allow your tenancy application to proceed, if necessary, beyond 14 days, you hereby agree to extend this deadline to your proposed move in date.

Your holding deposit will not be refunded to you under the following circumstances:

- (1) You or your joint tenants do not have a legal Right to Rent a property in the UK.
- (2) False or misleading information is provided in your tenancy application (examples of which could be you advising that no CCJs exist and the subsequent credit reference revealing one or more CCJs, or falsifying your salary/income).
- (3) You notify us or the landlord during the extended period that you do not want to proceed with a tenancy agreement for the above property.
- (4) We or the landlord have taken reasonable steps to process the tenancy application but you have caused a delay by failing to take reasonable steps to proceed with the application process and sign a tenancy agreement.

Where the landlord decides not to grant you a tenancy for reasons that are not set out in (1)-(4) above the holding deposit will be returned to you within 7 days of the decision being made.

UTILITIES AND COUNCIL TAX - You acknowledge that we will use your name, address and contact details for the purposes of notifying your council tax, water and energy suppliers at the property and for the purposes of setting up your accounts with them.

We will pass these details to OVO Energy Limited also trading as SSE who performs these services on our behalf.

Otherwise all information will be treated as confidential.

You should signify your agreement to the text above by ticking this box.	
Signature*	Date*
Print Name*	

Tenant Letting Check (TLC) 2nd Floor, 63 High Street, Grantham, Lincolnshire NG31 6NN Tel 01476 594296 Fax 01476 563 606 Web Tenant-Letting-Check.com TLC trading name of Sequence (UK) Limited. Registered in England, number 4268443. Registered office: Cumbria House 16 – 20 Hockliffe Street, Leighton Buzzard, Bedfordshire. LU7 1GN.

