



LAND & ESTATE AGENTS • SURVEYORS & VALUERS

Please complete the form fully in INK and in BLOCK CAPITALS or this may cause delays in processing your application

ADDITIONAL APPLICANT

State full name (including all first names).

Title \_\_\_\_\_

First Names \_\_\_\_\_

Surname \_\_\_\_\_

D.O.B. \_\_\_\_\_

Marital Status \_\_\_\_\_

Maiden Name \_\_\_\_\_

Current Address \_\_\_\_\_ Tick if same as lead applicant

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Period at Address \_\_\_\_\_ years \_\_\_\_\_ months

Tel: \_\_\_\_\_ Evenings \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Are you currently (Please tick) : Owner  Council Tenant

Private Tenant  With Parents  Other

If you have resided at the above address for less than 3 years please provide details of previous addresses below.

Address 2 \_\_\_\_\_ Tick if same as lead applicant

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Period at Address \_\_\_\_\_ years \_\_\_\_\_ months

Address 3 \_\_\_\_\_ Tick if same as lead applicant

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Period at Address \_\_\_\_\_ years \_\_\_\_\_ months

Do you have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_

Smoker? Yes \_\_\_\_\_ No \_\_\_\_\_

**EXISTING/PREVIOUS LETTING AGENT/LANDLORD if applicable.**

*(Please give authority to your Agent to pass an opinion on you)*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Post Code \_\_\_\_\_  
Daytime Tel No. \_\_\_\_\_ Previous rent £ \_\_\_\_\_  
Email \_\_\_\_\_

**YOUR EMPLOYMENT DURING THIS TENANCY**

**(Please notify your employer/accountant contact that enquiries will be made to verify this information)**

Employer/Accountant Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Employer/Accountant Contact Tel: \_\_\_\_\_  
Employer/Accountant Contact Email: \_\_\_\_\_  
Position Held \_\_\_\_\_  
Gross Monthly Salary £ \_\_\_\_\_ Start Date \_\_\_\_\_  
Employer/Accountant Contact Name and Position \_\_\_\_\_

National Insurance Number: \_\_\_\_\_  
Payroll Number: \_\_\_\_\_

**SECONDARY EMPLOYMENT DETAILS**

Employer/Accountant Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Employer/Accountant Contact Tel: \_\_\_\_\_  
Employer/Accountant Contact Fax: \_\_\_\_\_  
Employer/Accountant Contact Email: \_\_\_\_\_  
Position Held \_\_\_\_\_  
Gross Monthly Salary £ \_\_\_\_\_ Start Date \_\_\_\_\_  
Employer/Accountant Contact Name and Position \_\_\_\_\_

National Insurance Number: \_\_\_\_\_  
Payroll Number: \_\_\_\_\_

Are you aware of any matters that may cause your employment/income to change in the near future?

Yes  No  *(Please tick)*  
*(If YES, please give details on a separate sheet)*

**If self-employed, please provide 3 years accounts**

**PAST EMPLOYMENT DETAILS** -If you have been in your current employment for less than 3 years, please provide details of previous employment including commencement and leaving dates. (Please attach a separate sheet if required).

Position Held \_\_\_\_\_ Salary £ \_\_\_\_\_ per month  
Start Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_  
Contact Name \_\_\_\_\_ Position \_\_\_\_\_  
Daytime Tel No. \_\_\_\_\_  
Email \_\_\_\_\_

**DO YOU HAVE ANY ADDITIONAL SOURCE OF INCOME? - Proof must be provided**

Pension £ \_\_\_\_\_ p/a Investment Income £ \_\_\_\_\_ p/a  
Other £ \_\_\_\_\_ p/week  
Please Specify \_\_\_\_\_

**BANK/BUILDING SOCIETY DETAILS (CURRENT ACCOUNT ONLY)**

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_  
Name of Account Holder \_\_\_\_\_  
A/C No. \_\_\_\_\_ Sort Code \_\_\_\_\_  
How long have you held this bank account? \_\_\_\_\_  
Do you have a credit card? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, for how long? \_\_\_\_\_  
Are you aware of any previous CCI/or Bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_