



Tenant Assessment Application Form

PLEASE REFER TO THE ATTACHED TENANT INFORMATION SHEET FOR DETAILS OF HOW TO SUBMIT THIS APPLICATION FORM

(A) Property details:

Property Address	
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Rent (pcm)	£
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Preferred Move in date <small>If your application is successful</small>		Initial tenancy period of 6 or 12 months?	
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(B) Personal Details:

It is a mandatory requirement for a separate form, for each applicant over 18 years old, to be completed.

Where did you hear about CS Lettings? _____

How do you propose to pay the rent? Own Means ____ Housing Benefit ____

	First Name	Middle name(s)	Surname	Share of rent
Tenant 1				
Tenant 2				
Tenant 3				
Tenant 4				

Please note that unless specified in the marketing/property list we do not accept DSS or pets

(C) Personal Details

Title	First Name	Middle name(s)	Surname
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Date of Birth (dd/mm/19yy)	Sex: Male / Female
Marital Status	Maiden Name

(1) Contact Details

Phone (Home)	(Mobile)
Phone (Work/ daytime)	Other
E-Mail	

(2) Current Address

Number/ Name	Street
District	Town
County	Postcode
Status (Circle One)	Owner / rented / Living with parents / Council Tenant / Other
If other please explain:	

How long have you lived at this address?	
Reason for leaving the property?	

(3) 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
Status (Circle One)	Owner / rented / Living with parents / Council Tenant / Other
If other please explain:	

How long have you lived at this address?	
Reason for leaving the property?	

(4) Employment details

Status (Circle One)	Employed / Self Employed / Unemployed / Student / Retired / Housewife
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Job Title			
Annual Salary (gross)		Employment start date	
Payroll/ Pension number			

If your job is likely to change <u>or</u> you have additional income please give further details	
If you have additional income please state how much	

(5) Employer Details:

Employer/ Accountant/ Pension		
Number / Name		Street
District		Town
County		Postcode

Contact Name			
Contact Job title			
Phone (daytime)		Phone (evening)	
Email		Fax	

If you have been in you current job less than 1 year please fill in the section below:

Job Title/ Company			
Annual Salary (gross)		Employment start date	
Payroll/ Pension number			

(D) Landlord Details:

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

Landlord / Agent Name	
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Address

Number/ name		Street	
District		Town	
County		Postcode	
Phone (daytime)		Phone (evening)	
E-Mail		Fax	

(E) Bank Details: To be completed by the applicant (mandatory)

Sort Code		Account Number	
Account In the name of		How long with this branch?	
Do you have a cheque book?			
Do you have a cheque guarantee card?			

Do you have any adverse credit history? CCJs etc _____

Supplementary Questionnaire

1. Do you Smoke? Yes/ No
2. Do you have any Pets? Yes/ No If Yes, What?
3. National Insurance Number
4. Children who will be living with you –

Name	Date of Birth

5. Next of Kin

6. Character Reference
(Not your employer or family members)

Name Name

Relationship Capacity

Address Address

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Tel Tel

Applicant's Consent

I consent to this information being shared with other organizations for the purpose of assessing tenant applications and services.

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

I also confirm that CS Lettings may contact third parties to check employment, character and tenancy details.

I understand that as company policy CS Lettings do not disclose information relating to declined applications.

(Please sign and date the form)

Print Name: _____

Signed: _____ **Date:** _____

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