



# Application for Residential Dwelling

ADDRESS OF PROPERTY \_\_\_\_\_

SURNAME OF APPLICANT \_\_\_\_\_

CHRISTIAN/FORE NAMES \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ [h] \_\_\_\_\_ [w] \_\_\_\_\_ [m]

HOW MANY PEOPLE WILL LIVE IN THE PROPERTY \_\_\_\_\_

HOW MANY UNDER THE AGE OF 16 YEARS \_\_\_\_\_

DO YOU HAVE ANY PETS \_\_\_\_\_ ARE YOU A SMOKER YES/NO

DO YOU HAVE A DISABILITY THAT WILL REQUIRE WORKS TO THE PROPERTY?

ie. Additional hand rails YES/NO. (IF YES PLEASE SPECIFY NATURE OF WORKS)

INITIAL RENT \_\_\_\_\_ INITIAL TERM \_\_\_\_\_ HOUSING BENEFIT YES/NO

*NOTE:* A deposit will be required which will be equal to six weeks rent together with a contribution towards the Agreement costs of £95.00 plus VAT.

## PRIME REFERENCES

PRESENT EMPLOYER and ADDRESS (Please give contact name and/or works number)

EMPLOYERS TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

EMPLOYERS EMAIL ADDRESS \_\_\_\_\_

NAME OF BANK and ADDRESS \_\_\_\_\_

CONTACT NAME/ACCOUNT NUMBER \_\_\_\_\_

BANK TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

## OTHER REFERENCES

Please supply the names and addresses together with telephone number, if available, of any two of the following. These people will be asked for a character reference. Past Landlord: Past employer: School teacher/Tutor: Priest/Vicar: Doctor; Dentist.

[1] \_\_\_\_\_

[2] \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE OF APPLICANTS[S] \_\_\_\_\_