

Application Form

In order for the application to be processed quickly, please complete in BLOCK CAPITALS and ensure the application is completed in full. All sections marked with * are mandatory information.

Agent Details

Name of agent: Hannon Holmes Limited	Tel: 01204 541941
Email: info@hannonholmes.co.uk	Fax: 01204 541942

Property Details – To Be Completed By Agent Only

Postcode* :	House number:
Flat number:	House name:
Street*:	District:
Town*:	County:

Rental Details

Number of tenants moving into the property?:	
Share of rent per month* :£	Total rent per month* :£
Tenancy term (months)*:	Start Date*:

Applicant Details

Title*: <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other	
Mobile: _____	Email: _____
First Name*:	Initial:
Surname*:	Date of birth*:
Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female	No of dependants*:
Marital Status*: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er)	
Any previous surnames:	
Employment Type*: <input type="checkbox"/> Full time employed <input type="checkbox"/> Part time employed <input type="checkbox"/> Temporary/Contract <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife/Home maker <input type="checkbox"/> Payment in advance	

Employment status*:	<input type="checkbox"/> Junior	<input type="checkbox"/> Management	<input type="checkbox"/> Unskilled	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Semi-skilled
	<input type="checkbox"/> Skilled	<input type="checkbox"/> Senior Management	<input type="checkbox"/> Other	<input type="checkbox"/> Not applicable	
Occupation*:					
Can we (Endsleigh) contact you ?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Home phone number* :		
Work phone number:	Mobile number*:				

Affordability Details

Gross annual income*: £	Any additional sources of income?*: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Amount of additional income per annum?*: £		
Please provide details of any additional income*:		

Current Address – Please complete all address details where appropriate

Postcode*:	House number*:				
Flat number:	House name*:				
Street*:	District:				
Town*:	County:				
Is this a Foreign address?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Time at address From*:	Month -	Year-	To: Month -	Year -	
Living status*:	<input type="checkbox"/> Furnished Tenant	<input type="checkbox"/> Unfurnished Tenant	<input type="checkbox"/> Own home	<input type="checkbox"/> Living with parents	<input type="checkbox"/> Other

Please supply addresses to cover your last 3 years of residency

Previous Address – Please complete all address details where appropriate

Postcode:	House number*:				
Flat number:	House name*:				
Street*:	District:				
Town*:	County:				
Is this a Foreign address?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Time at address From*:	Month -	Year-	To: Month -	Year -	
Living status*:	<input type="checkbox"/> Furnished Tenant	<input type="checkbox"/> Unfurnished Tenant	<input type="checkbox"/> Own home	<input type="checkbox"/> Living with parents	<input type="checkbox"/> Other

2nd Previous Address – Please complete all address details where appropriate

Postcode:	House number*:
Flat number:	House name*:
Street*:	District:
Town*:	County:
Is this a Foreign address?* Yes <input type="checkbox"/> No <input type="checkbox"/>	
Time at address From*: Month - Year- To: Month - Year -	
Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> Other	

Landlord details or Previous landlord details

Landlord / Agent name*:	Contact name*:
Postcode:	Building number:
Unit number :	Building name:
Street:	District:
Town*:	County:
Daytime phone number*:	Mobile phone number:
Fax number:	Email address:
Additional Information:	

Bank Details

How many credit cards held?*	Current account held?*: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please enter the details below
Sort code*:	Name of bank*:
Account name *:	Account number:
Address *:	
Time with bank*: (years)_____ (months)_____	Cheque guarantee card held*: Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Information

Will any of the tenants have pets?* Yes No

Will any of the tenants smoke?* Yes No

Will there be any children living at the property?* Yes No

Employer Details

Is your employment likely to change shortly*? Yes No

Job Title: Start date*: Month - Year -

Employers company name*:

Payroll number:

Contact name*: Contact job title:

Postcode: Building number:

Unit number: Building Name:

Street: District:

Town*: County:

Daytime phone number*: Mobile phone number:

Fax number*: Email address*:

Please ensure you provide either a fax number or email address.

Additional Information:

Accountant Details - ** SELF EMPLOYED ONLY **

Do you have an accountant?*: Yes No If **No** Please provide 6 months bank statements showing proof of income

Accountants name*:

Contact name*:

Postcode:

Building number:

Unit number:

Building name:

Street:

District:

Town*:

County:

Daytime phone number*:

Mobile phone number:

Fax number*:

Email Address*:

Please ensure you provide either a fax number or email address.

Additional Information:

Pension Providers Details

Do you have proof of pension?* Yes No If **Yes** please provide your annual statement of pension

Pension providers name*:

Contact name:

Pension reference number*:

Postcode:

Building no:

Unit number:

Building name:

Street:

District:

Town*:

County:

Daytime phone number*:

Fax number:

Email address:

Additional information:

Please ensure that you have completed all fields indicated * as failure to do this may result in a delay in producing your report.

Consent

We will use the information provided to us by third parties to make decisions about your application. Agencies may supply to us, public information and/or fraud prevention information.

Information provided to Endsleigh may be supplied to other organisations and used by them and us to

- A. Verify your identity for this application and if you apply for other facilities including all types of insurance applications and claims.
- B. Check all or any of the application details which have been submitted.
- C. Assist organisations to make decisions on tenancy applications by you

By confirming your agreement to proceed you are accepting that we may use your information in this way & that you understand if any information you give is incorrect or misleading, any monies paid to the agent is non refundable.

Signed:

Date:

Endsleigh* offer specialist contents insurance for people in rented accommodation and as a service will contact the applicant to discuss insurance requirements.

If you do not wish to be contacted please tick here

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