**TENANCY AGREEMENT**

* **Individual Applicant Details**

*To be completed by the applicant*

|  |  |
| --- | --- |
| Please tick one | Mr Mrs Miss Ms Dr Other |
| Full Name (including middle) |  |
| Date of Birth |  |
| Marital Status |  |
| Maiden Name (if applicable) |  |
| Telephone (mobile) |  |
| Telephone (landline) |  |
| Email |  |
| Do you have any pets?\* | Yes No |
| If yes, what type of pet?  Do you smoke?\* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes No |
| Social Media Handles  Emergency Contact Details |  |
| Name |  |
| Telephone Number |  |
| Email |  |

* **Dependants**

How many people will be staying in the apartment with you? \_\_\_\_\_\_\_\_\_\_\_

Will children be living at the property? Yes No

If yes, How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes please provide the following information for each child:

|  |  |
| --- | --- |
| i. Name |  |
| Date of Birth |  |
| ii. Name |  |
| Date of Birth |  |
| iii. Name |  |
| Date of Birth |  |
| iv. Name |  |
| Date of Birth |  |

* **Current Address**

|  |  |  |
| --- | --- | --- |
| House Number/Name |  | |
| Street and Town |  | |
| Postcode |  | |
| Please tick one box: | Owner Rented Living with Parents | |
|  | Other | |
| Time at this address | Years: | Months: |

*Please provide one of the following documents as proof of residency and tick the box below to confirm your choice:*

Utility Bill Bank Statement

* **Previous Address**

*Please include this information if you have lived at your current address for less than three years, otherwise leave blank*

|  |  |  |
| --- | --- | --- |
| House Number/Name |  | |
| Address |  | |
|  |  | |
| Please tick one box: | Owner Rented Living with Parents | |
|  | Other | |
| Time at this address | Years: | Months: |

* **Landlord Referencing Details**

*Complete this section if you have indicated that you are living, or have previously lived, in rented accommodation.*

|  |  |
| --- | --- |
| Name |  |
| Address |  |
|  |  |
| Referee Contact Name |  |
| Job Title |  |
| Landline Telephone |  |
| Mobile Telephone |  |
| Email Address |  |

* **Applicant’s Consent**

The information which I have given in this Application Form is true to the best of my knowledge.

Please sign and date below, to confirm your agreement to the above

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Tenants are expected to have regard for neighbour welfare, therefore smoking and pet patrol should not be made at other tenant convenience, but in their own personal space.

**OFFICIAL USE ONLY:**

* **PROPERTY DETAILS**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rent: (per calendar month) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenancy commencement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Lease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IT IS HEREBY MUTUALLY AGREED AS FOLLOWS:**

The annual part rent