

Tenancy Application Form

Please complete this form in block capital letters

Please return to Ark Residential Letting 1 Sackville Road, Bexhill on Sea, East Sussex, TN39 3JB Tel: 01424 731 731 Fax: 01424 731 477

Email: lettings@arkresidential.co.uk

Address of the proper	rty you are a	pplying for								
Please give the full na First Name	ames of all ad	ult tenants m Middle Nam		prope	erty Surn	ame			Share of Re	ent
Personal details Mr/Mrs/Miss/Ms/Other		Male/Female			Da	te of Birth		7		
				╝						
First name				1	liddle r	name				
Surname] L N	ationa	lity				
] [•				
Marital Status	Are you a	smoker?	Do	you ha	ve pet	s? Yes/No (i	f yes please st	ate typ	es and pet	names)
Daytime telephone nun	nber			Eve	ening te	elephone nu	mber			
Mobile telephone numb	er			Email	addre	ss				
Are you aware of any C	CCJ/CD Bankr	uptcy order, co	urrent or pendir	ng? Yes	s/No (i	f Yes give de	etails)			
Please name the child	dren living in	the property	and their date	s of bir	rth					
									1	1
									/	
									,	1
									/	
Current Address										
House Number/Name										
Flat Number/Name										
Street										
Town										
District						Postcode				
Status (please circle)	Ov	wner	Rented		Livii	ng with parent	s	Counc	il tenant	

Other (please specify) **Previous Address** House Number/Name Flat Number/Name Street Town District Postcode Status (please circle) Owner Rented Living with parents Council tenant Other (please specify) **Second Previous Address** House Number/Name Flat Number/Name Street Town District Postcode Status (please circle) Owner Rented Living with parents Council tenant Other (please specify) **Employment details** Employment staus Unemployed Self-Employed Employed Student Retired Payment in Advance (please circle) Profession Annual Income **Employment Start date** Is your employment of a temporary, Payroll/Pension no full or contract nature? Are your circumstances likely to change? (please circle) Yes/No If yes please give further details Additional Income (if applicable) If you have any additional income please advise how much per annum Source of additional income **Employer Details** If you are employed, self employed, or retired, give details, of your employer, accountant or pension provider (alternatively you may provide proof of pension) below, and authorise them to reply to the enquiries which will be made to verify this information. Please complete all boxes including contact details for referee. Employer/Accountant/Pension Provider Office / House Name Street number / Name Town Postcode Country Contact Name Contact Job Title Daytime telephone Mobile telephone Fax Number

Email address							
Landlords Details Please complete this	section	n if you indicated that y	ou are or have l	lived in rente	d accomm	nodation. Please com	plete all boxes.
Landlord/Agent Nam	е						
Office/House Name							
Street number/Name							
Town							
Country					Postcode	е	
Contact Name				Contact .	Job Title		
Daytime telephone				Mobile te	lephone		
Fax Number							
Email address							
Bank/Building socie	ety deta	ails					
Name of Bank							
Address							
Account in the name	of						
How long with this br	anch		Sort Code			Account number	
Do you have a chequ	ie guar	antee card (please circ	cle) Yes/I	No			
Next of Kin							
Name							
House number/ Nam	е						
Street							
Town							
County				1	Postcode	е	
Daytime telephone				Mobile tele	ohone _		
Relationship							
Email address							
Email Please note that if your receive corresponder	u have nce via	provided an email add	dress we will ser	nd all corresp	ondence	to this email. Please	tick if you would prefer not to

Confidentiality Note

The information contained within this application is intended for the use of Ark Residential Letting. If the reader of this message is not the intended recipient, you are hereby advised any dissemination, distribution or copy of this application is strictly prohibited.

Applicants Consent

The information, which I have given in my application form, is true to the best of my knowledge. I consent to this information being verified by fair and lawful means, which I understand will involve contacting referees and licensed credit reference agencies.

I consent to Ark Residential Letting searching information held by a credit reference agency and agree that Ark Residential Letting and the credit referencing agency will keep a record of the search and the results of the search. Such information may be used by other companies for the purpose of assessing other applications from me or for debt tracing and fraud prevention.

I understand the information supplied by me and the resulting verified information will be forwarded to the letting agency and/or to the prospective landlord. The information may also be accessed again should I agree to act as a guarantor in the future.

I agree that information supplied by me and the results of the assessment process will be held in accordance with the Company's notification under the Data Protection Act 1998. I understand that I have the right to ask for a copy of the information held on me subject to the payment of an administration fee that will be notified to me upon application, though it will not exceed the amount set by statute. I have the right to request that the information held be amended if it is found to be incorrect

Please sign and date the form			
Signature	_Date	_/	_/



District

Guarantor Application Form

Please complete this form in block capital letters
Please return to Ark Residential Letting
1 Sackville Road, Bexhill on Sea, East Sussex, TN39 3JB

Tel: 01424 731 731 Fax: 01424 731 477 Email: lettings@arkresidential.co.uk

Please note: to be a acceptable as a guarantor you must be UK based and have a UK bank account Please give the full names of all the tenants you will be covering First Name Middle Name Surname Share of Rent **Guarantor personal details** Mr/Mrs/Miss/Ms/Other Male/Female Date of Birth Marital Status First name Middle name Surname Nationality Daytime telephone number Evening telephone number Mobile telephone number Email address **Guarantor Current Address** House Number/Name Flat Number/Name Street Town District Postcode Status (please circle) Owner Rented Living with parents Council tenant Other (please specify) **Guarantors First Previous Address** House Number/Name Flat Number/Name Street Town

Owner Rented Living with parents Council tenant

Postcode

Status (please circle)								
Other (please specify)								
Guarantor Second Pre House Number/Name	evious Address							
Flat Number/Name								
Street								
Town								
District				Post	code			
Status (please circle)	Owner	r Rer	ited	Living with	parents	s	Council	tenant
Other (please specify)								
Guarantor Employmer	at details							
Employment staus (please circle)	Self-Emplo	yed Employ	ed Unem	oloyed	Stu	ıdent F	Retired	Payment in Advance
Profession								
Annual Income				Em	nlovme	ent Start date		
Payroll/Pension no			ls vo			f a temporary		
1 ayron/1 ension no				contract			,	
Are your circumstances	likely to change?	' (please circle)	Yes/No					
If yes please give further	er details							
Additional Income (if a		advise how much	per annum					
Source of additional inc			<u>'</u>					
Guarantor Employer D If you are employed, se proof of pension) below including contact details	If employed, or re , and authorise th	etired, give details nem to reply to the	of your employe enquiries which	r, account will be ma	ant or pade to v	pension provi verify this info	der (alter ormation.	natively you may provide Please complete all boxes
Employer/Accountant/P	ension Provider							
Office / House Name								
Street number / Name								
Town								
Country				Post	code			
Contact Name			Contac	Job Title				
Daytime telephone			Mobile	elephone				
Fax Number								
Email address								
Guarantor Bank/Build	ing society deta	ils						
Name of Bank								

Address	_					
Account in the name of						
How long with this branch		Sort Code		Account number		
Do you have a cheque guara	antee card (please circle	e) Yes	s/No			
F						
Email Please note that if you have receive correspondence via		ess we will s	end all correspondence	e to this email. Please t	tick if you wou	ıld prefer not to
Confidentiality Note						
The information contained wintended recipient, you are h						age is not the
Guarantors Consent						
The information, which I hav information being verified by reference agencies.						
I consent to Ark Residential credit referencing agency wi other companies for the purp	Il keep a record of the s	earch and th	e results of the search.	Such information may	be used by	Letting and the
I understand the information and/or to the prospective lar future.						
I agree that information supp Company's notification unde information held on me subjet it will not exceed the amount be incorrect	er the Data Protection A ect to the payment of ar	ct 1998. I und n administrati	derstand that I have the on fee that will be notifi	e right to ask for a copy ied to me upon applica	of the tion, though	
Please sign and date the for	m					
Signature				Date	//	