



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 property you are applying for

Please give the full names of all adult tenants moving into the property

First Name	Middle Name	Surname	Share of Rent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Personal details

Mr/Mrs/Miss/Ms/Other

Male/Female

Date of Birth

First name

Middle name

Surname

Nationality

Marital Status

Are you a smoker?

Do you have pets? Yes/No (if yes please state types and pet names)

Daytime telephone number

Evening telephone number

Mobile telephone number

Email address

Are you aware of any CCJ/CD Bankruptcy order, current or pending? Yes/No (if Yes give details)

Please name the children living in the property and their dates of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)

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 status (please circle)	Self-Employed	Employed	Unemployed	Student	Retired	Payment in Advance
Profession	<input type="text"/>					

Annual Income	<input type="text"/>	Employment Start date	<input type="text"/>
Payroll/Pension no	<input type="text"/>	Is your employment of a temporary, full or contract nature?	<input type="text"/>

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	<input type="text"/>		
Office / House Name	<input type="text"/>		
Street number / Name	<input type="text"/>		
Town	<input type="text"/>		
Country		Postcode	

Contact Name	<input type="text"/>	Contact Job Title	<input type="text"/>
Daytime telephone	<input type="text"/>	Mobile telephone	<input type="text"/>
Fax Number	<input type="text"/>		

Email address

Landlords Details

Please complete this section if you indicated that you are or have lived in rented accommodation. Please complete all boxes.

Landlord/Agent Name			
Office/House Name			
Street number/Name			
Town			
Country		Postcode	
Contact Name		Contact Job Title	
Daytime telephone		Mobile telephone	
Fax Number			
Email address			

Bank/Building society details

Name of Bank				
Address				
Account in the name of				
How long with this branch	Sort Code	Account number		

Do you have a cheque guarantee card (please circle) Yes/No

Next of Kin

Name			
House number/ Name			
Street			
Town			
County		Postcode	
Daytime telephone		Mobile telephone	
Relationship			
Email address			

Email

Please note that if you have provided an email address we will send all correspondence to this email. Please tick if you would prefer not to receive correspondence via email.

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 ____/____/____



Guarantor Application Form

Please complete this form in block capital letters
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 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 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	Middle name		
<input type="text"/>	<input type="text"/>		
Surname	Nationality		
<input type="text"/>	<input type="text"/>		
Daytime telephone number	Evening telephone number		
<input type="text"/>	<input type="text"/>		
Mobile telephone number	Email address		
<input type="text"/>	<input type="text"/>		

Guarantor Current Address

House Number/Name	<input type="text"/>		
Flat Number/Name	<input type="text"/>		
Street	<input type="text"/>		
Town	<input type="text"/>		
District	<input type="text"/>	Postcode	<input type="text"/>
Status (please circle)	Owner	Rented	Living with parents
			Council tenant
Other (please specify)	<input type="text"/>		

Guarantors First Previous Address

House Number/Name	<input type="text"/>		
Flat Number/Name	<input type="text"/>		
Street	<input type="text"/>		
Town	<input type="text"/>		
District	<input type="text"/>	Postcode	<input type="text"/>
	Owner	Rented	Living with parents
			Council tenant

Status (please circle)

Other (please specify)

Guarantor Second Previous Address

House Number/Name

Flat Number/Name

Street

Town

District

<input type="text"/>	Postcode	<input type="text"/>
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Status (please circle)

Owner

Rented

Living with parents

Council tenant

Other (please specify)

Guarantor Employment details

Employment status (please circle)

Self-Employed

Employed

Unemployed

Student

Retired

Payment in Advance

Profession

Annual Income

Employment Start date

Payroll/Pension no

Is your employment of a temporary, 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

Guarantor 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

Country

<input type="text"/>	Postcode	<input type="text"/>
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Contact Name

Contact Job Title

Daytime telephone

Mobile telephone

Fax Number

Email address

Guarantor Bank/Building society details

Name of Bank

Address

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Account in the name of

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How long with this branch

	Sort Code		Account number	
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Do you have a cheque guarantee card (please circle) Yes/No

Email

Please note that if you have provided an email address we will send all correspondence to this email. Please tick if you would prefer not to receive correspondence via email.

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