

Tenancy Application Form

ASSOCIATION Upon completion please return this form to: Name of Landlord: Address of Landlord: (IN THE CASE OF JOINT-APPLICANT, EACH JOINT-APPLICANT WILL BE REQUIRED TO COMPLETE AND SUBMIT A SEPARATE APPLICATION FORM. PLEASE EITHER PHOTCOPY THIS FORM FOR THE NUMBER REQUIRED BEFORE COMPLETING - OR ASK FOR THE NUMBER OF FORMS REQUIRED) **APPLICANTS NAME** Mr Mrs Miss Ms Other (Specify) Salutation (Tick Appropriate) **ADDRESS** _____ N.I. NUMBER: _____ POST CODE DATE OF BIRTH TELEPHONE (DAYTIME) _____ (EVENING): _____ **MOBILE** TIME AT PRESENT ADDRESS PREVIOUS ADDRESS (if at present address for less than 3 years) HOW WAS THAT PROPERTY AS TENANT AS OWNER AS LODGER HELD BY YOU COUNCIL TENANT (OF WHICH LOCAL AUTHORITY): _ HOUSING ASSOCIATION TENANT (OF WHICH ASSOCIATION) IF AS A TENANT OR LODGER, PLEASE GIVE THE NAME AND ADDRESS OF THE LANDLORD BELOW: YOUR OCCUPATION IF EMPLOYED - YOUR **POSITION** NAME AND ADDRESS OF EMPLOYER IF A STUDENT NAME AND ADDRESS OF UNIVERSITY

COLLEGE ETC

ADDRESS

POST CODE

NEXT OF KIN NAME

SALUTATION (Tick Appropriate)

Miss Ms Other (Specify)

_____ RELATIONSHIP: _____



Tenancy Application Form

TELEPHONE (DAYTIME) :		(EVENING):	
JOINT APPLICANTS (p	olease complete anothe	r application form per joint applicant)	
JOINT APPLICANT NAME1:		RELATIONSHIP:	
JOINT APPLICANT NAME2:		RELATIONSHIP:	
JOINT APPLICANT NAME3:		RELATIONSHIP:	
OTHER JOINT APPLICA	ANT NAMES:		
BANK DETAILS	:		
NAME OF BANK	:	 -	
ADDRESS OF BANK	:		
SORT CODE	:		
ACCOUNT NUMBER	:		
I confirm that this inform	nation is true.		
I do/do not* intend to cla	aim housing benefits/loca	al housing allowance in respect of any property let by you to me.	
I am/am not* currently in	n receipt of housing bene	fits/local housing allowance.	
Dated		2000	

* Delete as appropriate