

# Letting Application Form Page 1

\*Please return the completed form to: Emsleys Estate Agents, 35 Austhorpe Road, Crossgates, Leeds LS15 8BA

## 1. The property you are applying for

Property address			
Rent per month	Deposit	When would you like to move in?	Length of initial contract

## 2. Personal details 1st Applicant

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>		Surname	Forename(s)
Current address			Postcode
How long at this address?			
Previous address (if less than 3 years at above)			Postcode
Marital Status	Date of Birth	Home Tel	WorkTel
Email address	Mobile No.	National Insurance Number	

## Personal details 2nd Applicant

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>		Surname	Forename(s)
Current address			Postcode
How long at this address?			
Previous address (if less than 3 years at above)			Postcode
Marital Status	Date of Birth	Home Tel	WorkTel
Email address	Mobile No.	National Insurance Number	

## Further details

Primary Applicant name Mr Mrs Miss Other	Deposit paid by anyone other than tenants?	If yes please name
Do any intended occupants: Smoke Yes <input type="checkbox"/> No <input type="checkbox"/>	Do any intended occupants Keep pets Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify type of pets

# Letting Application Form Page 2

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## 2. Personal details continued 1st Applicant

Are you:		If other please name
Homeowner <input type="checkbox"/> Private tenant <input type="checkbox"/> Council tenant <input type="checkbox"/> Living with parents <input type="checkbox"/> Other <input type="checkbox"/>		
If private tenant please provide name and address of Landlord/Landlord's Agent:		
Postcode		
Contact Tel No.	Fax No.	Email address
Current Rent £	Are you aware of any previous adverse credit history? If yes please give details	
	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:	

## Personal details continued 2nd Applicant

Are you:		If other please name
Homeowner <input type="checkbox"/> Private tenant <input type="checkbox"/> Council tenant <input type="checkbox"/> Living with parents <input type="checkbox"/> Other <input type="checkbox"/>		
If private tenant please provide name and address of Landlord/Landlord's Agent:		
Postcode		
Contact Tel No.	Fax No.	Email address
Current Rent £	Are you aware of any previous adverse credit history? If yes please give details	
	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:	

## Other persons Full names & dates of birth for all other additional persons who will occupy the property (18 years & above)

Name	Date of birth

Number of children under 18

## 3. Bank details to be used for standing orders

Bank	Account holder	Sort code	Account number
Bank address			
	Postcode		

# Letting Application Form Page 3

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## 4a. Employment details self-employed go to 4b

Employer		
Employer address		Postcode
Position held/department	Type of position held	
	Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary contract <input type="checkbox"/>	
Gross salary	Average Commission/Overtime:	Date of employment

## Employment details 2nd applicant

Employer		
Employer address		Postcode
Position held/department	Type of position held	
	Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary contract <input type="checkbox"/>	
Gross salary	Average Commission/Overtime:	Date of employment

## 4b. Self employed

Name of your business	
Type of business	
Business address	Postcode
How long have you had the business	Average earnings