



## Documentation Required From Both Guarantor & Tenant

- Photo I.D (needed for all tenants/person's over the age of 18years)
- Employment Details i.e. salary, payslips, reference from employer (please note self employed applicants will require accountants reference and 6 months bank statements.)
- Utility Bills (no more than 2 months old).
- Existing landlord details
- Bank details & statements (where rent will be paid from 3 months minimum).
- Should a guarantor be required, then all the above documentation will be required for both the tenants & the guarantor.



## Consent Form

I authorise LetRisks or any agent thereof, to carry out all necessary enquiries to verify the information I have submitted on my application form. By signing this I authorise them to make the relevant enquiries and take references to validate the information I have provided.

I authorise LetRisks to use the information obtained to compile a report and provide the results directly to the company I have applied for the tenancy with.

I understand that LetRisks will retain this information in strict confidence and will hold it only in accordance with the data Protection Act.

Reference Number: \_\_\_\_\_

Applicants name: \_\_\_\_\_

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Guarantor Application Form

Guarantor for: \_\_\_\_\_

Property: \_\_\_\_\_

### Part A Guarantors details

#### Guarantor Details

<b>Title*:</b> <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other		<b>Sex*:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>First Name*:</b>		<b>Surname:</b>		
<b>Date of Birth*:</b>		<b>No. of Dependants*:</b>		
<b>Marital Status*:</b>		<b>Any Previous surnames*:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please supply:		
<b>Employment Type*:</b>	<input type="checkbox"/> F/T Employed	<input type="checkbox"/> P/T Employed	<input type="checkbox"/> Temporary Contract	<input type="checkbox"/> Unemployed
	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Housewife
<b>Do you have a National Insurance Number?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes please complete*</b>				

<b>Employment Status*:</b>	<input type="checkbox"/> Junior	<input type="checkbox"/> Management	<input type="checkbox"/> Unskilled	<input type="checkbox"/> Supervisor
	<input type="checkbox"/> Semi-skilled	<input type="checkbox"/> Skilled	<input type="checkbox"/> Senior Management	
	<input type="checkbox"/> Other (supply details)			
<b>Home phone Number:</b>			<b>Mobile Number*:</b>	
<b>Work Number:</b>				
<b>E-mail address*:</b>				
Do you have any adverse data, for example CCJ's, voluntary arrangements etc?* <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please supply details*:				

#### Affordability Details

<b>Gross annual income*:</b> £	
<b>Any additional sources of income?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount of additional income per annum?*</b> £



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Please provide details of any additional sources of income\*:

How many credit cards do you hold?\*

Do you hold a UK current account?\*:  Yes  No  
If Yes please enter details below

## Bank Details

Sort Code*:			-			-		Name of bank*:	
Account Name*:								Account No*:	
Address*:									
Time with bank*:	(years)_____	(months)_____							Cheque guarantee card held*:
								<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Employer Details** Please ensure you contact your referees to advise them that we will be contacting them shortly.

Is your employment likely to change shortly*?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details of your FUTURE employer
Job Title*:	Start Date* (MM/YY)
Payroll number:	Employers company name*:
Contact name*:	Contact job title*:
Building No:	Address:
Address 2:	Postcode:
Daytime telephone No:	Mobile No:
Fax No:	E-mail address*:
Additional information:	

Please ensure you fill in all fields. Those fields marked with an \* are mandatory and therefore failure to do so may result in a delay in producing your report.

**Accountant Details** (please ensure you contact your referees to advise them that we will be contacting them shortly)  
You will be required to supply 6 months bank statements.

Only to be completed if you are self employed

Do you have an accountant?*	<input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please provide latest 6 months bank statements showing proof of income
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Accountants name*:	Contact Name*:
Building no:	Address:
Address:	Postcode:
Daytime phone number:	Mobile Number:
Fax number:	Email address:
Additional Information:	

Only to be completed if using pension income for rental payment

You will be required to provide 6 months pension statements

Do you have proof of pension?*: <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>NO</b> , please provide your latest annual statement of pension	
Pension providers name*:	Contact name:
Pension reference No*:	Building No:
Address:	Address 2:
Postcode:	Daytime telephone No:
Fax No:	E-mail address:
Additional Information:	

## Current Address

Postcode*:	House number*:
Flat number:	House name:
Street*:	District:
Town*:	County:
Is this a foreign address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Time at address From* (MM/YY)	To: (MM/YY)
Living status*: <input type="checkbox"/> Unfurnished tenant <input type="checkbox"/> Furnished tenant	<input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> Other

Please complete the most recent landlords details in box provided

**Please Note:** The time at address must be at least 3 years or more, if not please provide previous addresses below

## Previous Address

Postcode*:	House number*:
Flat number:	House name:



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<b>Street*:</b>		<b>District:</b>			
<b>Town*:</b>		<b>County:</b>			
<b>Is this a foreign address?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Time at address From*:</b> (MM/YY)			<b>To:</b> (MM/YY)		
<b>Living status*:</b>	<input type="checkbox"/> Unfurnished tenant	<input type="checkbox"/> Furnished tenant	<input type="checkbox"/> Own home	<input type="checkbox"/> Living with parents	<input type="checkbox"/> Other

## Guarantors Consent

Information provided to us by third parties may be used to make decisions about this application. Agencies may supply to us public information and/or fraud prevention information.

Information provided to us, may be supplied to other organisations and used by them and us to:

1. Verify your identity for this application as well as any application for other facilities within this tenancy including all types of insurance applications and claims.
2. Check all or any of the application details which have been submitted.
3. Assist organisations to make decisions on this tenancy application.
4. Make contact with the applicant to discuss their insurance requirements.
5. Provide information within the final report and any additional documents, including proof of identity that can be passed to the landlord in respect of this application.
6. Use details within this application for the management of the tenancy.

Proceeding with this application confirms that consent is given for the information to be used as stated above.

**Signed:**

**Date:**