



Documentation Required From 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: ____ / ____ / ____



Tenant Assessment Application Form

This form can be used by lettings agents or landlords who are vetting applicants prior to the letting of a property. Part A should be completed by the agent / landlord. The other sections should be completed by the tenant applicant or guarantor, according to the type of assessment required. Please complete this Application Form in **BLACK INK** using **BLOCK CAPITAL LETTERS**. Once fully completed please return to **Host Lettings Ltd**. All sections marked * must be completed.

Part A To be completed by the agent or landlord *Mandatory field for assessments.*

Agent Details

Name of agent:
Contact name:
Phone number:

Prospective Property Details

Post Code:	House name/flat number*:
Address*:	Address 2:
Town*:	County:

Rental Details

Total rent per month*: £	Tenancy term (months):	Start date (dd/mm/yyyy)*:
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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.



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Part B to be completed by Applicant mandatory for all assessments.

	First Name	Middle Name	Surname	Share of Rent £	To be paid by
Tenant 1*					Own Means
Tenant 2					Own Means
Tenant 3					Own Means
Tenant 4					Own Means
Tenant 5					Own Means
Tenant 6					Own Means

Names of Children living in the Property:

Date of birth:

1.	/ /
2.	/ /
3.	/ /
4.	/ /

Applicant Details

Title*: <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other		Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female			
First Name*:		Surname:			
Date of Birth*:		No. of Dependants*:			
Marital Status*:		Any Previous surnames*: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please supply:			
Employment Type*:	<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	
Do you have a National Insurance Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please complete*					

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.



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Employment Status*:	<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)			
Home phone Number:		Mobile Number*:		
Work Number:				
E-mail address*:				
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

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

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:	

How many credit cards do you hold?*	Do you hold a UK current account?* <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please enter details below
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Bank Details

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

Please note: Bank details are required as part of the overall authentication process.

Additional Information

Will any of the tenants have pets?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any of the tenants smoke?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be any children living at the property?*	<input type="checkbox"/> Yes <input type="checkbox"/> No

Next of Kin (this cannot be a fellow occupier of the property)

Name*:	Relationship*:
Address*:	Town*:
Postcode*:	Daytime Telephone No*:
Mobile No:	Email:

A tenancy cannot be completed without a valid next of kin

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)

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
Accountants name*:	Contact Name*:
Building no:	Address:
Address:	Postcode:



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Daytime phone number:	Mobile Number:
Fax number:	Email address:
Additional Information:	

Pension Providers Details (please ensure you contact your referees to advise them that we will be contacting them shortly)

Only to be completed if using pension income for rental payment

Do you have proof of pension*?:	<input type="checkbox"/> Yes <input type="checkbox"/> No If NO , 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:	

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.

Part C you need to supply addresses to cover your last 3 years residency

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



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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:			
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

Landlords Details (only required if previously in rented accommodation)

Landlord / Agent Name*:		Contact Name*:			
Postcode:		Building No:			
Building name:		Street*:			
District:		Town*:			
County:		Daytime phone No*:			
Mobile phone No:		Fax No:			
Email address*:					
Additional Information:					

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.



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Signed:

Date:

Confidentiality – any data given will only be used for the purposes for which you give consent in submitting an application to PropertyRisks including its Agents and suppliers and will be held in accordance with provisions of the Data Protection Act 1998.