

Tenant Assessment Form

- All sections should be completed by each applicant intending to reside in the property. In the event of more than one applicant, each person is to fill out a separate form.

Detail of property to be rented (if address unknown leave blank, Henwick Properties will complete):

House Number / Name			
Flat number / Name			
Street			
Town			
County		Postcode	

Tenancy Commencement Date: Initial Period: Months

Please start here and give the names of all the adult tenants intending to live in the property in the table below:

	First Name	Middle Name	Surname	Share of Rent
Tenant 1:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	£ <input style="width: 50px; height: 20px;" type="text"/>
Tenant 2:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	£ <input style="width: 50px; height: 20px;" type="text"/>
Tenant 3:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	£ <input style="width: 50px; height: 20px;" type="text"/>
Tenant 4:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	£ <input style="width: 50px; height: 20px;" type="text"/>

How do you propose to pay the rent? Own means Housing Benefit

Personal Details:

Mr/Mrs/Miss/Ms	<input style="width: 90%; height: 20px;" type="text"/>	Other (please specify)	<input style="width: 95%; height: 20px;" type="text"/>
Surname	<input style="width: 100%; height: 20px;" type="text"/>		
First Name	<input style="width: 100%; height: 20px;" type="text"/>	Middle Name	<input style="width: 100%; height: 20px;" type="text"/>
Date of Birth	<input style="width: 100%; height: 20px;" type="text"/>	Nationality	<input style="width: 100%; height: 20px;" type="text"/>
Sex	<input style="width: 100%; height: 20px;" type="text"/>		
Marital Status	<input style="width: 100%; height: 20px;" type="text"/>	Maiden Name	<input style="width: 100%; height: 20px;" type="text"/>
Daytime Telephone	<input style="width: 100%; height: 20px;" type="text"/>	Evening Telephone	<input style="width: 100%; height: 20px;" type="text"/>
Mobile Telephone	<input style="width: 100%; height: 20px;" type="text"/>		
Email address	<input style="width: 100%; height: 20px;" type="text"/>		

Do you have any pets? Yes No Are you a smoker? Yes No

Are you aware of any County Court Judgements/CD Bankruptcy orders, spent, current or pending?

Yes No (please tick) If yes give details:

Names of children living in the property and their dates of birth:

1.		
2.		
3.		
4.		

Current address:

House Number / Name		
Flat number / Name		
Street		
Town		
County	Postcode	

Status (tick one) Owner Rented Living with parents Council tenant

Other (please specify)

How long at this address? Years Months If rented property above how much rent do you pay? £ per month

Previous address:

House Number / Name		
Flat number / Name		
Street		
Town		
County	Postcode	

Status (tick one) Owner Rented Living with parents Council tenant

Other (please specify)

How long at this address? Years Months If rented property above how much rent did you pay? £ per month

Employment Details:

Employment status (check one)	Employed	Self-employed	Unemployed	Student	Payment in advance	Retired
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Job title/Profession	<input type="text"/>	National Insurance no.	<input type="text"/>
Annual income (gross)	£ <input type="text"/>	Employment start date	<input type="text"/>
Payroll/pension number	<input type="text"/>	Is your employment of a temporary, full, or contract nature?	<input type="text"/>

Additional Income (if applicable):

If you have any additional income please advise how much per annum £

Source of additional income

Are your job circumstances likely to change? Yes No (please circle)

If yes please give further details

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Employer Details:

Employer/Accountant/
Pension Provider

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Office / House Name

--

Street number / Name

--

Town

--

County

--

Postcode

--

Contact Name

--

Contact Job Title

--

Daytime contact tel:

--

Fax number

--

Email address:

--

Mobile telephone

--

Previous Employer Details (if current employment less than 6 months):

Employer/Accountant/
Pension Provider

--

Office / House Name

--

Street number / Name

--

Town

--

County

--

Postcode

--

Contact Name

--

Contact Job Title

--

Daytime contact tel:

--

Fax number

--

Email address:

--

Mobile telephone

--

Previous Landlord/Managing Agents Details (leave blank if it is your first time renting a property):

Address of property
rented

--

Landlord/Agent name

--

Address

--

Address

--

Town

--

County

--

Postcode

--

Contact Name

--

Contact Job Title

--

Daytime contact tel:

--

Fax number

--

Email address:

--

Mobile telephone

--

Next of Kin:

Name			
Address			
Town			
County		Postcode	
Daytime contact tel:		Mobile number	
Email address		Relationship	

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 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 if I apply for a tenancy 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 use Acrobat's 'Fill & Sign' tool to draw or upload your signature, then place it in the box below. ('Fill & Sign' can be found under the menu item 'All Tools')

Signature 1	Date:
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Signature 2	Date:
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