

PLEASE COMPLETE THIS APPLICATION IN FULL, WITH BLACK INK AND BLOCK CAPITALS

Address of property applied for _____ Post code: _____

Total Rent: £ per month Shared Property? Y / N Rent for this applicant: £ .

Tenancy Term applied for Years Months Tenancy Start Date .

Title	First Name	Initials	Surname	Previous/Maiden Name	Date of Birth

Single	Living Together	Married	Separated	Divorced	Widowed
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Current Address (1)

Post code _____ Period at Address Years Months

Contact Telephone Email .

Owner	Private Tenant	Council Tenant	Staying with Friends	Living with Parents
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Reason for moving out _____

Previous Addresses, if you have lived where you are now for less than three years

Address (2) _____ Post code _____

Period at Address Years Months

Address (3) _____ Post code _____

Period at Address Years Months

Please answer the following questions for the Landlord to consider your application

Are you a Smoker? Y / N . Are you a Pet Owner? Y / N . If Yes, please specify _____

Please detail names and ages of all children that will occupy the property (if none, please state none)

Please detail names of all adults that will occupy the property with you (if none, please state none)

Please provide a password you would like to use to enable us to discuss account information with you and your spouse/partner _____

Please circle if you have any of the following, and provide details on the extra information section

County Court Judgement	Court Decree	Bankruptcy	Administration Order
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MANAGING AGENT / LANDLORD for the property you currently occupy

If you are currently residing with friends or relatives, please detail the Landlord for your previous rented property

Name _____

Reference applies to Address / /

Landlord/Agent Address _____

Telephone No. Home Work Fax Rental Amount £ PCM Have you had any rent arrears in the past 12 months / **Employment**National Insurance Number Employed Contract Self Employed Retired Student Unemployed

Please provide current Employer/Pension Administrator/Accountant/Auditor or Solicitor details

Company Name _____ Contact _____

Address _____ Post code _____

Tel. _____ Fax _____ Email _____

Gross Salary / Pension / Drawings £ per annum Position Held _____Starting Date Is this position Permanent? / Payroll/Pension Number Will your employment change before the proposed Tenancy starts / If Yes, please provide details.**Previous Employment / Occupation**

If you have not been in your current position for at least 18 months, please list details of where you were previously working

Company Name _____ Contact _____

Address _____ Post code _____

Tel. _____ Fax _____ Start Date _____ End Date _____

Next of Kin (excluding spouse)

Name _____ Relationship to tenant _____

Address _____ Post code _____

Home Tel. _____ Mobile Tel. _____

Bank/Building Society Details (current account only)

Bank Name _____ Name on Account _____

Address _____ Post code _____

Tel. _____ Fax _____ Sort Code _____ Account No. _____

Declaration

Terms and Conditions of Castle Mile Referencing Services Assessment

1. I agree that all parties on this form can be contacted and that these parties can provide all information they are asked for and that this information may then be shared with the prospective Landlord and / or their Agent.
2. I authorise that Castle Mile Referencing Services may confirm that the bank / building society details given above are correct and that this account has Direct Debit / Standing Order facilities. Also that I am able to meet the monthly rental payments. Any fees charged for this service by my bankers should be debited to the above account.
3. I understand that checks will be made with the County Court registers and if any unsatisfied County Court Judgements or any adverse credit is registered against me, the reservation may be cancelled and I may lose my deposit.
4. All information is used only to make an assessment for property rental decisions, now or during my tenancy.
5. To the best of my knowledge and belief, the information I have given on this form is correct and complete. I understand that if any unsatisfactory references are obtained or that if I give false or misleading information that this may affect my assessment, which could affect the reservation and I may then lose my deposit.
6. I agree that Castle Mile Referencing Services may search the files of a credit reference agency which will keep a record of that search. Details of how I conduct the account may also be disclosed to the agency.
7. I understand that in the event of any default by me in respect of my covenants in my tenancy agreement, the information contained herein may be disclosed to Cox & Company and/or tracing companies and/or debt collection agencies in order to recover any monies due or to trace my whereabouts.
8. The information provided by in this form by me is information as described in Ground 17 of the Housing Act 1996 and I understand that if any information within this application is found to be untrue, it is grounds for termination of the tenancy. I also understand that any default in the payment of rent may affect any future applications for tenancies, insurance or credit.

Applicant Signature for Declaration.....Name.....

Terms and Conditions of Cox and Company Application

1. One application form is required for each household member over the age of 18
2. Each application must be submitted with one photographic proof of ID (driving licence/passport) and one month's bank statement showing salary being paid in
3. A guarantor may be requested in certain circumstances and if one is required there will be an additional charge of £30 for the guarantor's references
4. The agency fee of £200.00 is payable for a single applicant or couple to reserve the property whilst credit references are sought. For multiple applicants £100.00 is payable per person.
5. Cox and Company only accept payment in cleared funds i.e. Cash, Debit Cards or Bankers Draft, payments made by Credit Card will incur a 2% additional charge.
6. A deposit equivalent to one months rent plus £150.00 (subject to revision where the landlord accepts a pet or unusual circumstances) along with the first months rent is payable prior to the commencement of the tenancy
7. In order to hold a property (subject to contract and references) you will be required to pay the administration fee in cleared funds and each applicant must complete an application form with the necessary identification required, BEFORE we can stop showing other potential tenants around the property.
8. A provisional date for commencement of the tenancy will be booked when the admin fee is received. This date is subject to a positive response from the referencing company and landlord approval and may be altered at the company's discretion.
9. Should you withdraw from this application the agency fee is non-refundable
10. Should you be unsuccessful with this application the agency fee is non-refundable
11. You will be required to sign for a minimum period of 6 months subject to the landlord's approval.
12. The rent must be paid by standing order on or prior to the rent day each month. The rent day will be the same date as the tenancy start date and cannot be changed
13. All parties over the age of 18 must sign the tenancy agreement in person at the start of the tenancy
14. Contents insurance – We recommend that all tenants provide a copy of their contents insurance which covers accidental damage to landlords fixtures and fittings. Should a copy not be provided on the day you collect your keys we would suggest you sign up to LET INSURANCE contents insurance which for basic cover up to £5000 a premium of £53.00 will be payable (this may vary subject to postcode and circumstances)

I the undersigned confirm that I have read the Tenants Requirements to rent a property. I understand and agree with the procedures as detailed above. I understand that the administration fee paid, applies only to the property named in this application which I have viewed and am happy with the condition of. The requirements stated above do not commit the landlord or Cox and Company to a Tenancy Agreement.

Applicant Signature _____ Date _____ Page 3

Extra Information, please complete as necessary and sign the bottom of the page, (if not applicable, please state not applicable and sign the bottom of the page):

Office Use: Application checked and all details requested have been submitted.

Staff Signature..... Photo ID Ref_____

Bank Statement Date_____