

# Tenant Assessment Application Form



Part A should be completed by the branch. The other sections should be completed by the applicant, 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 your local branch.

## Part A To be completed by the branch *(mandatory field for assessments)*

Branch Name	<input type="text"/>	TLC Username/ Cost Centre	<input type="text"/>
Contact Name	<input type="text"/>		
Contact Telephone Number	<input type="text"/>		

**Complete Parts:** *please tick to highlight which parts you are completing*

Tenant Comprehensive	A B C D E	<input type="radio"/>
Tenant Standard	A B C E	<input type="radio"/>

## Property Details

House Number / Name	<input type="text"/>		
Flat Number / Name	<input type="text"/>		
Street	<input type="text"/>		
Town	<input type="text"/>		
District	<input type="text"/>		
County	<input type="text"/>	Postcode	<input type="text"/>
Total Rent	£ <input type="text"/>	Per week / month <i>(delete as appropriate)</i> <input type="text"/>	
Proposed Tenancy Commencement Date	<input type="text"/>	Period	<input type="text"/>
Does the landlord have resident landlord status? Yes <input type="radio"/> No <input type="radio"/>			

### Confidentiality Note

Once fully complete, please transfer to [www.tenant-letting-check.com](http://www.tenant-letting-check.com). The information contained within this application is being transmitted to and is intended only for TLC. If the reader of this message is not the intended recipient, you are hereby advised any dissemination, distribution or copy of this is strictly prohibited. If you receive this application in error, please immediately notify us by calling **0870 034 8586**.

**Part B To be completed by the applicant** (mandatory for all assessments) If more than one applicant applying, separate application forms must be completed as appropriate for each.

**Please give the names of all adult tenants moving into the property**

	First Name	Middle Name	Surname	Share of Rent
Tenant 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

**Part C To be completed by the applicant** (\* denotes mandatory fields)

Please complete **ALL** boxes. If more than one applicant, parts C to E inclusive must be completed as appropriate for each tenant.

**Personal Details**

Mr/Mrs/Miss/Ms*	<input type="text"/>	Other (please specify)	<input type="text"/>
Surname *	<input type="text"/>		
First Name *	<input type="text"/>	Middle Name	<input type="text"/>
Date of Birth *	<input type="text"/>	Nationality*	<input type="text"/>
Sex	Male / Female (please circle)		
Marital Status	<input type="text"/>	Maiden/Other Name	<input type="text"/>
Daytime Telephone Number	<input type="text"/>	Evening Tel Number	<input type="text"/>
Mobile Telephone Number	<input type="text"/>	Bank Acc. No* (8 digits)	<input type="text"/>
		Bank Sortcode* (00-00-00)	<input type="text"/>
Email Address *	<input type="text"/>		

How do you propose to pay the rent?\*

Own means ☐ Housing benefit ☐

Are you aware of any current or pending adverse records such as CCJ/Bankruptcy Orders/IVAs etc?\* (please tick)

Yes ☐ No ☐ Unknown ☐

If yes, give details:

Do any of the proposed tenants keep pets? (please tick)

Yes ☐ No ☐ Unknown ☐

Do any of the proposed tenants smoke? (please tick)

Yes ☐ No ☐ Unknown ☐

	Names of children or permitted occupiers (not co-tenants):	Age	Date of Birth (dd/mm/yy)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**Current Address** Please enter the address you are currently living at regardless of the time you have been there.

House Number / Name*				
Flat Number / Name*				
Street*				
Town*				
District*				
County*		Postcode*		
Status (circle one)*	Owner	Rented	Living with Parents	Council tenant
Other (please specify)				
How long have you lived at your current address?*	Years		Months	

**Previous Address** Enter only if you have lived at your current address for less than 3 years.

House Number / Name*				
Flat Number / Name*				
Street*				
Town*				
District				
County		Postcode*		
Status (circle one)*	Owner	Rented	Living with Parents	Council tenant
Other (please specify)				
How long did you live at your previous address?*	Years		Months	

**Additional Address** Enter only if you have lived at your current and previous addresses for less than 3 years.

House Number / Name*				
Flat Number / Name*				
Street*				
Town*				
District				
County		Postcode*		
Status (circle one)*	Owner	Rented	Living with Parents	Council tenant
Other (please specify)				
How long did you live at your additional address?*	Years		Months	

## Part D To be completed by the applicant for Comprehensive Assessments

(\* denotes mandatory fields)

### Landlord Details

Complete this section if you indicated that you are or have lived in rented accommodation. Please complete **ALL** boxes, including individual contact details (telephone and fax number) for landlord and/or current managing agent.

Landlord's name\* (This information can be found in your tenancy agreement)

House Name\*

Street Number / Name\*

Town\*

District\*

County

Postcode\*

Daytime Telephone\*  
(including STD code)

Evening  
Telephone

Mobile Number

Fax No.\*

Email Address\*

If your references need to be given by a letting/managing agent or local authority, please also complete below.

Managing Agent Name\*  
(if applicable)

Contact Name\*

Office / House Name\*

Street Number / Name\*

Town\*

District

County

Postcode\*

Daytime Telephone\*  
(including STD code)

Fax No.\*

Email Address\*

### Financial Details

#### Employment Status

(please tick)

Self-Employed

☐

Employed

☐

Unemployed

☐

Student

☐

Retired

☐

Payment in  
Advance

☐

If you have indicated unemployed or student proceed to Part E. If you are unable to provide any employment details a guarantor may be required. To avoid delay please arrange for the proposed guarantor to complete an appropriate form.

Is your job likely to change within the next 3 months?\* Yes ☐ No ☐

If your job is due to change in the next 3 months, please give TLC details of your new position and not your current one as references will need to be obtained from your new employer.

Type of business

Job Title

Employment Type

Annual Income\* (gross)

£

Employment  
Start Date\*

Average annual commission

£

Average annual  
overtime or bonus

£

Payroll/pension number

Is your employment? Temporary ☐ Permanent ☐

NI number

(please tick)

Contract

### Additional Income (if applicable):

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

Source of additional income

### Employer Details

If you are employed, self-employed or retired, give details of either your employer, accountant or pension provider below and authorise them to reply to the enquiries which will be made to verify this information. Please complete **ALL** boxes, including contact details for referee. (Alternatively you may provide proof of pension / self assessment forms with this application).

Employer / Accountant /  
Pension Provider Name\*

Office / House Name\*

Street Number / Name\*

Town\*

County

Postcode\*

Contact Name\*

Position\*

Daytime Telephone\*

Extension

(including STD code.

Please note: - We are unable to accept mobile contact numbers for referees)

Fax Number\*

Email Address\*

(Please note: -

We are unable to accept personal emails for referees.)

**Next of Kin (NOT CO-TENANT)** This address will also be used as a forwarding address on the tenancy agreement unless indicated to the contrary and an alternative address is provided to your letting agent.

Name\*

Relationship\*

House Name / Number\*

Street Name\*

Town\*

County\*

Postcode\*

Daytime Telephone\*

(including STD code)

Email Address\*

Mobile No.\*

## Part E To be completed by the applicant (\* denotes mandatory fields)

### Applicant's 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 resulting verified information will be forwarded to the letting agency and / or to the landlord.

I consent to Tenant Letting Check searching information held by credit reference agencies and agree that Tenant Letting Check and the credit referencing bureau will keep a record of that search and the results from that search. I consent to Tenant Letting Check disclosing details to its carefully selected referencing partners for the purpose of assisting with the referencing and for those referencing partners to keep a record of the referencing search result. Our present referencing partners are HomeLet, Keysafe and Letrisks but may include others from time to time. The results of that search may show how I conduct my payments including rental payments and this may also be disclosed to the agency and may affect future credit applications from me and/or from members of my household and from time to time such information may be used for debt tracing and fraud prevention.

The law requires that we also verify the identity of all applicants under the Proceeds of Crime Act 2002 and Money Laundering Regulations 2007. Your co-operation and assistance with this is appreciated. We will seek to verify your identity and proof of residency via electronic verification using the CallML online identity check system (part of Call Credit). However, you may still be required to provide proof of photo ID and proof of residency to your letting agency and / or landlord.

The footprint left by carrying out a CallML search is "Prevention of Money Laundering". This will be visible on your credit file along with a footprint of the credit search. These footprints will have no effect on your credit score or credit-worthiness.

I hereby expressly consent to my personal details, including all recorded details in this application form, and any forwarding address(es) at the determination of any tenancy, being passed to the landlord and / or to the utility companies and / or to the local authority.

Home Telecom is the preferred supplier of the telephone line and broadband to the property and they will be contacting you directly to ascertain your requirements. If you do not want to be contacted by Home Telecom please call the sales team on **01403 216131** and quote your email address and / or mobile number.

Otherwise all information will be treated as confidential.

You should signify your consent to the text above by ticking the box next to it.

- ☐ I agree that information supplied by me will be held in accordance with the Company's notification under the Data Protection Act 1998. That you may record sensitive data as defined in the Data Protection Act 1998 and I understand that I have the right to ask for a copy of the information held about 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 on me be amended if it is found to be incorrect. I also consent to passing the results of any such search or assessment to my prospective landlord(s) for the purpose of assessing this application.

Please sign and date the form.

Signature\*

Date\*

Print Name\*

Tenant Letting Check (TLC) 2nd Floor, 63 High Street, Grantham, Lincolnshire NG31 6NN Tel 0870 034 8586 Fax 01476 563 606 Web Tenant-Letting-Check.com  
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**tlc.**