

STUDENT/ UNEMPLOYED APPLICATION

AGENT NAME:	Trinity Property Ltd T/A Trinity		GENT	CODE:	100002			
SECTION 1 - TO B	E COMPLETED	BY THE LET	TING	AGENT				
Product required	References:			Express	□ UI	timate		
				PPRG	□ P	TRG		
	Is Global Referen	ce Required?		Express Global	□ U	Itimate Global		
	Do you require Ev	vict?		Yes	□ No)		
	(For RG complete	below)						
	R/G Period:			6 months	□ 12	months		
	R/G Type:			Per Tenant	□ Pe	r Property		
Rental property address	Address line 1:							
addi 033	Address line 2:							
	Address line 3:							
	Postcode:							
	Tenancy term:			months				
Tenancy details	Monthly Rental:		£	£ Rent share for applicant £				
	No. of tenants being referenced							
	Proposed tenancy start date: (Can be altered later if necessary)							
	Is the Property		Let	Let Only ☐ Fully Managed ☐				
SECTION 2 - TENA	ANT DETAILS -	TO BE COM	PLETE	ED BY TENANT				
	Title:							
	Forename(s):							
	Surname:							
	Date of Birth:							
Personal details	Monthly Share of Rent		£.					
	Marital Status:	Married / [Divorce	d / Not Married	t			
	Contact details:		ber	per				
			ber					
If you have been known by another name by give it here		E-mail addre	ess					



NOTE : You must provide three years address history

	Address line 1:							
Present address	Address line 2:							
	Address line 3:							
	Postcode:							
	Time at this address:		Yrs	mths				
	Address Status (circle):	Owner	Rented Accommoda	tion				
		Living wi	th Parents/Friends O	ther:				
Previous address 1:								
	City / Town							
	Postcode		Time at this address:	yrs mths				
Previous								
address 2:								
				Yrs				
	Postcode		Time at this address:	mths				
SECTION 3 – TE	NANTS CURRENT	LANDLORD / I	LETTING AGENT					
	Name of Landlord	/ Letting Agent						
	Phone Number:							
<u>Please Note :</u> Failure to provide	Fax							
randre to provide adequate contact details could								
delay your	Address line 1:							
application	Address line 2:							
	City:	City: Postcode:						
Tanant Cradit In	formation (if applic	achia)						
	-	-						
ADVERSE CREDI' IT IS IMPERATIVE THAT YOU DECLAR	Do you have any current/historic or pending adverse credit? Yes / No							
ANY ADVERSE CREDIT, WHETHER	IT	If Yes, give details						
IS SATISFIED OR UNSATISFIED.	Do you have any	Do you have any CCJs or Court Decrees? Yes						
FAILURE COULD HAVE A	-	If Yes, give details						
DETRIMENTAL AFFECT ON YOUR	Have you ever be	een declared ban	krupt or any IVA's,etc?	Yes / No				
APPLICATION	If Yes, give details	s						



SECTION 4 - TENANTS INCOME DETAILS

Current Income S	Status F	Please circle one	: Un	employed Student	
Is the tenant(s) cur	rent position to change	in the near futur	re?	Yes	s / No
If Yes, please provi	de details				
Do you have any of	ther source of income			Ye	es / No
If Yes, please state	Annual Amount - £		Details.		
Additional Income	e (proof will be requir	ed)			
	Tax Credits	£		Disability Benefit	£
Do you have	Child Maintenance	£		Housing Benefit	£
Do you have any other source of	Carers Allowance	£		Fosterers Allowance	£
income? Additional	Child Benefit	£		Employment Support Allowance	£
Income (proof will be required)	Guardian Allowance	£			
, ,	Additional Income 1	£		Additional Income 1	£
	Description			Description	
	Title:				
	Forename(s):				
	Middle Name(s):				
	Surname:				
Personal details	Date of Birth:				
ordenar dotano	Monthly Rental to I	be guaranteed:	£		
	Contact Number:				
	Email:				
	Mobile Number:				
	If you have ever be another name plea				
Present address	Address line 1:				
(please provide	Address line 2:				
THREE years address history)	Address line 3:				
	Postcode:				



	Time at this address:	Yrs	.mths						
	Address Status (circle):	Owner Rented Accommodat	ion						
		Living with Parents/Friends Otl	ner:						
Previous address	House No. /Street								
1:	City / Town								
	Postcode	Time at this address:	yrsmths						
Previous address	House No. /Street								
2:	City / Town								
	Postcode	Time at this address:	Yrsmths						
Guarantor Credit Please note : Failure ADVERSE CREDIT	e to disclose adverse	credit could affect your application or current/historic or pending adverse cred	it? Yes / No						
IT IS IMPERATIVE THA	If Yes, give deta	ls							
ADVERSE CREDIT, WHETHER IT IS	Do you have any	Do you have any CCJs or Court Decrees? Yes / No							
SATISFIED OR UNSATISFIED. FAILUF	If Yes, give details								
COULD HAVE A DETRIMENTAL AFFEC									
ON YOUR APPLICATION	DN. If Yes, give details								
SECTION 7 – GUA	RANTOR'S EMPLO	MENT DETAILS							
Current		Employed Self Employed Retir	red						
Employment Status	Please circle one:		dependent Means						
NOTE: If Solf Emplo	wad A Director of you	r own Company, Retired or Independe	nt Magne, go to Soction E						
NOTE. II Sell-Ellipic	Name of company:	own company, itemed of independe	_						
Please Note :	Position								
Failure to provide adequate contact details could delay your application	Gross Salary	Overtime	London Weighting						
	Car allowance	Bonus	Shift allowance						
	Payroll No	Start Date/	Full Time / Part Time (circle)						
	Address line 1:								
	Address line 2:								
	Address line 3:								
	Postcode:								
	Contact name:								
	Email:								
	Contact Number:								



	Fax number:							
Is your current position If yes, please complete	n going to change in the n e below:	near fut	ure		Υє	es / No		
Future Employment Status	Please circle one:	Emplo	yed Une	mployed Temp Wo		nployed tudent	Retire Independ	d dent Means
	Name of company:							
	Position							
	Gross Salary		Overtime .			London	n Weighti	ng
	Car allowance		Bonus			Shift all	lowance	
	Payroll No		Start Date	/	/	Payroll	No	
	Address line 1:							
	Address line 2:							
	Address line 3:							
	Postcode: Position which you will hold:							
	Contact name:							
	Email:							
	Contact Number:				Fax			
SECTION 8 – GUAI	RANTORS ACCOUNT	ANT /	PENSION	I PROVID	ER			
Self-Employment / Re	tirement / Independent Me	eans S	tart Date					./
Annual Income - £			Will	accountant	t be verif	ying incor	me?	Yes / No
Have finalized accoun				0 1/ 4		/ many? .		
been prepared? (circle)	Yes – by account	tant	Yes	– Self Asse	essment		No	
Accountant / Pension Company	Name of Accountant:							
details	Name of Pension Company:							
	Pension No			Per	nsion am	ount £		
	Address line 1:							
	Address line 2:							
	Address line 3:							
	Postcode:							
	Contact name:							
	Email:							
	Contact number:				Fax nun	nber:		



SECTION 9 – DECLARATION

I hereby certify that the information provided is true and accurate and give permission for this information to be verified by third parties and disclosed as detailed above for the purpose of:

- Performing a credit search by a third party agency
- Contacting my current, previous employers and referees to confirm the details provided
- Fraud prevention, credit assessment and insurance decisions

I understand that the results of these searches will be provided to the Letting Agent and accessed again in the event of a default in my rental payments.

I understand that I can request the details of any credit reference agencies used so that I can verify with them the information provided.

I understand that if I default on my tenancy obligations, this information may be released to authorised debt recovery agencies and could affect any future applications I make for tenancies, credit and insurance.

I understand that providing false information may lead to early termination of any subsequent tenancy agreement. I am happy for Let Alliance to contact me in respect to this application if required. I have read and agree to be bound by the above terms.

Please tick here is specialist Contents Instandlords fixtures and	if you would like one of our Let Allia surance and/or Liability Insurance, th fittings are protected.	you in respect of this reference if required. nce Insurance Team to contact you to provide a nerefore providing you with peace of mind that	your valuables and the
	if you would like our preferred parti igned specifically for tenants.	ner 'TenTel' to contact you in order to offer you	a broadband and/or
Applicant signature:		Print Name:	Date:
Guarantor signature:		. Print Name:	Date:

PLEASE RETURN THIS APPLICATION FORM TO YOUR LETTING AGENT SHOULD YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION PLEASE DO NOT HESITATE TO CONTACT US ON 01244 421 261 OR EMAIL US AT TENANT@LETALLIANCE.CO.UK