

admin@glasgowpropertyletting.com

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Tenancy application form

Every adult who intends to occupy the property should complete a separate application form Please complete in BLOCK CAPITALS

Tiease complete in block ca	MITALS			
Personal details				
Name				
Date of birth				
Telephone (home)				
Telephone (work)				
Mobile				
Email				
Should I be successful in my a	pplication	to rent the above accommo	odation I agree to the en	nail
address above being used as	my preferr	ed method of communicati	on during the lease. I als	ю.
agree to notify the landlord o	f any chan	ges to my email address du	ring the application proc	ess
and during the lease.				
Yes No				
Are you a smoker?		Yes / n	0	
Passport number				
National Insurance number				
Address history				
Current address				
Status at current address		Owner / tenant / other ()	
If tenant, provide landlor	·d			
name, address, phone number	er			
and email address				
Length of time at this address	;			
Previous address				
(if at current address				
less than 6 months)				
Status at previous address		Owner / tenant / other ()	,
If tenant, provide landlor	·d			,
name, address, phone numbe	er			
and email address				
Length of time at this address	;			
Property application details				_
Address of property applied f	or			
· · · · · · · · · · · · · · · · · · ·				
Monthly rent				

Proposed entry date							
Number of adults to occupy property							
Who is to be named as	Who is to be named as lead tenant for						
the deposit scheme?							
Names and ages of any	children						
to occupy property							
•		•					
Any pets or assistance animals to			Yes / no				
occupy property?							
If yes, state type & age of pet or							
assistance animal							
Employment details							
Job title	nt details, if retired giv	e pension administrator details, if	a student give university/course details)				
	+						
Company address							
Company address							
Name of referee							
Name of referee	+						
Telephone number							
Email	+						
Position held							
Annual income							
Length of service							
Contract type		/ part time / contract (cor	ntract length)				
Non employment income							
Give details of any other	r income e.g. sta	te benefits: -					
N							
Next of kin/emergency	contact						
Name							
Relationship							
Address							
Telephone number							
Email							
Declaration							
I confirm that the information provided above is true and accurate and I authorise the landlord to							
share the information with other agencies, organisations and individuals for the purpose of							
carrying out credit and reference checks and seeking additional information. The landlord will							
handle all information provided sensitively and in accordance with data protection legislation. The							
landlord will inform the applicant as soon as possible about the outcome of the application. I							
	- 4 !	understand that completing this application form does not commit the landlord or applicant to a					
understand that compl	eting this applica						
understand that compl tenancy.	eting this applica						
understand that compl	eting this applica		Date				
understand that compl tenancy.	eting this applica		Date				
understand that compl tenancy.	eting this applica		Date				