



**LETsure**

TENANT ASSESSMENT

**COMPREHENSIVE SEARCH  
TENANT QUESTIONNAIRE**

THIS FORM MUST BE FULLY COMPLETED IN BLOCK CAPITALS IN INK BY EACH APPLICANT AGED 18 YEARS AND OVER - FAILURE TO COMPLY WITH THE ABOVE MAY CAUSE DELAY.

In view of the confidential nature of the information supplied and required, we regret to inform you that no explanation will be given if we are unable to accept you as a tenant. This assessment will be bound by Grounds 17 of The Housing Act.

(PROPERTY ADDRESS)

Total Rent £  per month for the property      Total Rent £  per month for the applicant      Rental period  mths      Number of bedrooms

**Applicants will be jointly and severally liable for the Total Rent per month for the property.**

Proposed Tenancy Commencement Date

Are you to pay the rent through your own means or housing benefit?  Own means  Benefit  Is this a Joint Tenancy Application? YES  NO

State full names (including all first names) of this applicant and all other occupiers of the property - state ages

	First Names	Surname (Signatory of this form should be in box 1)	Age
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Maiden surname  Marital Status

Children: Name/s 1.  Age  2.  Age

Are you currently: Owner  Council Tenant  Private Tenant  With Parents  Other  (please give details)

Current address

Tel.  Eve.  Period at Address  mths

Please provide previous addresses and dates of residency for the last 3 years. (Please attach a separate sheet if required)

Previous Address

Existing/Previous Letting Agent/Landlord if applicable. (Please give authority to your Agent to pass an opinion on you)

Name

Address

Daytime Tel No:  Home No:

Fax No:  Previous Rent Paid £

Do any of the named applicants or proposed Tenants for this property have any pets? YES  NO  Smokers? YES  NO

Are you a vehicle owner? YES  NO  Vehicle Reg No(s) 1  2

**YOUR EMPLOYMENT DURING THIS TENANCY** (Please notify your employer/accountant contact that enquiries will be made to verify this information)

Company Name/Accountant Name

Address

Daytime Tel No:  Fax No:

Position held & Salary  p.a. Employment Commencement Date

Contact Name  Position

N.I. No.  Payroll No.

Are you aware of any matters that may cause your employment to change in the near future YES  NO   
 (If yes please give full details on a separate sheet)

Do you have any additional source of income? (If 'yes' give details) YES  NO  If self employed 3 years accounts please

**PAST EMPLOYMENT DETAILS** – If you have been in current employment for less than 2 years, please provide details of Previous employment including commencement and leaving dates. (Please attach a separate sheet if required)

Position held & Salary  p.a. Commencement Date  Leaving Date

Contact Name  and their Position

Company

**BANK/BUILDING SOCIETY DETAILS (CURRENT ACCOUNT ONLY)**

Bank Name

Address

Account Name

A/c No  Sort Code  Tel No

**NEXT OF KIN – Name**

Address

Daytime Tel No:  Evening Tel No:

**PERSONAL REFERENCE (This must not be someone already mentioned in this form)**

Name

Address

Daytime Tel No:  Evening Tel No:

How long known \_\_\_\_\_ years \_\_\_\_\_ months. Relationship

You make such enquiries as you consider necessary in connection with this application. I authorize you or you authorized assessment company to disclose any information About me and my account to any credit reference agency who may retain a record of any such search. Information thus registered is used only to help make credit, insurance, property and rental decisions or occasionally for fraud or tracing detors. As part of an ongoing commitment to quality and service, other products may be made to you in the future. If you do not wish to receive these products or services please signify here.

Are you aware of any previous CCJ/CD or bankruptcy? (If yes please give full details on a separate sheet) YES  NO

I confirm that the specified information is to the best of my knowledge and belief, true. I give my permission to take up all necessary references and that these references May be shown to a landlord and/or their lender.

Applicants Signature  Date

<b>FOR LETTING AGENT USE ONLY – This form should be faxed to LETsure Tenant Assessment 0345-697544</b>			
Agency No.	Agency Name	Contact	
Response Required by: Post	or Fax	Fax No.	Tel No.
2 Forms of identification: Identification No 1.		Identification No 2.	
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