

Have you any current, historic or pending adverse credit?		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Please complete below
How many CCJs/Court Decrees?:		Monetary Value total: £		
Other, please describe the type and value:				
Employed, Contract or Temporary please tell us your current employer:				
Please tell us your status:		Employed <input type="checkbox"/>	Self-employed <input type="checkbox"/>	Retired <input type="checkbox"/>
Contract Worker <input type="checkbox"/>	Temporary Worker <input type="checkbox"/>	Independent means <input type="checkbox"/>		
Name:				
Your Position:				
Gross Annual Salary:			Full Time/Part Time* Please delete as appropriate	
NI Number/Payroll or Pension Service Number:			Start Date:	
Address:	Postcode:			
Address Line 1:				
Address Line 2:				
Address Line 3:				
Contact details:		Contact Name:		
Contact Position:		Email:		
Tel:		Fax:		
Is your position going to change in the near future? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details of your future employer.				
If you have less than six months employment please complete below				
Previous Employer:				
Name:				
Your Position:				
Gross Annual Salary:			Start Date:	
Payroll/Service Number:			End Date:	
Address:	Postcode:			
Address Line 1:				
Address Line 2:				
Address Line 3:				
Contact details:		Contact Name:		
Contact Position:		Email:		
Tel:		Fax:		
If you still have less than six months employment please continue on a separate sheet and attach to this form				
Future employer:				
Name:				
Your Position:				
Gross Annual Salary:			Start Date:	
Payroll/Service Number:			End Date:	
Address:	Postcode:			
Address Line 1:				
Address Line 2:				
Address Line 3:				
Contact details:		Contact Name:		
Contact Position:		Email:		
Tel:		Fax:		
Other Income Information:				
(If you have any Working Tax Credit or Housing Benefit please send us your current statement)				

Self Employed - Please provide the last 3 years SA302 or Accountants Details

Retired - Please provide the last Pension Statement or Pension Provider Details

Accountant/Pension Provider Name:

Address: Postcode: Contact Name:

Address Line 1:

Address Line 2:

Address Line 3:

Email:

Tel: Fax:

Other information: Do you have any pets, if yes please specify?

Nationality: Are you a smoker?

How many people will move into the property with you?

Age of any dependants:

Next of Kin: Name: Tel:

Relationship to you:

Once this application form has been fully completed and signed please return to your letting agent.

Declaration:

I hereby confirm that the information provided by me is to the best of my knowledge true. I consent to this information being verified by contacting the third parties detailed in this form. I understand that the results of the findings will be forwarded to the appointed letting agent and/or landlord and may be accessed again should I default on my rental payment or apply for a new tenancy in the future. I agree that CCV Letting Agent Solutions or their approved agent may search the files of a credit referencing agency and IDS Limited, the insurance industry's data collection agency, which will keep a record of that search. I understand that I may request the name and address of the credit reference agency to whom I may then apply for a copy of the information provided.

I also understand that in the event of my defaulting on the rental payment, that any default may be recorded with the credit reference agency and IDS Limited, who may supply the information to other credit companies or insurers in the quest for the responsible granting of tenancies, insurance and/or credit.

I understand that in the event of any default by me in respect of my covenants in my tenancy agreement with my landlord, the information contained herein may be disclosed to CCV Lettings Agent Solutions and/or one or more tracing companies and/or debt collection agencies in order to recover any monies due or to trace my whereabouts.

The information provided 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.

The details you provide will be held by CCV Letting Agent Solutions and the letting agent and may be used to keep you up to date on our products and services and those of the CCV Group and other organisations we believe will be of interest to you. If you prefer not to receive this information, please tick this box:

I have read the above and agree to be bound by these terms:

Applicant's Signature: **Date:**

Print Name: