

SOUTHERN PRIVATE LANDLORDS ASSOCIATION

IN CONFIDENCE

The information on this form is for the sole use of the landlord only for the purpose of letting. No information contained therein will be divulged to any third party, unless the Tenant defaults

APPLICATION FOR ACCOMMODATION

PLEASE COMPLETE USING BLOCK CAPITALS THROUGHOUT

1. Personal Details

Full Name (Mr/Mrs/Miss/Ms)		
Date of Birth:	Age:	Place of Birth:
National Insurance Number:	Email Address:	Telephone Number:
Have you ever been known by any other name? If yes, please provide details and dates below		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you any dependents? If yes, please provide details below		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Addresses

Please Supply all your address(es) during the last three years; continue on a separate sheet if necessary. Start with the most recent address, the full postcode for each address must be provided.

Lived there From/To	Address in Full including Postcode	Landlord Name, Tel. No. & Email

3. Contacts

Next of Kin (or Person to be contacted in the event of an emergency)	Relationship:
<input type="text"/>	<input type="text"/>
Address	Tel:
<input type="text"/>	Email:
<input type="text"/>	<input type="text"/>

4. Employment

Name and address of your current employer:		
<input type="text"/>		Email:
<input type="text"/>		<input type="text"/>
Name and telephone number of your work supervisor:		Your job title or description:
<input type="text"/>		<input type="text"/>
Dates of Employment:	From:	To:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Present Salary: £	Per week/month/year:	
<input type="text"/>	<input type="text"/>	

Name and address of your previous employer:		
<input type="text"/>		Email:
<input type="text"/>		<input type="text"/>
Name and telephone number of your work supervisor:		Your job title or description:
<input type="text"/>		<input type="text"/>
Dates of Employment:	From:	To:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Bank (or Building Society):	Sort Code:
<input type="text"/>	<input type="text"/>
Address of Branch:	Account Number:
<input type="text"/>	<input type="text"/>

5. Housing Benefit

Are you claiming Housing Benefit? Yes No

If yes, please provide:

Date of last claim: **Local Authority:**

If no, but you do intend to, what forms of identification verification do you intend to produce?

6. Car Details

Car Make: **Car Registration Number:**

Pets: **Type:**

Yes No

7. Declaration

- 7.1 I hereby apply for accommodation and give permission for any enquiries to be made based on the information have provided to establish my status.
- 7.2 I also certify that I do not
- have any County Court Judgements against me
 - owe money to any Housing Benefit Department or any Local Authority
 - owe money or dilapidation monies to any previous Landlord
 - have substance or alcohol abuse problems.

Signed: **Date:**

IF YOU KNOWINGLY SUPPLY FALSE INFORMATION IT MAY BE USED BY THE LANDLORD TO SEEK POSSESSION OF THE PROPERTY UNDER GROUND 17 OF SECTION 8 OF THE HOUSING ACT 1996

