

# Full Reference Application Form

Please return this form to Cornish Castle Property Management Ltd. Asterisks (\*) indicate a field is mandatory.

## Agency Details

Letting Agent Name \*

Cornish Castle Property Management Ltd

Letting Agent ID \*

1298

## Property Details

Abode \*

Building/House Number \*

Building/House Name \*

Address Line 1 \*

Address Line 2 \*

Town \*

County \*

Postcode \*

Total Monthly Rent \*

## Tenancy Details

Start Date of Tenancy (dd/mm/yyyy) \*

Length of Tenancy (months) \*

Share of Rent \*

## Applicant's Contact Details

Title \*

First Name \*

Middle Name \*

Last Name \*

Previous Full Name (if your name has changed in the last 12 months)

Date of Birth (dd/mm/yyyy) \*

Telephone Number \*

Mobile Number \*

Email Address \*

## Applicant's Details

Marital Status \*

Do you Smoke? \*

Do you have Pets? \*

Any recent Arrears or Adverse Credit? \*

If you have had any recent arrears or adverse credit within the last 10 years, please provide details on the 'Additional Information' page.

## Applicant's Current Address Details

Abode \*

Building/House Number \*

Building/House Name \*

Address Line 1 \*

Address Line 2 \*

Town \*

County \*

Postcode \*

## Previous / Current Tenancy Details

What is your current residency position? If tenant, please complete the information below.

Tenant

Owner

Live with Parents

Family / Friends

Abode \*

Building/House Number \*

Building/House Name \*

Address Line 1 \*

Address Line 2 \*

Town \*

County \*

Postcode \*

Name of Landlord / Letting Agent \*

Contact Email Address \*

Contact Telephone Number \*

Title \*

Contact First Name \*

Contact Last Name \*

## Source of Income

Employed (PAYE)	Self-Employed	Investments / Savings	Benefits	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Source / Company Name			Annual Amount	
<input type="text"/>			<input type="text"/>	
Title	Contact First Name	Contact Last Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Primary Contact Number	Secondary Contact Number		Contact Email	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Comments / Further Information (if you have further income sources, please specify these on the next sheet)				
<input type="text"/>				

## Identification

National Insurance Number *	Identification Type (e.g. passport, driving license, etc)	Identification Number *
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Next of Kin

Please provide details for us to hold in the case of emergency

Next of Kin Name *	Next of Kin Address *
<input type="text"/>	<input type="text"/>
Next of Kin Telephone *	
<input type="text"/>	

## Bank Details

(This should be the bank account payments will be made from)

Bank Name *	Bank Address *
<input type="text"/>	<input type="text"/>
Name on Account *	Account number *
<input type="text"/>	<input type="text"/>
Sort Code *	
<input type="text"/>	

## Authorisation

I confirm that the information provided in this application form is true, accurate and complete. I understand that the information that I have submitted will be used in order to assess my suitability to be granted a tenancy agreement and I give my consent to the information that I have provided being shared with third parties for this purpose. I understand and agree that current or former employers, landlords and letting agents may be asked to provide additional information about me or to verify information that I have provided. I further agree that the information that I have provided may be submitted to credit reference agencies in order that a credit check may be conducted. I expressly acknowledge that authorising searches to be conducted and references obtained does not entitle me to see such searches or references and agree that I will direct any request for copies of searches or references to the relevant originating party and not to Rent4sure Limited. I understand that I may be refused a tenancy as a result of the searches and references obtained and agree that I shall not seek to hold Rent4sure Limited liable for such refusal nor shall I seek to bring any claim against Rent4sure Limited for any loss or damage suffered by me as a result of such refusal. I understand that information which I provide or which is collected about me may be retained on file or stored electronically in accordance with the provisions of the Data Protection Act 1998. I do / do not want Rent4sure Limited, or their partner companies (e.g. Intasure), to contact me about related products and services which may be of interest to me, such as Tenants Contents Insurance.

Applicant's Name \*

Applicant's Signature \*

Date (dd/mm/yyyy) \*

## Optional Page

You only need to send this extra page in if you choose to provide any further information..

## Additional Information

If you need to provide any previous addresses, names, credit history or other credentials please describe them below.

## Supplementary Orders (For Use By Cornish Castle Property Management Ltd Only)

If you need to provide any previous addresses, names, credit history or other credentials please describe them below.

6 Months  
1 Month Excess

6 Months  
Nil Excess

12 Months  
1 Month Excess

12 Months  
Nil Excess