

WINSOR LETTINGS - APPLICATION FORM

FOR OFFICE USE ONLY:	Rent per week/month: £	Deposit: £
Property Address:		

» THIS SECTION TO BE COMPLETED BY **FIRST APPLICANT** «

Title <small>(Mr/Mrs/Miss/Ms/Dr/Other)</small>		Surname	
First Name		Middle Name	

Date of Birth	___ / ___ / ___	National Insurance No	_____
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Marital Status	Single / Married / Widowed / Divorced / Separated
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Maiden Name		Male / Female
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Phone No:	E-mail:
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Your Current Address	<i>Street & No</i>	
	<i>Area & Town</i>	
	<i>We Need The ...</i>	POSTCODE

What are you at this address?	Owner <input type="checkbox"/> Housing association <input type="checkbox"/> Private Tenant <input type="checkbox"/> With Parents <input type="checkbox"/>
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How long have you lived at this address?	_____ Years _____ Months
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Your <u>Previous</u> Address	<i>Street & No</i>	
	<i>Area & Town</i>	
	<i>We Need The ...</i>	POSTCODE

What were you at this address?	Owner <input type="checkbox"/> Housing association <input type="checkbox"/> Private Tenant <input type="checkbox"/> With Parents <input type="checkbox"/>
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How long did you live at this address?	_____ Years _____ Months
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» YOUR NEXT OF KIN – THIS INFORMATION IS ESSENTIAL «

Full Name - <i>inc. Title</i>	
Address – <i>inc. Postcode</i>	
Phone & Mobile	
<i>Relationship to First Applicant</i>	

ABOUT YOUR CURRENT LANDLORD

Landlord / Agent Name		
Landlord Full Address	<i>Building Name</i>	
	<i>Street & No</i>	
	<i>Town & Post Code</i>	
Phone (daytime):		Mobile:
E-mail:		Fax (essential):

ABOUT YOUR FINANCIAL CIRCUMSTANCES

Employment Status	Employed <input type="checkbox"/>	Self-Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Student <input type="checkbox"/>
Your Job Title:	Gross Salary Per Year: £			
Start Date: Month _____ Year _____	Is your job likely to change in the near future?			
Do You Have Any Other Income?	If Yes, How Much Per Year? £			

ABOUT YOUR EMPLOYER [or ACCOUNTANT (FOR SELF-EMPLOYED)]

(Please Note: The More You Fill In The Easier It Is For Us To Obtain A Reference)

Company Name		
Company Full Address	<i>Building Name</i>	
	<i>Street & No</i>	
	<i>Town & Post Code</i>	
Contact Name:		Contact Job Title:
Phone (daytime):		Mobile:
E-mail:		Fax (essential):

ABOUT ANY BENEFITS YOU ARE CLAIMING

If you are claiming any benefits please indicate which by ticking all that apply		
Housing Benefit <input type="checkbox"/>	Local Housing Allowance <input type="checkbox"/>	Job Seekers Allowance <input type="checkbox"/>
Disability Allowance <input type="checkbox"/>	Child Tax Credits <input type="checkbox"/>	Child Benefit <input type="checkbox"/>

YOUR BANK DETAILS – We Cannot Process Your Application Without These Details

Bank Name:	Branch:
Sort Code:	A/C No:
Full Address of Branch:	
Name(s) of Account Holder:	
How Long Have You Held An Account With This Bank?	

» THIS SECTION TO BE COMPLETED BY **SECOND APPLICANT** «

Title <small>(Mr/Mrs/Miss/Ms/Dr/Other)</small>		Surname	
First Name		Middle Name	
Relationship to First Applicant			

Date of Birth	___ / ___ / ___	National Insurance No	_____
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Marital Status	Single / Married / Widowed / Divorced / Separated
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Maiden Name		Male / Female
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Phone No:	E-mail:
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Your Current Address	<i>Street & No</i>	
	<i>Area & Town</i>	
	POSTCODE	
<i>We Need The ...</i>		

What are you at this address?	Owner <input type="checkbox"/> Housing association <input type="checkbox"/> Private Tenant <input type="checkbox"/> With Parents <input type="checkbox"/>
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How long have you lived at this address?	_____	<i>Years</i>	_____	<i>Months</i>
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Your Previous Address	<i>Street & No</i>	
	<i>Area & Town</i>	
	POSTCODE	
<i>We Need The ...</i>		

What were you at this address?	Owner <input type="checkbox"/> Housing association <input type="checkbox"/> Private Tenant <input type="checkbox"/> With Parents <input type="checkbox"/>
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How long did you live at this address?	_____	<i>Years</i>	_____	<i>Months</i>
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ABOUT YOUR CURRENT LANDLORD (2nd Applicant)

Landlord / Agent Name		
Landlord Full Address	<i>Building Name</i>	
	<i>Street & No</i>	
	<i>Town & Post Code</i>	
Phone (daytime):	Mobile:	
E-mail:	Fax (essential):	

ABOUT YOUR FINANCIAL CIRCUMSTANCES (2nd Applicant)

Employment Status	Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/>		
Your Job Title:	Gross Salary Per Year: £		
Start Date: Month _____ Year _____	Is your job likely to change in the near future?		
Do You Have Any Other Income?	If Yes, How Much Per Year? £		

ABOUT YOUR EMPLOYER [or ACCOUNTANT (FOR SELF-EMPLOYED)]

(Please Note: The More You Fill In The Easier It Is For Us To Obtain A Reference)

Company Name		
Company Full Address	<i>Building Name</i>	
	<i>Street & No</i>	
	<i>Town & Post Code</i>	
Contact Name:	Contact Job Title:	
Phone (daytime):	Mobile:	
E-mail:	Fax (essential):	

ABOUT ANY BENEFITS YOU ARE CLAIMING (2nd Applicant)

If you are claiming any benefits please indicate which by ticking all that apply		
Housing Benefit <input type="checkbox"/>	Local Housing Allowance <input type="checkbox"/>	Job Seekers Allowance <input type="checkbox"/>
Disability Allowance <input type="checkbox"/>	Child Tax Credits <input type="checkbox"/>	Child Benefit <input type="checkbox"/>

