

The Property Supermarket, 196 York Road, Hartlepool, TS26 9EB
Tel: 01429 272784 Opening Hours – Mon – Fri 10:30am – 4:30pm

Date of application

Be aware that any false information given on this form will invalidate any tenancy you may be granted

This form is non judgmental and no answer given will in any way discriminate against you

Name	Partners Name
Address	
Home Tel No.	Mobile Tel No.
Date of Birth	Partners Date of Birth
Nat. Insurance No.	Partners Nat. Insurance No.

Status	Owner / Council Tenant/ Private Tenant / With Parents/ Other (specify)		
Period at present address		Reason for Departure	
Name of Landlord / Management Agency			
Full Name			
Address (inc: postcode)			
Telephone Number			
Current Rent		Date Payable	
Method of payment		Notice required	

Please give two previous addresses where you have lived

Address 1	Partners Address 1
Agent:	Agent:
Address 2	Partners Address 2
Agent:	Agent:

Your Property Requirements

Area Preferred	How Many Bedrooms
Number of people who will be living in the property including dependents.	Other

You are required to provide details of all occupants who will be living in the property.

Name	D.O.B	Relationship

Emergency Contact details

Please supply the details of two people who we can contact in case of emergency

Name	Name
Address	Address
Tel. No.	Tel. No.
Relationship	Relationship

Additional Information

Do you have a bond? How Much?	Do you intend to keep pets? If so give details
Do you smoke?	Have you any county court judgments against you? Please detail
Do you have a criminal record? If so give details	Have you ever abandoned a property or left without giving correct notice.
Have you ever been evicted or asked to leave a property?	Have you any outstanding arrears? If so give details.
Has anyone in the Household had an ASBO?	Are you or your partner receiving any state benefit?
Have you or your partner ever taken non-prescription drugs?	Have you or your partner ever had a problem with alcohol?
Do you have difficulties budgeting/debt problems	Do you currently have a care/support worker?
Are you having deductions from your current HB for a previous overpayment?	Are you having deductions from your I.S./JSA
Do you have a bank Account? If so give details.	Do you agree to pay rent by Standing order? If no: why?

Employment History (please supply 5 years details)**(Please circle relevant status)**

Permanently employed / Temporary employed / Self Employed / Retired / Student/ Other (please provide details below)

Current Employment

Name and Address (Including postcode)			
Contact Name		Telephone / Fax Number	
Position Held		Annual Income	
Employed from – to		Reason for leaving	

Previous Employment Details

Name and Address (Including postcode)			
Contact Name		Telephone / Fax Number	
Position Held		Annual Income	
Employed from – to		Reason for leaving	
Name and Address (Including postcode)			
Contact Name		Telephone / Fax Number	
Position Held		Annual Income	
Employed from – to		Reason for leaving	

REFEREES

Please provide 2 Referees: one of which MUST hold a position of authority. (e.g. Employer / Previous Landlord)

Name:	Name:
Full Address	Full Address
Postcode	Postcode
Telephone Number	Telephone Number
Fax Number	Fax Number
Relationship	Relationship
Time known	Time known

Declaration

I / We hereby confirm that the information provided on this form is true and correct and hereby authorise you to verify the details given and seek references as required. I understand that this does not represent any offer or contract of any nature, I further understand that if you decline to offer me a tenancy no explanation will be given.

I authorise you, "The Property Supermarket" to contact Benefits Section, Hartlepool Borough Council regarding my application to (and/or) my existing claim for housing benefit and give authorisation to seek & discuss all details regarding my claim.

I understand that any changes to persons detailed on this application form, whom will be living at the property, must be notified to us in writing and that he/she must complete a application form in full if 18 years old or over.

Print Name.....
.....

Signature

Guarantor Details

First Name	Last Name
Maiden Name	Nat. Ins. No.
Address	Previous Address
Home Tel No.	Mobile Tel No.
Date of Birth	Age
Are you a homeowner?	Period at present address
Emergency Contact Details	Relationship
Marital Status (circle correct status) Married / Single/ Divorced/ Separated/ Widowed/ Living with Partner	

Information required by Tenant

Evidence of National Insurance Number (Payslip or Nat. Ins.Card)

Evidence of earnings

Evidence of benefits, allowances or pensions

Evidence of Capital savings & investments (if req.)

Evidence of other income

Evidence of private rent / tenancy agreement

For office use:

Guarantor received and signed the letter of guarantee

Yes / No

All evidence on file

Yes /No