



# Tenant Assessment Application Form

This form can be used by letting agents or landlords who are vetting applicants prior to the letting of a property. Part A should be completed by the agent / landlord. The other sections should be completed by the tenancy applicant or guarantor, according to the type of assessment required. Please complete this Application Form in **BLACK INK** using **BLOCK CAPITAL LETTERS**. Once fully completed please fax it to Letsure on **0844 561 7909**.

**Part A To be completed by the agent or landlord** *Mandatory field for assessments.*

|                          |  |  |  |
|--------------------------|--|--|--|
| Agent Name               |  |  |  |
| Letsure Agency Number    |  |  |  |
| Contact Name             |  |  |  |
| Contact Telephone Number |  |  |  |

To assist us to complete the assessment process, there might be a requirement to contact the applicant/guarantor by telephone.   
 Please tick the box opposite if this is not acceptable

**Type of assessment required** (see definitions on final page)

If a guarantor applicant is required, please supply the Applicants Reference ID in box provided. (If the guarantor is acting for more than one tenant, please confirm names in part F). LS

**Complete Parts:** (please tick to highlight which parts you are completing)

|                                  |                    |                          |   |   |                          |
|----------------------------------|--------------------|--------------------------|---|---|--------------------------|
| Tenant Comprehensive             | A,B,C,D & E        | <input type="checkbox"/> | Rentsure Complete (Tenant Only)   | A, B, C, D & E  | <input type="checkbox"/> |
| Tenant Standard                  | A,B,C & E          | <input type="checkbox"/> | Rentsure Complete (Tenant & Guarantor)  | All sections A - I                                    | <input type="checkbox"/> |
| Guarantor Standard               | A,B,F,H & I        | <input type="checkbox"/> | Please tick to confirm you have read/issued to the landlord the Initial Disclosure Document | The policy cannot be issued without this confirmation | <input type="checkbox"/> |
| Comprehensive Guarantor          | A,B,F,G,H & I      | <input type="checkbox"/> |   |   |                          |
| Comprehensive Tenant & Guarantor | All sections A - I | <input type="checkbox"/> |   |   |                          |

**Property Details:**

|                           |  |                        |  |
|---------------------------|--|------------------------|--|
| House Number / Name       |  |                        |  |
| Flat Number / Name        |  |                        |  |
| Street                    |  |                        |  |
| Town                      |  |                        |  |
| District                  |  |                        |  |
| County                    |  | Postcode               |  |
| Total Rent                | £ Per week / month (delete as appropriate) | Share of Rent          | £ Per week / month (delete as appropriate) |
| Tenancy Commencement Date |  | Initial Tenancy Period |  |

**How will the rent be paid?** Own means  Housing benefit

**Confidentiality Note**  
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**Part A (Continued) To be completed by the agent or landlord. \* Mandatory for all Rentsure Complete applications.**

**Insurance Policyholder Details**

|                       |                          |                        |                      |
|-----------------------|--------------------------|------------------------|----------------------|
| Mr/Mrs/Miss/Ms*       | <input type="checkbox"/> | Other (please specify) | <input type="text"/> |
| Surname *             | <input type="text"/>     |                        |                      |
| First Name *          | <input type="text"/>     | Middle Name            | <input type="text"/> |
| House Number / Name * | <input type="text"/>     |                        |                      |
| Flat Number / Name *  | <input type="text"/>     |                        |                      |
| Street *              | <input type="text"/>     |                        |                      |
| District *            | <input type="text"/>     |                        |                      |
| Town *                | <input type="text"/>     |                        |                      |
| County *              | <input type="text"/>     | Postcode *             | <input type="text"/> |
| Telephone Number *    | <input type="text"/>     | Email Address          | <input type="text"/> |

**Part B To be completed by the applicant \* Mandatory fields**

Please complete **ALL** boxes. If more than one applicant, parts C to I inclusive must be completed as appropriate for each.

**Personal Details:**

|  |                               |                          |                          |
|--|-------------------------------|--------------------------|--------------------------|
| Mr/Mrs/Miss/Ms*  | <input type="checkbox"/>      | Other (please specify)   | <input type="text"/>     |
| Surname *  | <input type="text"/>          |                          |                          |
| First Name *   | <input type="text"/>          | Middle Name              | <input type="text"/>     |
| Date of Birth *  | <input type="text"/>          | Nationality              | <input type="text"/>     |
| Sex  | Male / Female (please circle) |                          |                          |
| Marital Status   | <input type="text"/>          | Maiden Name              | <input type="text"/>     |
| Daytime Telephone Number *   | <input type="text"/>          | Evening Telephone Number | <input type="text"/>     |
| Mobile Telephone Number  | <input type="text"/>          |                          |                          |
| Email Address  | <input type="text"/>          |                          |                          |
| Do you have any pets   | Yes / No (please circle)      | Are you a smoker?        | Yes / No (please circle) |
| Are you aware of any CCJ/CD Bankruptcy orders, current or pending?<br>Yes / No (please circle), If yes give details: | <input type="text"/>          |                          |                          |

**Names of children living in the property and their dates of birth:**

|    |                      |                      |                      |
|----|----------------------|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Current Address:**

|                        |                      |            |                                    |
|------------------------|----------------------|------------|------------------------------------|
| House Number / Name*   | <input type="text"/> |            |                                    |
| Flat Number / Name*    | <input type="text"/> |            |                                    |
| Street                 | <input type="text"/> |            |                                    |
| Town                   | <input type="text"/> |            |                                    |
| District               | <input type="text"/> |            |                                    |
| County                 | <input type="text"/> | Postcode * | <input type="text"/>               |
| Status (circle one)*   | Owner                | Rented     | Living with parents Council tenant |
| Other (please specify) | <input type="text"/> |            |                                    |

**Part C (continued) To be completed by the applicant \* Mandatory fields**

**Previous address:**

Enter this information only if you have lived at your current address for less than 3 years otherwise leave blank.

|                        |       |            |                                    |
|------------------------|-------|------------|------------------------------------|
| House Number / Name *  |       |            |                                    |
| Flat Number / Name *   |       |            |                                    |
| Street                 |       |            |                                    |
| Town                   |       |            |                                    |
| District               |       |            |                                    |
| County                 |       | Postcode * |                                    |
| Status (circle one) *  | Owner | Rented     | Living with parents Council tenant |
| Other (please specify) |       |            |                                    |

**Part D To be completed by the applicant for Comprehensive Assessments \* Mandatory fields**

**Employment Details:**

|                   |               |          |            |         |         |                    |
|-------------------|---------------|----------|------------|---------|---------|--------------------|
| Employment Status | Self-Employed | Employed | Unemployed | Student | Retired | Payment in Advance |
|-------------------|---------------|----------|------------|---------|---------|--------------------|

If you have indicated unemployment or student and you are currently or have previously lived in rented accommodation, proceed to Landlords details in this part, otherwise proceed to Part E. If you are unable to provide any employment detail a guarantor may be required. To avoid delay please arrange for the proposed guarantor to complete Parts A, B, F, G, H and I of this form.

|                        |  |  |  |
|------------------------|--|--|--|
| Profession             |  |  |  |
| Annual Income (gross)  |  | Employment Start Date*                                       |  |
| Payroll/pension number |  | Is your employment of a temporary, full, or contract nature? |  |

**Additional Income (if applicable):**

Are your circumstances likely to change?\* Yes / No (please circle)

If **yes** please give further details \*

|  |
|--|
|  |
|--|

If you have any additional income please advise how much per annum\*

|   |
|---|
| £ |
|---|

Source of additional income

|  |
|--|
|  |
|--|

**Employer Details:**

If you are employed, Self-employed or retired, give details of your employer, accountant or pension provider (alternatively you may provide proof of pension) below, and authorise them to reply to the enquiries which will be made to verify this information. Please complete ALL boxes, including contact details for referee.

|  |  |           |  |
|--|--|-----------|--|
| Employer / Accountant / Pension provider * |  |           |  |
| Office / House Name *                      |  |           |  |
| Street Number / Name *                     |  |           |  |
| Town *                                     |  |           |  |
| County                                     |  | Postcode* |  |
| Contact Name*                              |  |           |  |
| Contact Job Title*                         |  |           |  |
| Daytime telephone (including STD code)*    |  |           |  |
| Mobile telephone                           |  |           |  |
| Email Address*                             |  |           |  |
| Fax Number *                               |  |           |  |

**Part D (Continued) To be completed by the applicant \* Mandatory fields**

**Landlord Details:**

Complete this section if you indicated that you are or have lived in rented accommodation.

Please complete ALL boxes, including individual contact details (telephone and fax number) for landlord or current managing agent.

|                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| Landlord or Agent Name * |  |                          |  |
| Office / House name *    |  |                          |  |
| Street Number / Name *   |  |                          |  |
| Town *                   |  |                          |  |
| County                   |  | Postcode                 |  |
| Daytime Telephone*       |  | Evening Telephone Number |  |
| Mobile Telephone         |  |                          |  |
| Email Address *          |  |                          |  |
| Fax Number *             |  |                          |  |

**Part E To be completed by the applicant for Comprehensive Assessment\* Mandatory fields**

**Bank / Building society details:**

|                                      |                          |           |  |              |  |  |  |  |  |  |  |
|--------------------------------------|--------------------------|-----------|--|--------------|--|--|--|--|--|--|--|
| Name of Bank*                        |                          |           |  |              |  |  |  |  |  |  |  |
| Address*                             |                          |           |  |              |  |  |  |  |  |  |  |
| Account in the name of*              |                          |           |  |              |  |  |  |  |  |  |  |
| How long with this branch?           |                          | Sort Code |  | Account No * |  |  |  |  |  |  |  |
| Do you have a cheque Guarantee Card? | Yes / No (please circle) |           |  |              |  |  |  |  |  |  |  |

**Next of Kin:**

|                     |  |               |  |
|---------------------|--|---------------|--|
| Name                |  |               |  |
| House Number / Name |  | Street        |  |
| District            |  | Town          |  |
| County              |  | Postcode      |  |
| Telephone (daytime) |  | Mobile number |  |
| Email Address       |  | Relationship  |  |

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**Part E (Continued) To be completed by the applicant \* Mandatory fields**

**Applicant's Consent:**

The information which I have given in my application form is true to the best of my knowledge. I consent to this information being verified by fair and lawful means, which I understand will involve contacting referees, licensed credit reference agencies and IDS Ltd, the insurance industry's data collection agency.

I consent to Letsure Limited searching information held by a credit reference agency and IDS Ltd, and agree that Letsure Limited, the credit referencing agency and IDS Ltd will keep a record of the search and its results. Such information may be accessed again and used by other companies for the purpose of assessing other applications from me or for debt tracing and fraud prevention, notably in the event that I were to default on my rent.

I understand the information supplied by me and the resulting verified information will be forwarded to the letting agency and/or to the prospective landlord. The information may also be accessed again if I apply for a tenancy in the future.

I agree that information supplied by me and the results of the assessment process will be held in accordance with the Company's notification under the Data Protection Act 1998. I understand that I have the right to ask for a copy of the information held on me subject to the payment of an administration fee that will be notified to me upon application, though it will not exceed the amount set by statute. I have the right to request that the information held be amended if it is found to be incorrect.

The information I have provided in this form 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 application for tenancies, credit or insurance and that the assessment of this application presumes that at some time during the tenancy agreement, I may be granted or allowed some form of deferred payment.

Letsure Limited and other members of the Barbon Insurance Group Ltd, of which Letsure is a part, as well as the letting agency and other selected businesses, may use this information to keep you informed by post, telephone, email or other means about products and services that may be of interest. If you do not want your information to be used for these marketing purposes, please contact Letsure directly on 0844 561 7808.

Please sign and date the form

Signature\_\_\_\_\_

Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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**Part F Guarantor's Details (if required) \* Mandatory fields**

Please note: to be acceptable as a guarantor you must be UK based and have a UK bank account.

**Tenants to be guaranteed:** Please give the names of all the tenants you will be covering:

|          | First Name | Middle Name | Surname | Share of Rent |
|----------|------------|-------------|---------|---------------|
| Tenant 1 |            |             |         | £             |
| Tenant 2 |            |             |         | £             |
| Tenant 3 |            |             |         | £             |
| Tenant 4 |            |             |         | £             |
| Tenant 5 |            |             |         | £             |
| Tenant 6 |            |             |         | £             |

**Guarantor's Personal Details:**

|                    |                               |                        |  |
|--------------------|-------------------------------|------------------------|--|
| Mr/Mrs/Miss/Ms*    |                               | Other (please specify) |  |
| Surname *          |                               |                        |  |
| First Name *       |                               | Middle Name            |  |
| Date of Birth *    |                               | Nationality            |  |
| Sex                | Male / Female (please circle) |                        |  |
| Marital Status     |                               | Maiden Name            |  |
| Daytime Telephone* |                               | Evening Telephone      |  |
| Mobile Telephone*  |                               |                        |  |
| Email Address      |                               |                        |  |

**Guarantor's Current Address:**

|                        |              |               |  |
|------------------------|--------------|---------------|--|
| House Number / Name*   |              |               |  |
| Flat Number / Name*    |              |               |  |
| Street *               |              |               |  |
| Town *                 |              |               |  |
| District               |              |               |  |
| County                 |              | Postcode *    |  |
| Status (circle one) *  | <b>Owner</b> | <b>Rented</b> | <b>Living with Parents</b> <b>Council tenant</b> |
| Other (please specify) |              |               |  |

**Guarantor's Previous Address** Enter this information only if you have lived at your current address for less than 3 years:

|                       |  |           |  |
|-----------------------|--|-----------|--|
| House Number / name * |  |           |  |
| Flat Number / name *  |  |           |  |
| Street *              |  |           |  |
| Town *                |  |           |  |
| District              |  |           |  |
| County                |  | Postcode* |  |

**Part G Guarantor's Reference\*** Mandatory fields

**Employment details:**

Please note to be acceptable as a guarantor you must be employed / self-employed or have an additional source of income which can be verified.

|                          |   |                        |     |
|--------------------------|---|------------------------|-----|
| Profession *             |   |                        |     |
| Annual Income (gross) *  | £ | Employment start date* | / / |
| Payroll / Pension Number |   |                        |     |

**Additional Income (if applicable)**

|  |  |
|--|--|
| Are your circumstances likely to change? *                       |  |
| If yes, please give further details*                             |  |
| If you have additional Income, Please advise how much per annum* |  |
| Source of additional income                                      |  |

**Employer Details:**

If you are employed, self-employed or retired, give details of your employer, accountant or pension provider (alternatively you may provide proof of pensions) below, and authorise them to reply to the enquiries which will be made to verify this information.

Please complete ALL boxes, including contact details for referee.

|  |  |           |  |
|--|--|-----------|--|
| Employer / Accountant / Pension provider * |  |           |  |
| Office House / Name *                      |  |           |  |
| Street Number / Name *                     |  |           |  |
| Town *                                     |  |           |  |
| District                                   |  |           |  |
| County                                     |  | Postcode* |  |
| Contact Name *                             |  |           |  |
| Contact Job Title *                        |  |           |  |
| Daytime Telephone number *                 |  |           |  |
| Mobile Telephone number                    |  |           |  |
| Email address *                            |  |           |  |
| Fax number *                               |  |           |  |

**Part H Guarantor's Bank/Building Society Details\*** Mandatory fields

**Bank / Building society details:**

|                                      |                          |                 |  |  |  |  |  |  |  |  |  |
|--------------------------------------|--------------------------|-----------------|--|--|--|--|--|--|--|--|--|
| Name of Bank*                        |                          |                 |  |  |  |  |  |  |  |  |  |
| Address*                             |                          |                 |  |  |  |  |  |  |  |  |  |
| Account in the Name of*              |                          |                 |  |  |  |  |  |  |  |  |  |
| How long with this branch?           |                          |                 |  |  |  |  |  |  |  |  |  |
| Sort Code*                           |                          | Account Number* |  |  |  |  |  |  |  |  |  |
| Do you have a cheque guarantee card? | Yes / No (please circle) |                 |  |  |  |  |  |  |  |  |  |

## Part I Guarantor's Consent:

The information which I have given in my application form is true to the best of my knowledge. I consent to this information being verified by fair and lawful means, which I understand will involve contacting referees, licensed credit reference agencies and IDS Ltd, the insurance industry's data collection agency.

I consent to Letsure Limited searching information held by a credit reference agency and IDS Ltd, and agree that Letsure Limited, the credit referencing agency and IDS Ltd will keep a record of the search and its results. Such information may be accessed again and used by other companies for the purpose of assessing other applications from me or for debt tracing and fraud prevention, notably in the event that I were to default on my rent.

I understand the information supplied by me and the resulting verified information will be forwarded to the letting agency and/or to the prospective landlord. The information may also be accessed again if I act as a guarantor in the future.

I agree that information supplied by me and the results of the assessment process will be held in accordance with the Company's notification under the Data Protection Act 1998. I understand that I have the right to ask for a copy of the information held on me subject to the payment of an administration fee that will be notified to me upon application, though it will not exceed the amount set by statute. I have the right to request that the information held be amended if it is found to be incorrect.

Letsure Limited and other members of the Barbon Insurance Group Ltd, of which Letsure is a part, as well as the letting agency and other selected businesses, may use this information to keep you informed by post, telephone, email or other means about products and services that may be of interest. If you do not want your information to be used for these marketing purposes, please contact Letsure directly on 0844 561 7808.

Please sign and date the form

Signature\_\_\_\_\_

Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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## Definitions

|   |   |
|---|---|
| <b>Tenant Comprehensive</b>                       | For applicants who are employed, self-employed, retired or for applicants with a regular income who require an assessment that includes an employer's and where relevant a previous landlord's reference.                     |
| <b>Tenant Standard</b>                            | For applicants when employer's and previous landlord's reference is not required.   |
| <b>Guarantor Standard</b>                         | For guarantors when an employer's reference is not required.  |
| <b>Comprehensive Guarantor</b>                    | For guarantors who are employed, self employed, retired or guarantors with a regular income when an assessment is require that includes an employers reference.   |
| <b>Comprehensive Tenant &amp; Guarantor</b>       | For applicants who are students, unemployed or on low income where an assessment is required that includes (where relevant), a previous landlord's reference for the applicant and an employer's reference for the guarantor. |
| <b>Rentsure Complete (Tenant Only)</b>            | As Tenant Comprehensive, with Rent Guarantee.   |
| <b>Rentsure Complete (Tenant &amp; Guarantor)</b> | As Comprehensive Tenant & Guarantor, with Rent Guarantee.   |
|   | For a full description of the Rent Guarantee policy, including product brochure, Policy Wording and Key Facts document, see <a href="http://www.letsure.co.uk">www.letsure.co.uk</a> or call <insert number here>.            |

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