



QUALITY MANAGED HOMES

Portland House, 211-213 Portland Road

London, SE25 4UY

Tel: 0870-143 1895 Fax: 0870 1308838

E-Mail: mail@qmh.co.uk

TENANCY APPLICATION FORM

Date of Application: _____

Property Address: _____

Address: _____

Address: _____

Postcode: _____

PLEASE COMPLETE ALL RELEVANT DETAILS IN ATTACHED FORM & RETURN . FAILURE TO DO SO WILL RESULT IN A DELAY TO THE START OF YOUR TENANCY.

Rental Application Form

ONE FORM TO BE COMPLETED BY EACH APPLICANT

Surname: _____ Title: _____

First Names: _____

Date of Birth: _____ Married/Single/Divorced/Widow Smoker Y/N
(MINIMUM AGE 18 YEARS) Pregnant Y/N If Yes when due _____

Nat Insurance No: _____ Passport No: _____

Present Address: Owner/Occupier or Renting/Living with Parents(**Please delete as appropriate**)

How Long Have You Lived At This Address? _____ Years _____ Months

Address: _____

Address: _____

Postcode: _____ Home Telephone Number: _____ Mobile Number: _____

Email Address: _____

Please Provide Details of Previous Address If less than 6 months below:

Landlord's Name: _____ Rent Payable _____

Address: _____

Address: _____

Address: _____

Postcode: _____ Home Telephone Number: _____

Previous Address: _____

Address: _____

Address: _____

Address: _____

Postcode: _____ Home Telephone Number: _____

Previous Landlord: _____

Address: _____

Address: _____

Address: _____

Postcode: _____ Telephone Number: _____ Fax Nos: _____

Next of Kin(A Relative only) _____

Address: _____

Address: _____

Postcode: _____ Home Telephone Number: _____

Present Employers Name: _____

Address: _____

Address: _____

Postcode: _____ Contact: _____

Tel Number: _____ Fax Number: _____

Nature of Business: _____

Position Held: _____ Length of Service: _____

Gross Annual Salary: _____ Take Home: _____ Per Week/Month

Previous Employers Name(if current employment less than 6 months)

Address: _____

Address: _____

Postcode: _____ Contact Name: _____

Tel Number: _____ Fax Number: _____

Nature of Business: _____

Position Held: _____ Length of Service: _____(Yrs) _____(Mths)

Gross Annual Salary: _____ Take Home: _____ Per Week/Month

Self Employed Only: Trading Name: _____

Date Established: _____ No. of Partners/Directors _____

Nature of Business: _____

Company Address:

Address:

Postcode: _____ Co. Tel No: _____

=====

Accountants Name: _____

Address:

Address:

Address:

Postcode: _____ Co. Tel No: _____

=====

Information detailed on last set of audited accounts/estimates for this year

Gross Turnover: _____ Nett Profit: _____

I confirm that these figures can be verified by my accountants

Signed: _____ Date: _____

=====

Proposed Occupants (including children) Do you have any Pets? YES/NO.

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

=====

We require the name and address of a person who can act as a Guarantor (a separate form will be issued) who must be a Home Owner in Employment. Guarantors will be asked to sign the Tenancy Agreement on the same day as the Tenants.

Full Name: _____ Relationship To Applicant: _____

Address:

Address:

Postcode: _____ Home Telephone Number:

Credit Card Number: _____ Security ID Last 3 Digits on
Rear _____

Start Date _____ Expiry Date _____ Issue No

Name that appears on the card:

Address that statements are sent to: _____

Address:

Postcode: _____ Your Credit Card Limit

Card Type: Visa / Mastercard / Delta / Visa Electron / Switch / Solo / Please circle.

To Be completed By Quality Managed Homes Staff Only:

Are there any material facts relevant to the application - e.g. Pets, Children, Decoration, alterations to existing inventory?

Signed by QMH _____

Print Name _____

Date _____

Declaration

I apply to rent a property from Quality Managed Homes and declare that the foregoing statements are correct to the best of my knowledge.

I apply to rent the total rent liability under the terms of each and every agreement in

accordance with the monthly instalment plan offered by Quality Managed Homes.

Should I ever rely on Housing Benefit Payments, please accept this as irrevocable authorisation for all Housing Benefit monies to be paid directly to Quality Managed Homes

I understand that I am committing a criminal act by giving false information.

I authorise Quality Managed Homes to debit my credit / debit card if required as an alternative method for any payment due under our agreement. I undertake to update Quality Managed Homes with any alterations to these credit card details.

Signature: _____ Date: _____

(please attach photocopy of current Passport Identity Page)

Please complete Bank Details below if you cannot supply 6 months bank statements.

Name in Which Account is Held: _____

To: The Manager: _____

Address: _____

Address: _____

Address: _____ Postcode: _____

Please accept this letter as my authority to forward bank statements covering the last six months, and any other information required under account number _____ to Quality Managed Homes, Portland House, 211-213 Portland Road, South Norwood, London SE25 4UY. Please accept this notification as my authority to debit my account with any charges you may levy for this information.

Account Number: _____ Sort Code: _____

Signature of account holder: _____

Date: _____

“This organisation is committed to upholding the 8 Data Protection Principles of good computer practice.”