

## Vernon Property Management Limited

7 Rookery Place, Fenstanton, Huntingdon, Cambs, PE28 9LZ

01480 300992/464220 FAX: 01480 494551

E-mail: enquiries@vernonproperty.co.uk www.vernonproperty.co.uk

### APPLICATION FORM

1. We are unable to process your application if you have County Court Judgments
2. All applicants must complete this form in full. Contact the office if you have any queries.
3. A non-returnable administration fee of £180.00 is payable when you reserve a property, at which time the property is taken off the market whilst references are applied for. If there are more than two applicants for the property, a £75.00 fee is payable for each additional applicant.
4. A £75.00 non-returnable administration fee is payable if you have a pet.
5. We require proof of I.D in the form of:- Sight of your passport or photographic driving licence, and a copy of a utility bill from your current address.
6. If you are a visitor from a non EU country we require sight of your passport and work permit or entry permit.
7. We will process your application and will contact you once all references have been received.
8. If you are accepted as a tenant the date will then be confirmed for signing of the tenancy agreement.
9. On the date the agreement is signed you must pay one month's rent and the deposit, which is the equivalent of one and a half month's rent minimum. Both these amounts must be paid in cleared funds i.e. cash, bankers draft, debit card or credit card.
10. If paying by credit or debit card there will be an additional administration charge, which is made by the card companies. The charge is 2.2% for credit cards and international debit cards and 40p for all other debit cards. Please note that we do not accept American express.
11. It is your responsibility to take out insurance to cover the landlord's contents, fixtures and fittings against tenant damage. A copy of the policy to be shown to the agent at the commencement of the tenancy.
12. If you are not aware of your legal requirements under the terms of the tenancy agreement and addendum (schedule of charges for tenants) please ask for draft copies before proceeding further.
13. All charges are inclusive of VAT.

I have read and understand this application form in full.

Signature

Date

PLEASE INDICATE WHERE YOU HEARD OF OUR SERVICES  
LOCAL PRESS / RIGHT MOVE / WEBSITE / RECOMMENDATION

**Part A To be completed by the applicant Mandatory for all assessments**

If more than one applicant, all remaining sections must be completed as appropriate for each.

Address of property you wish to rent

What date would you like to move in to the property?

How do you propose to pay the rent? Own means  Housing benefit

Please give the names of all adult tenants moving into the property

	First Name	Middle Initial(s)	Surname	Share of Rent
Tenant 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

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

Please complete ALL boxes. If more than one applicant, Parts B to D inclusive must be completed as appropriate for each.

**Personal Details:**

Mr/Mrs/Miss/Ms\*  Other (please specify)

Surname\*

First Name\*  Middle Initial(s)

Date of Birth\*  /  /  Sex Male  Female

Marital Status  Maiden Name

Daytime Telephone Number\*  Evening Telephone Number

Mobile Telephone Number  Work Telephone Number

Email Address

Do you have any pets? Yes  No

If yes, please specify including the breed if you have a dog

Are you a smoker? Yes  No

Please give us details of somebody we can contact in an emergency (must not be someone who will reside at the property)

Name\*

Address\*

Telephone Number\*  Mobile Telephone Number

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

1)	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/>
3)	<input type="text"/>	<input type="text"/>
4)	<input type="text"/>	<input type="text"/>

**Part B** (continued) **To be completed by the applicant** \*Mandatory field

**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"/>			

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

**Employment Details:**

Employment status:    Employed    Self-Employed    Unemployed    Student    Retired    Payment In Advance

If you have indicated unemployed or student and you are currently or have previously lived in rented accommodation, proceed to Landlords details in this part, otherwise proceed to Part D. If you are unable to provide any employment details a guarantor may be required and an additional form will require completion by them.

Profession	<input type="text"/>		
Annual Income (gross)*	£ <input type="text"/>	Employment Start Date*	<input type="text"/> / <input type="text"/> / <input type="text"/>
Payroll / Pension Number	<input type="text"/>		

**Additional Income (if applicable):**

Are your circumstances likely to change?\*    Yes     No

If **Yes** please give further details\*

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

Source of additional income

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

**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 authorize 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	<input type="text"/>	
Office / House Name	<input type="text"/>	
Street Number / Name	<input type="text"/>	
Town	<input type="text"/>	
District	<input type="text"/>	
County	<input type="text"/>	Postcode* <input type="text"/>
Contact Name*	<input type="text"/>	
Contact Job Title*	<input type="text"/>	
Daytime Telephone Number (please include STD code)*	<input type="text"/>	
Mobile Telephone Number (please include STD code)*	<input type="text"/>	
Email Address*	<input type="text"/>	
Fax Number (please include STD code)*	<input type="text"/>	

**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*	<input type="text"/>	
Office / House Name	<input type="text"/>	
Street Number / Name	<input type="text"/>	
Town	<input type="text"/>	
District	<input type="text"/>	
County	<input type="text"/>	Postcode* <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"/>	
Fax Number*	<input type="text"/>	

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

**Bank / Building Society Details:**

Name of Bank*	<input type="text"/>		
Address*	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Account in the Name of*	<input type="text"/>		
How long with this Branch?	<input type="text"/>		
Sort Code*	<input type="text"/>	Account Number*	<input type="text"/>
Do you have a Cheque Guarantee Card?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

**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 and licensed credit reference agencies. I understand the resulting verified information would be forwarded to the letting agency and/or to the landlord. The results may also be accessed again if I apply for a tenancy in the future.

I consent to Lumley Letsure Limited searching information held by a credit reference agency and agree that Lumley Letsure Limited and the credit referencing bureau will keep a record of that search and the results from that search. The results of that search may show how I conduct my payments including rental payments and this may also be disclosed to the agency and may affect future credit applications. All such information which is revealed may be used by other lenders for the purpose of assessing applications from me and/or from members of my household and from time-to-time such information may be used for debt tracing and fraud prevention.

I hereby expressly consent to my personal details including any forwarding address at the determination of any tenancy being passed to the landlord and / or to the utility companies and / or to the local authority.

Otherwise all information will be treated as confidential.

I consent to the information contained in my Application Form being used by Lumley Letsure Limited and other members of the Lumley Group and Agent to notify me of other products and services as appropriate. Please tick box if you do not wish your information to be used by Lumley Letsure Limited and other members of the Lumley Group and Agent to notify you of other products and services.

I agree that information supplied by me will be held in accordance with the Company's notification under the Data Protection Act 1998. That you may record sensitive data as defined in the Data Protection Act 1998 and I understand that I have the right to ask for a copy of the information held about 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 on me be amended if it is found to be incorrect.

(Please sign and date the form)

Signature

Date