

APPLICATION FOR ACCOMMODATION

PLEASE COMPLETE USING BLOCK CAPITALS THROUGHOUT

1. Prospective Landlord's Details

Landlord's Full Name: Mr/Mrs/Miss/Ms	NFRL Membership no.:
Daytime Tel. no.:	Email:

2. Applicant's Personal Details

Full Name: Mr/Mrs/Miss/Ms		
Date of Birth	Place of Birth	
National Insurance Number		
Daytime Tel No	Mobile No	Email
Have you ever been known by any other name? If yes, please provide details and dates		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. Bank Details

Name of Bank (or Building Society)	Sort Code - -
Address of Branch	Account Number
Please attach copies of 6 monthly bank statements	

4. Addresses

Please supply your address(es) during the last 3 years starting with your current address. Continue on a separate sheet if necessary.

Lived there From/ To	Address in full including full postcode (must be provided)	Landlord's Name, Tel, Fax /email

5. Contacts

Next of Kin Name (or person to be contacted in the event of an emergency)	Relationship
Address	Day Tel.no. Evening Tel.no.
Doctor's Name & Address	Tel no.

6. Car and Identification details

Car Make	Car Registration Number
Driving Licence No	
Other identification (e.g. photocopy of passport page with photograph and number or old utility bills etc)	

7. Employment

Name and address of your present employer (or last job you had):	
Name and contact details of your work supervisor Tel. no. Fax. no.* e-mail* *(Please supply one or other)	Your job/title or description
Dates of Employment	From To
Present Salary £	Per week/month/year
Are your employment circumstances likely to change in the period of the tenancy/the next year (whichever is shorter)? If so, how?	

8. Housing Benefit

Are you claiming Housing Benefit? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide: Date of last claim Local Authority
If no, but you do intend to, what forms of identification verification do you intend to produce?

9. Other

Do you have any pets? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please detail:
Do any of the proposed occupants smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>	

10. Applicant's Consent

I hereby expressly consent to my personal details including any forwarding address at the termination of any tenancy being passed to the landlord and/or to the utility company and/or to the local authority. **I understand that other than for reasons outlined above, all information will be treated as confidential.**

Signature:.....

Date.....

11. Declaration

- 10.1. I am applying for a tenancy on the basis that the property or accommodation will be my main or only home.
- 10.2. I give permission for enquiries to be made based on the information I have provided to establish my status.
- 10.3. I also certify that I do not

- have any County Court Judgements against me
- owe money to any Housing Benefit Department or any Local Authority
- owe monies or dilapidation monies to any previous Landlord
- have substance or alcohol abuse problems.

Signature:.....

Date.....

IF YOU KNOWINGLY SUPPLY FALSE INFORMATION IT MAY BE USED BY THE LANDLORD TO SEEK POSSESSION OF THE PROPERTY UNDER GROUND 17 OF SECTION 8 OF THE HOUSING ACT 1988 (AS AMENDED BY SECTION 102 OF THE HOUSING ACT 1996).

The information on this form is for the sole use of the landlord only for the purposes of letting. No information contained therein will be divulged to any third party, unless the Tenant defaults.



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