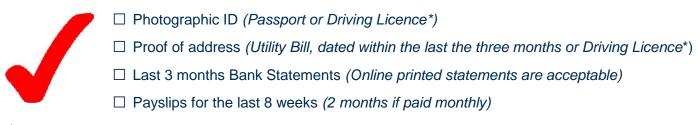
11 – 13 Hagley Road Halesowen, B63 4PU

## **Guarantor Application Form for Residential Tenancies**



To proceed with an application the following supporting documentation is required to be attached with a tenancy application:



<sup>\*</sup> driving licence must have current address on if used as proof of address <u>and</u> must not be used for both proof of address and proof of ID. It is to be used for one or the other only. More information relating to Identification requirements is listed at www.hickshadley.com/downloads.html

## 0121 585 6667

Lettings@HicksHadley.com 11 – 13 Hagley Road Halesowen, B63 4PU



## **GUARANTOR APPLICATION**

	Property number/name*:
Street*:	District:
Town*:	County:
Total Rent per month*: £	Prospective Tenants Name(s)*:
Applicants Details	Mary May Othory
Title*:   Mr   Miss	
First Name*:	Full Middle Name:
Surname*:	Date of birth*:
Sex*:   Maile   Female	
Marital status*: □Single □Marr	` ` ` `
Any previous surnames*:	Date of change*:
Employment type*:   □Full time emp □Self-Employe	
Employment status*: □Junior □Skilled	□Management Unskilled □Supervisor □Semi-skilled □Senior management □Other □Not applicable
Home phone number*:	Mobile phone number*:
Work phone number:	Email*:
National Insurance Number:	
Have you had any detrimental informat If Yes, Please provide details:	tion registered against you? □Yes □No
Current Address Postcode*:	House number*:
Current Address	House number*: House Name*:
Current Address Postcode*:	
Current Address  Postcode*: Flat number*:	House Name*:
Current Address  Postcode*:  Flat number*:  Street*:	House Name*: District:
Current Address  Postcode*: Flat number*: Street*: Town*:	House Name*:  District:  County:
Current Address  Postcode*: Flat number*: Street*: Town*: Is this a Foreign address?*	House Name*:  District:  County:
Current Address  Postcode*:  Flat number*:  Street*:  Town*:  Is this a Foreign address?*  Time at address from*: Month-	House Name*:  District:  County:  Yes ¬No  Year-  To: Month-  Year-
Current Address  Postcode*: Flat number*: Street*: Town*: Is this a Foreign address?* Time at address from*: Month- Living status*: □Furnished Tenant	House Name*:  District:  County:  Yes No  Year- To: Month- Year- Unfurnished Tenant Own home Living with parents Other
Current Address  Postcode*: Flat number*: Street*: Town*: Is this a Foreign address?* Time at address from*: Month- Living status*: □Furnished Tenant  Employer Details	House Name*:  District:  County:  Yes No  Year- To: Month- Year- Unfurnished Tenant Own home Living with parents Other
Current Address  Postcode*: Flat number*: Street*: Town*: Is this a Foreign address?* Time at address from*: Month- Living status*: □Furnished Tenant  Employer Details Is your employment likely to change sh	House Name*:  District:  County:  Yes □ No  Year- □Unfurnished Tenant □Own home □Living with parents □Other
Current Address  Postcode*: Flat number*: Street*: Town*: Is this a Foreign address?* Time at address from*: Month- Living status*: □Furnished Tenant  Employer Details Is your employment likely to change sh Job Title*:	House Name*:  District:  County:  Yes No  Year- Unfurnished Tenant Own home Living with parents Other  Nortly*? Yes No  Start Date*: Month Year-

Employer Details Cont.	
Unit number:	Building Name:
Street:	District:
Town*:	County:
Daytime telephone number*:	Mobile phone number:
Fax number*:	Email address*:
Ensure you provide either a fax number or email address.	
Additional Information to assist the referee:	

Accountant Details		
Do you have an accountant*?	Yes □ No□ If <b>NO</b> Please provide 6 months banbk statements showing proof of income	
Accountants Name*:	Contact Name*:	
Postcode:	Building Number:	
Unit number:	Building Name:	
Street:	District:	
Town*:	County:	
Daytime telephone number*:	Mobile phone number:	
Fax number*:	Email address*:	
Ensure you provide either a fax number or email address.		
Additional Information to assist the referee:		

Pension providers name*:Contact name:Pension reference number*:Postcode:Building Number:Unit number:Building Name:Street:District:Town*:County:Daytime telephone number*:Fax number:Email address:	Do you have proof of pension?*:	Yes □ No□ If <b>Yes</b> please provide your annual statement of pension
Building Number:  Building Name:  Street:  District:  Town*:  County:  Daytime telephone number*:	Pension providers name*:	Contact name:
Building Name:  District:  Town*:  County:  Daytime telephone number*:	Pension reference number*:	Postcode:
District: Town*:  County: Daytime telephone number*:	Building Number:	Unit number:
County: Daytime telephone number*:	Building Name:	Street:
	District:	Town*:
Fax number: Email address:	County:	Daytime telephone number*:
	Fax number:	Email address:
Additional Information to assist the referee:	Additional Information to assist the referee:	

## Consent

We will use the information provided to us by third parties to make decisions about your application. Agencies may supply to us, public information and/or fraud prevention information.

Information provided to Hicks Hadley and/or Experian Ltd may be supplied to other organisation and used by them and to us to

- A. Verify your identity for this application and if you apply for other facilities including all types of insurance applications and claims.
- B. Check all or any of the application details which have been submitted.
- C. Assist organisations to make decisions on tenancy applications by you.

By confirming your agreement to proceed you are accepting that we may use your information in this way.

Signed: Date: