

Guarantor Application Form for Residential Tenancies



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



- Photographic ID (*Passport or Driving Licence**)
- Proof of address (*Utility Bill, dated within the last the three months or Driving Licence**)
- Last 3 months Bank Statements (*Online printed statements are acceptable*)
- Payslips for the last 8 weeks (*2 months if paid monthly*)

* driving licence must have current address on if used as proof of address and 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

GUARANTOR APPLICATION

Property Details *(for the property on which the application is for)*

Postcode*:	Property number/name*:
Street*:	District:
Town*:	County:
Total Rent per month*: £	Prospective Tenants Name(s)*:

Applicants Details

Title*:	<input type="checkbox"/> Mr	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other:
First Name*:	Full Middle Name:				
Surname*:	Date of birth*:				
Sex*:	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Marital status*:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widow(er)
Any previous surnames*:	Date of change*:				
Employment type*:	<input type="checkbox"/> Full time employed	<input type="checkbox"/> Part time employed	<input type="checkbox"/> Temporary/Contract	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self-Employed
	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Housewife/Home maker		
Employment status*:	<input type="checkbox"/> Junior	<input type="checkbox"/> Management Unskilled	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Semi-skilled	<input type="checkbox"/> Skilled
	<input type="checkbox"/> Senior management	<input type="checkbox"/> Other	<input type="checkbox"/> Not applicable		
Home phone number*:	Mobile phone number*:				
Work phone number:	Email*:				
National Insurance Number:					
Have you had any detrimental information registered against you? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, Please provide details:					

Current Address

Postcode*:	House number*:				
Flat number*:	House Name*:				
Street*:	District:				
Town*:	County:				
Is this a Foreign address?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Time at address from*:	Month-	Year-	To: Month-	Year-	
Living status*:	<input type="checkbox"/> Furnished Tenant	<input type="checkbox"/> Unfurnished Tenant	<input type="checkbox"/> Own home	<input type="checkbox"/> Living with parents	<input type="checkbox"/> Other

Employer Details

Is your employment likely to change shortly*?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Job Title*:	Start Date*:	Month -	Year -		
Payroll number:	Employers company name*:				
Contact Name*:	Contact Job Title:				
Postcode:	Building Number:				

Employer Details *Cont.*

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

Accountant Details

Do you have an accountant*?	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If NO Please provide 6 months bank statements showing proof of income</small>
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*:
<i>Ensure you provide either a fax number or email address.</i>	
Additional Information to assist the referee:	

Pension Providers Details

Do you have proof of pension*?:	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If Yes please provide your annual statement of pension</small>
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:
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

- Verify your identity for this application and if you apply for other facilities including all types of insurance applications and claims.
- Check all or any of the application details which have been submitted.
- 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: