



APPLICATION FORM
FOR
RENTAL PROPERTIES

PROPERTY FOR RENT:

Address for Property:

Length of Tenancy: Commencement Date:

Rent per Month:

(inclusive of rates)

APPLICANT DETAILS:

	Applicant 1
Name & Current Address	
Length at Current Address	
Date of Birth	
Number of Children & Ages	
Daytime Tel. No.	
Evening Tel. No.	
E-mail Address	
National Insurance No.	
	Applicant 2
Name & Current Address	
Length at Current Address	
Date of Birth	
Number of Children & Ages	
Daytime Tel. No.	
Evening Tel. No.	
E-mail Address	
National Insurance No.	

EMPLOYMENT DETAILS:

Applicant 1	
Type of Employment	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Employers Name	
Employment Address & Tel No.	
Please confirm if you the applicant is claiming Housing Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please confirm if you are claiming Universal Credit (If so please supply National Insurance Number)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please confirm if you have any Pets If YES, advise what type	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please advise if you are a smoker	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant 2	
Type of Employment	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Employers Name	
Employment Address & Tel No.	
Please confirm if you the applicant is claiming Housing Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please confirm if you are claiming Universal Credit (If so please supply National Insurance Number)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please confirm if you have any Pets If YES, advise what type	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please advise if you are a smoker	Yes <input type="checkbox"/> No <input type="checkbox"/>

PRESENT LIVING DETAILS:

Please circle - Owner / Council Tenant / Private Tenant / Living with Parent / Relatives

If Private Tenant complete the following:

Name & contact Number of Landlord:.....

Name & Address of Agent:.....

Current Rent Payable:.....

Reason for Leaving:.....

CREDIT CHECK:

I / We the applicants agree for a credit check to be carried out on our name(s)
at the landlords discretion

Signed:.....
(Applicant 1) (Applicant 2)

I / We the applicants DO NOT agree for a credit check to be carried out on our name(s)
at the landlords discretion.

Signed:.....
(Applicant 1) (Applicant 2)

**All tenants must supply photographic identification i.e. passport or driving license and
proof of residency i.e. utility bill or bank statement showing home address when
submitting this form.**

If your application is not successful for this property and you wish your information kept
on record please tick the relevant box. YES NO

**For full details on our Data Protection privacy policy please visit our website on
www.mcafeeproperties.co.uk**

NB: Tenants will be required to pay an administration fee of £20 non refundable on tenancies commencing from 1st April 2013 onwards (This amount will include a fee covering insurance on your security deposit as set out in new legislation - Tenants Deposit Scheme 2013). This fee will be payable on signing of your tenancy agreement.



McAfee Properties
 24 New Row
 COLERAINE, BT52 1AF

Date:.....

Rental Property Applied For:.....

Tenant(s) Full Name(s).....

AS GUARANTOR FOR THE ABOVE RENTAL PROPERTY I DO HEREBY FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS GUARANTEE TO YOU AND YOUR HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS AND THE OWNER OF THE PREMISES FOR THE TIME BEING THE PUNCTUAL PAYMENT NOW PAYABLE BY THE SAID TENANT OR AS MAY BE VARIED BY LAW FOR MESNE RATES THAT MAY ACCRUE DUE UNTIL FULL CLEAR AND LEGAL POSSESSION SHALL BE DELIVERED UP TO YOU, AND I AGREE TO INDEMNIFY YOU, YOUR HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS FROM ALL LOSS OR DAMAGE SUFFERED CAUSED OR SUSTAINED IN RELATION TO THE PREMISES BY ANY ACT OR OMISSION ON THE PART OF THE TENANT OR BY REASON OF HIS NEGLIGENCE OR THE NON-FULFILMENT OR NON-OBSERVANCE OF ANY OF THE CONDITIONS CONTAINED IN THE WITHIN WRITTEN AGREEMENT AND FOR ALL COSTS OF ANY PROCEEDINGS FOR THE RECOVERY OF OTHER SUMS AND POSSESSIONS OF THE PREMISES AND SHOULD NOTICE TO QUIT BE SERVED BY THE LANDLORD OR THE SUPERIOR LANDLORD OR THE TENANT OR EJECTMENT SUMMONS ISSUED OR EVICTION DECREE OBTAINED IN RESPECT OF THE PREMISES AND AFTERWARDS WITHDRAWN OR WAIVED BY ANY PARTY WITH OR WITHOUT MY KNOWLEDGE MY LIABILITY UNDER THIS GUARANTEE SHALL NOT BE AFFECTED THEREBY BUT SHALL REMAIN IN FULL FORCE AND EFFECT NOR SHALL MY LIABILITY UNDER THIS GUARANTEE BE AFFECTED BY GIVING THE TENANT TIME TO PAY THE AMOUNT DUE BY HIM OR AGREEING TO ACCEPT SAME BY INSTALLMENTS NOR SHALL THIS GUARANTEE BE DETERMINED OR MY LIABILITY THEREUNDER BE AFFECTED BY THE BANKRUPTCY, DEATH OR LIQUIDATION OF THE TENANT.

Please Note as Guarantor your responsibility will continue for the duration of any lease in the above named Tenant / Tenants at this property.

- As Guarantor please confirm if you are claiming any Benefits YES NO
- As Guarantor please confirm if you are a home owner (at address below) YES NO
- As Guarantor please confirm if you are in Full Time Employment YES NO

I the Guarantor agree for a credit check to be carried out on my name at the landlords discretion

Signed By the Guarantor in agreement to all of the above:

Signature:.....

Guarantor's Full Name (In Block Capitals):.....

Guarantor's Address:.....

Postcode:

Home Tel No.:..... Business No:.....

Additional Contact Nos:.....

Guarantor Occupation: Relationship to tenant:.....

Place of Employment:.....

Witness Signature:..... Name of Independent Witness:.....

All Guarantors must be Home Owners and In Full Time Employment

All Guarantors must supply photographic identification i.e. passport or driving license and proof of residency i.e. utility bill or bank statement showing home address when submitting this form.