

Student Tenant Application - Referencing Form

Please return this form to: City Lettings Ltd, 56 Grove Road, Norwich, NR1 3RH

Property Details - To be completed by City Lettings

Property Details	Address			
	Postcode		Property Ref	
Tenancy Details	Monthly Rent		Total Rent for applicant	
	Tenancy term		Tenancy start date	

Tenant Details - Applicant to complete all grey areas

Property Address You Are Applying For	
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1 PERSONAL INFORMATION			
Name	Title, Full Name (including any middle names)		
Contact Details	Telephone number	Mobile	
	Email	Date of Birth	
Residential Status	Property Owner		Council tenant
	Private tenant		Living with relatives/friends
Personal Info	Have you any County Court Judgements, Court Decrees, Bankruptcy or Administration orders? (if yes, please detail on a separate sheet)	YES	NO
	Please also be aware that it may harm your application if you tick No and are later found to have County Court Judgements, Bankruptcy etc		
	Do you smoke?	YES	NO
	Do you have or look after any pets? If yes, please detail	YES	NO
	Names and ages of any children who will be occupying the property		
	Name, address and contact telephone number of next of kin		
Is your next of kin acting as your Guarantor?	YES	NO	

2 WHERE YOU LIVE			
Current Address	Include postcode		
	Period at this address - years and months		
	Do you rent or own this property?		
Current Landlord or Managing Agent	If currently renting or have rented in last 12 months		
	Name of Landlord or Managing Agent		
	Contact Name		
	Telephone - Day		Telephone - mobile
	Fax No		E-mail
Contact Address for when tenancy ends	May be used when dealing with deposit refunds if all other contact points exhausted		
	Address (incl postcode)		
	Telephone - Day		Telephone - mobile
Previous Address	Other addresses where you have lived during the last 3 years		
	Address 1 - most recent (inc postcode)		
	Period at this address (years and months)		
	Address 2		
	Period at this address (years and months)		
	Address 3		
	Period at this address (years and months)		

3 DETAILS OF STUDIES			
Details of College/ University	Institution Name		
	Institution Address (inc postcode)		
	Name of Course		
	Duration of Course		
	Enrolment Number		
	Year of study (at time of living in house)		Start date
Funding Details (if applicable)	Nature of Funding		
	Verification Contact Name		
	Contact Address (incl postcode)		
	Reference Number (if applicable)		
	Annual Amount	£	

4 EXTRA INFORMATION	
Additional Information	Use this space to provide an additional information we may have requested or any information you feel may be relevant to your application.

5 DECLARATION

Please read the declaration and sign and date below. WE CANNOT PROCEED WITH THIS APPLICATION IF YOU DO NOT SIGN

I hereby confirm that the information provided by me is to the best of my knowledge true. I consent to this information being verified by contacting the third parties detailed in this form. I understand that the results of the findings will be communicated to the landlord and may be accessed again should I default on my rental payment or apply for a new tenancy agreement in the future. I understand that City Lettings will make a search with a credit reference agency, which will keep a record of that search.

I also understand that in the event of my defaulting on the rental payment, that any such default may be recorded with any Credit Referencing Agency as seen fit by City Lettings who may supply the information to other credit companies or insurers in the quest for the responsible granting of tenancies, insurance and credit.

I understand that in the event of any default by me in respect of the covenants in my tenancy agreement with my landlord, the information provided herein may be disclosed to one or more tracing companies and/or debt collection agencies in order to recover any monies due or to trace my whereabouts. I understand that the information provided by me may be transferred to a country outside of the EU for the purposes only of processing this referencing application, notwithstanding such transfer. City Lettings will remain the Data Controller for the purposes of this application. The information provided in this form by me is information as described in Ground 17 of the Housing Act 1996 and I understand that if any information within this application is found to be untrue, it is grounds for termination of the tenancy. I also understand that any default in the payment of rent may affect any future application for tenancies, credit or insurance and that the assessment of this application presumes that at some time during the tenancy agreement, I may be granted or allowed some form of deferred payment.

I confirm that I understand and that it has been explained to me that the payment of a Holding Deposit is due with all Applications. I understand that should mine or any of my joint Applicants references be unsatisfactory or that I/we do not take up the tenancy on the agreed start date that I/we will forfeit the Holding Deposit. City Lettings in turn confirm that on receipt of the Holding Deposit they will not offer the accommodation to any other Applicant provided the owner in turn agrees to the Applicant(s) offer.

Signed	
Name (please print)	
Date	