



Keable Homes Ltd  
Sales & Lettings

**SUITE 1, WATLING CHAMBERS  
214 WATLING STREET  
CANNOCK  
WS11 0BD**

**TEL: 01543 468847**

**[www.keablehomes.co.uk](http://www.keablehomes.co.uk)**

**APPLICATION FOR TENANCY**

This form must be completed and signed before any application for tenancy can be formally considered. Applicants are reminded that in addition to the reference information requested herein they must also provide proof of identification and proof of residence.

Keable Homes Ltd charge a Holding/Application Fee. This fee is to cover the cost of processing your tenancy request and the preparation of the Tenancy Agreement and associated documents. The required fees are outlined in the Terms of Application enclosed and, once paid, are non-refundable. Each individual tenant must complete an 'Application for Tenancy'.

If your application is successful you will have to pay a deposit. This deposit will be held by Keable Homes Ltd as stakeholders. The deposit will not be returned until your tenancy is ended and only then provided your rent is paid in full and on the proviso that the household bills are paid (we will require proof) and the property is returned in a satisfactory condition. NB: Before the deposit is refunded we will also consult with the Landlord.

***Property*** \_\_\_\_\_

Property you wish to apply for: \_\_\_\_\_

### **MAIN FEATURES OF AN APPLICATION CONSIDERED ACCEPTABLE:-**

An applicant must

- \* Be 21 years of age or over
- \* Be in a permanent job for a minimum of 6 months
- \* Have a gross income of at least two and a half times the stated rent
- \* Provide ID and proof of address for all applicants (including recent utility bill, driving license and passport) – **WE CANNOT PROCESS THIS APPLICATION WITHOUT ID**
- \* **AGREE TO A FULL FINANCIAL CREDIT CHECK – This considers your money management, credit limits, CCJ's etc.**

### **TERMS OF APPLICATION**

1. All tenancies will be for an initial period of 6 months.
2. All applications must be in writing on the application forms supplied. Forms which are incomplete cannot be processed.
3. All applicants should be in full time employment.
4. All applicants are required to consent to Employers, Personal and Credit References being carried out.
5. It will be assumed that applicants have inspected the property in question and are satisfied as to its general condition.
6. An application fee of £222 including VAT will be made to cover the referencing and processing of the application. The total fee is payable at the time of submitting the application forms. This charge covers the cost of referencing and also includes the preparation of the Tenancy Agreement, associated documents and other administration. **The charge is non-refundable.**
7. **Should you be a couple or two people sharing that have NOT resided at the same address the application fee will be £318 including VAT as you will have to be referenced separately.**
8. The payment of the deposit (the agreed rent figure plus ten pounds) and the first month's rent is due upon signing of the Tenancy Agreement in cash, bankers draft or Debit card payment. Credit card payments are not acceptable.
9. All rents must be paid by standing order on the 1<sup>st</sup> of every month.
10. The Landlords agent will return the deposit upon a satisfactory final inspection at the end of the tenancy. The deposit cannot be considered at the final month's rent and must not be used for this purpose.
11. Properties must be vacated in the same condition as they were at the beginning of the tenancy. This includes the garden if applicable. All or some of the deposit may be retained to rectify any damage, cleaning or gardening to be done.
12. All services (water, electricity, gas and council tax) will be transferred into the tenant's name.
13. No repairs, alterations or decorations can be carried out without prior written consent from the Landlord.
14. The Tenant's must take out liability insurance which can also cover the Tenants & Landlords contents against accidental damage.

## Tenancy Deposit Scheme

All tenancy deposits now must be protected and registered. You must provide an address where you can be contacted **after you vacate** the property you intend to rent.

We cannot produce the Tenancy Agreement without this address, therefore please enter the post tenancy address in the space provided below. (e.g. parents address)

POST TENANCY  
ADDRESS.....  
.....  
.....

Do you have any criminal convictions?                      Yes                      No

If yes please give  
details.....  
.....  
.....

Who is the person providing the deposit?    Tenant                      Other

If other please give  
details.....  
.....  
.....

Will this property be you're only or principle home?                      YES                      No

### **Tenants Insurance – Your responsibility**

Keable Homes Ltd work in partnership with Let Alliance who will provide you with a no obligation quote for tenant liability insurance upon completion of your reference application. Alternatively you can provide Keable Homes Ltd with a copy of your current policy details prior to move in.

# General Data Protection Regulations

## Privacy Notice

### **Data Controller**

**Keable Homes Lettings Ltd, Suite 1, Watling Chambers, 214 Watling Street, Cannock, Staffs, WS11 0BD  
Tel – 01543 468847**

**ICO Registration Number: [Z7688162](#)**

### Your Personal Data

We will hold and process your personal data for purposes of completing your tenancy application. Your personal data will be shared with our designated credit referencing agency to process the tenancy application and the results of any subsequent credit score/report will be shared with the landlord as part of the decision-making process. We will hold and process your personal data for contractual and/or legitimate reasons. Therefore, your personal data will be shared with third parties to include but not limited to the landlord, contractors to conduct repairs, cloud based property management software systems (password protected), deposit protection schemes and utility companies to ensure the efficient management of the property and tenancy. We will also hold and process your personal data for any lawful reason required such as a law enforcement or a HMRC request. We will not share your personal data with any other third party not connected to the tenancy application without your explicit consent.

### Right to Deletion

You have the right to request that all your personal data we hold is deleted. Such a request can be sent to the above address or email, where we will confirm deletion or if not possible, explain the legitimate or lawful reasons why such a request cannot be actioned within 7 working days of receipt.

### Right to Rectification

You have the right to request that we amend any personal data we hold for you if you believe it is incorrect. Such a request can be sent to the above address or email, where we will confirm rectification or if not possible, explain the legitimate or lawful reasons why such a request cannot be actioned within 7 working days of receipt

### Subject Data Access Request

You have the right to request at any time, confirmation of the actual personal data we hold for you, and how this has been processed. Such a request can be sent to the above address or email which will be actioned within 7 working days of receipt.

### Complaint

In the first instance, if you have any complaint about how we hold or process your personal data, then please contact us at the above address or email. If you are still dissatisfied with our response, then you have the right to contact the Information Commissioners Office (ICO) at the following website <https://ico.org.uk/> quoting our ICO registration number which can be found above.

Sign.....

Sign.....

Date.....

**1. Prospective Tenants – please read carefully**

**1.0** The Disclosure of Tenant’s details to Help the Move and the incumbent Energy Supplier to the property and the relevant Council District for the property.

**1.1** At the start of the lease, gas and electricity will be provided, or will be in the process of being provided by an Energy Supplier, the details of this supplier will be communicated to the tenants by Help the Move customer service team. The tenants are not in a contract with their incumbent energy supplier and are free to choose any Energy Supplier option available to them.

**1.2** The Tenant agrees that the letting agent may pass the Tenant’s name and contact details to Help the Move for the purposes of:

**a.** registering the gas and electricity meters at the property in the Tenant’s name with the incumbent Energy Supplier providing gas and electricity to the Tenant and administering the Tenant’s account with the incumbent Energy Supplier if applicable;

**b.** registering the Tenant with the incumbent water supplier to the property.

**c.** informing the relevant district Council of the new tenancy commencing.  
The incumbent water supplier may contact the Tenant in order to provide further information about its services and products and conclude an agreement with the Tenant for those services and products.  
The relevant district Council may contact the Tenant in order to provide further information about its services and products and conclude an agreement with the Tenant for those services and products.

**1.3** Help the Move will use the Tenant’s details only for the purposes set out above and not in any other way.

Sign.....

Sign.....

Date.....

## INDIVIDUAL APPLICATION

**AGENT NAME:** Keable Homes Lettings

**AGENT CODE:** 600255

### SECTION 1 – TO BE COMPLETED BY THE LETTING AGENT

	References:	<input type="checkbox"/> Express	<input type="checkbox"/> Ultimate
	Is Global Reference Required?	<input type="checkbox"/> Express Global	<input type="checkbox"/> Ultimate Global
	Do you require Evict?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(For RG complete below)		
	R/G Period:	<input type="checkbox"/> 6 months	<input type="checkbox"/> 12 months
<b>Product required</b>	R/G Type:	<input type="checkbox"/> Per Tenant	<input type="checkbox"/> Per Property
	Address line 1:	.....	
	Address line 2:	.....	
	Address line 3:	.....	
	Postcode:	.....	
<b>Rental address</b>	Tenancy term:	.....	
	Monthly Rental:	£.....	Rent share for applicant£ .....
<b>Tenancy details</b>	No. of tenants being referenced	.....	
	Proposed tenancy start date: (Can be altered later if necessary)	...../...../.....	
	Is the Property	Let Only <input type="checkbox"/> Fully Managed <input type="checkbox"/>	

### National1 Team

The Let Alliance Team

Tel: 01244 886 236

Email: national1@letalliance.co.uk

Fax: 01244 241 117

**SECTION 2 – TENANTS PERSONAL DETAILS**

Title: .....

Forename(s): .....

Middle Name(s): .....

Surname: .....

Date of birth: ...../...../.....

Marital Status:            Married     Divorced     Not Married     Civil Partnership

Nationality .....

Mobile number .....

Contact details:            Contact number .....

   E-mail address .....

If you have ever been known by another name, please confirm it here .....

**SECTION 2 – TENANTS PERSONAL DETAILS (continued)**

You must provide three years' address history

**Present address**

Address line 1: .....

Address line 2: .....

Address line 3: .....

Postcode: .....

Time at this address: ..... Yrs. .... Mths

Address Status (circle):      Owner      Rented Accommodation

   Living with Parents/Friends    Other: .....

**Previous address 1:**

Address line 1: .....

Address line 2: .....

Address line 3: .....

Postcode: .....

Time at this address: ..... Yrs. .... Mths

**National1 Team**

The Let Alliance Team  
 Tel: 01244 886 236  
 Email: national1@letalliance.co.uk  
 Fax: 01244 241 117

**Please Complete if you have been at your current address less than 6 months**

Address Status (circle):      Owner      Rented Accommodation  
    Living with Parents/Friends    Other: .....

Previous address 2:      Address line 1: .....

   Address line 2: .....

   Address line 3: .....

   Postcode: .....

   Time at this address:      .....Yrs      .....Mths

*(If more space required, please use reverse of form)*

**SECTION 3 – LANDLORD / LETTING AGENT DETAILS**

Name of Landlord / Letting Agent:  
 ( where you are living at present or if not renting, the details of your last Landlord or Agent ) .....

.....

**Please Note :**      Number: .....

**Failure to provide**      Email: .....

**adequate contact**      Fax: .....

**details could**      Address line 1: .....

**delay your**      Address line 2: .....

**application**      City: .....      Postcode: .....

**Tenant Credit Information (if applicable)**

**IT IS IMPERATIVE THAT YOU DECLARE ANY ADVERSE CREDIT, WHETHER IT IS SATISFIED OR UNSATISFIED. FAILURE COULD HAVE A DETRIMENTAL AFFECT ON YOUR APPLICATION**

Do you have any CCJs or Court Decrees?      Yes / No

If Yes, give details.....

Have you ever been declared bankrupt or any IVA's, etc.?      Yes / No

If Yes, give details.....

**National1 Team**

The Let Alliance Team  
 Tel: 01244 886 236  
 Email: national1@letalliance.co.uk  
 Fax: 01244 241 117



**SECTION 4 – INCOME DETAILS**

**Current Employment Status**

Please circle one:    Employed    Unemployed    Self Employed    Independent Means  
    Contract Worker    Temp Worker    Student    Retired

**NOTE: If Self-Employed, a Director of your own Company, Retired or Independent Means, go to Section 5**

Name of company: .....

If company Director, Company Number: .....

Position .....      Gross Salary .....

Shift Allowance .....      Overtime .....

Bonus .....      Car Allowance .....

London Weighting .....

Name of company:      Payroll No.....      Start Date...../...../.....      Full Time / Part Time (circle)

If Company Director, Company Number:

Address line 1: .....

Address line 2: .....

Address line 3: .....

Postcode: .....

Contact name: .....

Email: .....

Contact Number: .....

Fax number: .....

Contact Position: .....

Is your current position going to change in the near future      Yes / No

If yes, please complete as below:

**National1 Team**

The Let Alliance Team  
 Tel:    01244 886 236  
 Email: national1@letalliance.co.uk  
 Fax:    01244 241 117

**Future employment details**  
(if current position is due to change in the near future)

**Future  
Employment  
Status**

Please circle one:

- Employed    Unemployed    Self Employed    Retired  
Contract Worker    Temp Worker    Student    Independent Means

Name of company: .....

Position ..... Gross Salary .....

Shift Allowance ..... Overtime .....

Bonus ..... Car Allowance .....

London Weighting .....

Payroll No..... Start Date...../...../... Payroll No.....

Address line 1: .....

Address line 2: .....

Address line 3: .....

Postcode: .....

Position which you will hold: .....

Contact name: .....

Email: .....

Contact Number: .....

Fax: .....

Tax Credits                    £.....                    Disability Benefit                    £.....

Child Maintenance                    £.....                    Housing Benefit                    £.....

**Do you have any other source of income?**

Additional Income (proof will be required)

Carers Allowance                    £.....                    Fosterers Allowance                    £.....

Child Benefit                    £.....                    Employment Support Allowance                    £.....

Guardian Allowance                    £.....

Additional Income 1                    £.....                    Additional Income 1                    £.....

Description .....                    Description .....

**National1 Team**

The Let Alliance Team

Tel: 01244 886 236

Email: national1@letalliance.co.uk

Fax: 01244 241 117

**SECTION 5 – ACCOUNTANT / PENSION PROVIDER**

Self-Employment/Retired / Independent Means                      Start Date                      ...../...../.....

Annual Income - £.....                      Will accountant be verifying income?                      Yes / No

Does the applicant have a private pension                      Yes / No                      How many? .....

Have finalized accounts                      Yes – by accountant                      Yes – Self Assessment                      No  
been prepared? (circle)

Name of Accountant: .....

Name of Pension Company: .....

Pension No.....                      Pension amount£.....

**Accountant /  
Pension Company  
details**

Address line 1: .....

Address line 2: .....

Address line 3: .....

Postcode: .....

Contact name: .....

Email: .....

Contact number: .....                      Fax number: .....

**NATIONAL INSURANCE NUMBER:****Please provide your NI number**  
.....**Nationality** .....**OTHER OCCUPANTS: Details of other people who will be staying in the property**

Number of adults: .....                      Number of children: .....

Are any of the occupants Smokers?                      Yes / No

Do you have any pets?                      Yes / No

If yes to these questions, please provide details: .....

**National1 Team**

The Let Alliance Team

Tel: 01244 886 236

Email: national1@letalliance.co.uk

Fax: 01244 241 117

## SECTION 6 – DECLARATION

### Terms & Conditions

I hereby confirm that the information I have provided is true and accurate and give my permission for this information to be verified by TransUnion (formerly CallCredit), my employer and/or future employer/accountant, my current or previous landlord or managing agent and Lexis Nexis, TrustID (where applicable) and disclosed as detailed above for the purpose of:

- Performing a credit search by a third party agency (our current Partner is TransUnion and their Privacy Notice is located here <https://www.callcredit.co.uk/legal-information/bureau-privacy-notice>)
- Verifying my income details
- Fraud prevention, credit assessment and insurance decisions

I understand that the results of these searches, **and any documentation shared with Let Alliance**, will be provided to the Letting Agent and accessed again in the event of a default in my rental payments.

I understand that I can request the details of any credit reference agencies used in order to verify the information provided.

I understand that providing false information may lead to early termination of any subsequent tenancy agreement. I am happy for Let Alliance to contact me in respect to this application if required. I have read and agree to be bound by the above terms.

I understand that Let Alliance will hold my details securely and will not pass these to third parties without my permission.

Our privacy statement can be found at <https://www.letalliance.co.uk/about/downloads/privacy-policy>

I confirm that I have read and agree with the above statement (*must be checked to continue*)

**Let Alliance will hold the supplied details securely and will contact you in respect of this reference application if required.**

***As per your tenancy agreement you may be required to provide your letting agent a copy of a Tenant Liability Insurance policy, which protects you against accidental damage to the landlord's fixtures and fittings, prior to the commencement of your tenancy. Please be aware that your letting agent may not be able to move you into your chosen home if you have not provided a copy of a policy to them.***

**YES** - Please tick the Yes box if you would like one of our Let Alliance Insurance Team to contact you, to make the move into your property as smooth as possible and to discuss our specialist Income Protection, Contents Insurance and/or Liability Insurance therefore providing you with peace of mind that you, your valuables and the landlords fixtures and fittings are protected.

**NO** - If you wish to arrange your own cover, this is entirely within your rights, and you should check No. Please note that you may need to provide documentary evidence to your Agent that you have a suitable Tenant Liability in place.

Signature: ..... Date: .....

**PLEASE RETURN THIS APPLICATION FORM TO YOUR LETTING AGENT.**

**SHOULD YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION PLEASE DO NOT HESITATE TO CALL OR EMAIL US AND A MEMBER OF OUR TEAM WILL BE HAPPY TO ASSIST YOU**

### **National1 Team**

The Let Alliance Team

Tel: 01244 886 236

Email: [national1@letalliance.co.uk](mailto:national1@letalliance.co.uk)

Fax: 01244 241 117

## INDIVIDUAL APPLICATION

**AGENT NAME:** Keable Homes Lettings

**AGENT CODE:** 600255

### SECTION 1 – TO BE COMPLETED BY THE LETTING AGENT

	References:	<input type="checkbox"/> Express	<input type="checkbox"/> Ultimate
	Is Global Reference Required?	<input type="checkbox"/> Express Global	<input type="checkbox"/> Ultimate Global
	Do you require Evict?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(For RG complete below)		
	R/G Period:	<input type="checkbox"/> 6 months	<input type="checkbox"/> 12 months
<b>Product required</b>	R/G Type:	<input type="checkbox"/> Per Tenant	<input type="checkbox"/> Per Property
	Address line 1:	.....	
	Address line 2:	.....	
	Address line 3:	.....	
	Postcode:	.....	
<b>Rental address</b>	Tenancy term:	.....	
	Monthly Rental:	£.....	Rent share for applicant £ .....
<b>Tenancy details</b>	No. of tenants being referenced	.....	
	Proposed tenancy start date: (Can be altered later if necessary)	...../...../.....	
	Is the Property	Let Only <input type="checkbox"/> Fully Managed <input type="checkbox"/>	

### National1 Team

The Let Alliance Team

Tel: 01244 886 236

Email: national1@letalliance.co.uk

Fax: 01244 241 117

SECTION 2 – TENANTS PERSONAL DETAILS

Title: .....

Forename(s): .....

Middle Name(s): .....

Surname: .....

Date of birth: ...../...../.....

Marital Status: Married  Divorced  Not Married  Civil Partnership

Nationality .....

Mobile number .....

Contact details: Contact number .....

E-mail address .....

If you have ever been known by another name, please confirm it here .....

SECTION 2 – TENANTS PERSONAL DETAILS (continued)

You must provide three years’ address history

**Present address**

Address line 1: .....

Address line 2: .....

Address line 3: .....

Postcode: .....

Time at this address: ..... Yrs. .... Mths

Address Status (circle): Owner Rented Accommodation  
Living with Parents/Friends Other: .....

**Previous address 1:**

Address line 1: .....

Address line 2: .....

Address line 3: .....

Postcode: .....

Time at this address: ..... Yrs. .... Mths

**National1 Team**

The Let Alliance Team  
Tel: 01244 886 236  
Email: national1@letalliance.co.uk  
Fax: 01244 241 117

**Please Complete if you have been at your current address less than 6 months**

Address Status (circle):      Owner      Rented Accommodation  
    Living with Parents/Friends      Other: .....

Previous address 2:      Address line 1: .....

   Address line 2: .....

   Address line 3: .....

   Postcode: .....

   Time at this address:      .....Yrs      .....Mths

*(If more space required, please use reverse of form)*

**SECTION 3 – LANDLORD / LETTING AGENT DETAILS**

Name of Landlord / Letting Agent:  
 ( where you are living at present or if not renting, the details of your last Landlord or Agent ) .....

.....

**Please Note :**      Number: .....

**Failure to provide**      Email: .....

**adequate contact**      Fax: .....

**details could**      Address line 1: .....

**delay your**      Address line 2: .....

**application**      City: .....      Postcode: .....

**Tenant Credit Information (if applicable)**

**IT IS IMPERATIVE THAT YOU DECLARE ANY ADVERSE CREDIT, WHETHER IT IS SATISFIED OR UNSATISFIED. FAILURE COULD HAVE A DETRIMENTAL AFFECT ON YOUR APPLICATION**

Do you have any CCJs or Court Decrees?      Yes / No

If Yes, give details.....

Have you ever been declared bankrupt or any IVA's, etc.?      Yes / No

If Yes, give details.....

**National1 Team**

The Let Alliance Team  
 Tel: 01244 886 236  
 Email: national1@letalliance.co.uk  
 Fax: 01244 241 117

**SECTION 4 – INCOME DETAILS**

**Current Employment Status**

Please circle one:    Employed    Unemployed    Self Employed    Independent Means  
    Contract Worker    Temp Worker    Student    Retired

**NOTE: If Self-Employed, a Director of your own Company, Retired or Independent Means, go to Section 5**

Name of company: .....

If company Director, Company Number: .....

Position .....      Gross Salary .....

Shift Allowance .....      Overtime .....

Bonus .....      Car Allowance .....

London Weighting .....

Name of company:      Payroll No.....      Start Date...../...../.....      Full Time / Part Time (circle)

If Company Director, Company Number:

Address line 1: .....

Address line 2: .....

Address line 3: .....

Postcode: .....

Contact name: .....

Email: .....

Contact Number: .....

Fax number: .....

Contact Position: .....

Is your current position going to change in the near future      Yes / No

If yes, please complete as below:

**National1 Team**

The Let Alliance Team  
 Tel:    01244 886 236  
 Email: national1@letalliance.co.uk  
 Fax:    01244 241 117



**Future employment details**  
(if current position is due to change in the near future)

**Future  
Employment  
Status**

Please circle one:      Employed      Unemployed      Self Employed      Retired  
Contract Worker      Temp Worker      Student      Independent Means

Name of company: .....

Position .....      Gross Salary .....

Shift Allowance .....      Overtime .....

Bonus .....      Car Allowance .....

London Weighting .....

Payroll No.....      Start Date...../...../.....      Payroll No.....

Address line 1: .....

Address line 2: .....

Address line 3: .....

Postcode: .....

Position which you will hold: .....

Contact name: .....

Email: .....

Contact Number: .....

Fax: .....

**Do you have any other source of income?**  
Additional Income (proof will be required)

Tax Credits      £.....      Disability Benefit      £.....

Child Maintenance      £.....      Housing Benefit      £.....

Carers Allowance      £.....      Fosterers Allowance      £.....

Child Benefit      £.....      Employment Support Allowance      £.....

Guardian Allowance      £.....

Additional Income 1      £.....      Additional Income 1      £.....

Description .....      Description .....

SECTION 5 – ACCOUNTANT / PENSION PROVIDER

Self-Employment/Retired / Independent Means Start Date ...../...../.....

Annual Income - £..... Will accountant be verifying income? Yes / No

Does the applicant have a private pension Yes / No How many? .....

Have finalized accounts been prepared? (circle) Yes – by accountant Yes – Self Assessment No

Name of Accountant: .....

Name of Pension Company: .....

Pension No..... Pension amount £.....

Accountant / Pension Company details

Address line 1: .....

Address line 2: .....

Address line 3: .....

Postcode: .....

Contact name: .....

Email: .....

Contact number: ..... Fax number: .....

NATIONAL INSURANCE NUMBER:

Please provide your NI number

.....

Nationality

.....

OTHER OCCUPANTS: Details of other people who will be staying in the property

Number of adults: ..... Number of children: .....

Are any of the occupants Smokers? Yes / No

Do you have any pets? Yes / No

If yes to these questions, please provide details: .....

National1 Team

The Let Alliance Team

Tel: 01244 886 236

Email: national1@letalliance.co.uk

Fax: 01244 241 117

## SECTION 6 – DECLARATION

### Terms & Conditions

I hereby confirm that the information I have provided is true and accurate and give my permission for this information to be verified by TransUnion (formerly CallCredit), my employer and/or future employer/accountant, my current or previous landlord or managing agent and Lexis Nexis, TrustID (where applicable) and disclosed as detailed above for the purpose of:

- Performing a credit search by a third party agency (our current Partner is TransUnion and their Privacy Notice is located here <https://www.callcredit.co.uk/legal-information/bureau-privacy-notice>)
- Verifying my income details
- Fraud prevention, credit assessment and insurance decisions

I understand that the results of these searches, **and any documentation shared with Let Alliance**, will be provided to the Letting Agent and accessed again in the event of a default in my rental payments.

I understand that I can request the details of any credit reference agencies used in order to verify the information provided.

I understand that providing false information may lead to early termination of any subsequent tenancy agreement. I am happy for Let Alliance to contact me in respect to this application if required. I have read and agree to be bound by the above terms.

I understand that Let Alliance will hold my details securely and will not pass these to third parties without my permission.

Our privacy statement can be found at <https://www.letalliance.co.uk/about/downloads/privacy-policy>

I confirm that I have read and agree with the above statement (*must be checked to continue*)

**Let Alliance will hold the supplied details securely and will contact you in respect of this reference application if required.**

***As per your tenancy agreement you may be required to provide your letting agent a copy of a Tenant Liability Insurance policy, which protects you against accidental damage to the landlord's fixtures and fittings, prior to the commencement of your tenancy. Please be aware that your letting agent may not be able to move you into your chosen home if you have not provided a copy of a policy to them.***

**YES** - Please tick the Yes box if you would like one of our Let Alliance Insurance Team to contact you, to make the move into your property as smooth as possible and to discuss our specialist Income Protection, Contents Insurance and/or Liability Insurance therefore providing you with peace of mind that you, your valuables and the landlords fixtures and fittings are protected.

**NO** - If you wish to arrange your own cover, this is entirely within your rights, and you should check No. Please note that you may need to provide documentary evidence to your Agent that you have a suitable Tenant Liability in place.

Signature: ..... Date: .....

**PLEASE RETURN THIS APPLICATION FORM TO YOUR LETTING AGENT.**

**SHOULD YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION PLEASE DO NOT HESITATE TO CALL OR EMAIL US AND A MEMBER OF OUR TEAM WILL BE HAPPY TO ASSIST YOU**

### **National1 Team**

The Let Alliance Team

Tel: 01244 886 236

Email: [national1@letalliance.co.uk](mailto:national1@letalliance.co.uk)

Fax: 01244 241 117