

Tenant Name:

Property:



**37 HIGH STREET  
SHEPTON MALLET  
BA4 5AQ**

**01749 343111**

THIS IS A BINDING DOCUMENT PLEASE ONLY SIGN IT IF YOU WANT TO BE BOUND BY THE TERMS. THE RESERVATION FEE IS NOT REFUNDABLE IF YOU WITHDRAW FROM THE TRANSACTION

TENANTS APPLICATION FORM

PROPERTY ADDRESS:

TODAYS DATE:

RENT AGREED: £

TENANT ONE NAME:

TENANT ONE DATE OF BIRTH:

TENANT TWO NAME:

TENANT TWO DATE OF BIRTH:

CONTACT TELEPHONE NUMBERS:

TENANT ONE

TENANT TWO

CONTACT EMAIL ADDRESS:

CONTACT ADDRESS:

PREVIOUS ADDRESS (IF LESS THAN THREE YEARS)

ARE YOU RENTING NOW:

IF YES AT WHAT RENT: £

HOW LONG HAVE YOU BEEN RENTING ?

EXISTING LANDLORDS / AGENT NAME:

EXISTING LANDLORDS / AGENTS ADDRESS:

EXISTING LANDLORDS / AGENTS CONTACT NUMBER:

DATE OCCUPATION WANTED:

DO YOU HAVE ANY PETS, IF SO WHAT ?

**THIS IS A BINDING DOCUMENT PLEASE ONLY SIGN IT IF YOU WANT TO BE BOUND BY THE TERMS. THE RESERVATION FEE IS NOT REFUNDABLE IF YOU WITHDRAW FROM THE TRANSACTION**

**WILL ANYONE OTHER THAN THE ABOVE NAMED LIVE IN THE PROPERTY,IF SO WHO ?**

**TENANT ONE EMPLOYER NAME AND ADDRESS:**

**TENANT ONE: ANNUAL SALARY £**

**IS IT PERMANENT ?**

**HOW LONG EMPLOYED ?**

**TENANT TWO EMPLOYER NAME AND ADDRESS:**

**TENANT TWO: ANNUAL SALARY £**

**IS IT PERMANENT?**

**HOW LONG EMPLOYED?**

**TENANT ONE BANK DETAILS:**

**BANK NAME:**

**NAME OF ACCOUNT HOLDER:**

**ACCOUNT NUMBER:**

**SORT CODE:**

**TENANT TWO BANK DETAILS:**

**BANK:**

**NAME OF ACCOUNT HOLDER:**

**ACCOUNT NUMBER:**

**SORT CODE:**

**THIS IS A BINDING DOCUMENT PLEASE ONLY SIGN IT IF YOU WANT TO BE BOUND BY THE TERMS. THE RESERVATION FEE IS NOT REFUNDABLE IF YOU WITHDRAW FROM THE TRANSACTION**

ANY OTHER INFORMATION YOU WANT TO PROVIDE:

**DEPOSIT REGISTRATION INFORMATION**

TENANT'S / TENANS' ALTERNATIVE POSTAL ADDRESS DURING THE LENGTH OF THE TENANCY (DIFFERENT TO ADDRESSES FROM PAGE 2)

WILL A THIRD PARTY BE PAYING THE DEPOSIT FOR YOU?

IF **NO**, PLEASE GO TO PAGE 5

IF **YES**, PLEASE FILL IN THE SECTION BELOW:

MY/OUR DEPOSIT WILL BE PAID FOR ME/US BY:

FULL NAME/NAMES .....

FULL ADDRESS WITH POSTCODE .....

.....

.....

MOBILE NUMBER .....

HOME NUMBER .....

WORK NUMBER .....

EMAIL ADDRESS .....

THIS IS A BINDING DOCUMENT PLEASE ONLY SIGN IT IF YOU WANT TO BE BOUND BY THE TERMS. THE RESERVATION FEE IS NOT REFUNDABLE IF YOU WITHDRAW FROM THE TRANSACTION

**GUARANTOR DETAILS** (ONLY COMPLETE IF REQUESTED TO DO SO)

GUARANTOR NAME: .....

GUARANTOR ADDRESS: .....

CONTACT NUMBERS: .....

EMAIL ADDRESS: .....

DOB .....

DO YOU OWN YOUR PROPERTY?.....

EMPLOYER NAME & ADDRESS

.....

.....

FOR OFFICE USE:

ID SEEN .....

RES FEE PAID £.....

**NOTES**

WHERE A GUARANTOR IS REQUIRED, THE GUARANTOR WILL SIGN A GUARANTOR FORM AND IF REQUIRED BY SIMON HEAL ESTATE AGENTS WILL ALSO SIGN THE TENANCY AGREEMENT. PLEASE NOTE IF YOU ACT AS GUARANTOR YOU ARE JOINTLY AND SEVERALLY LIABLE FOR THE RENT FOR THE FULL TERM OF THE TENANCY AND ANY DAMAGES CAUSED TO THE PROPERTY. THE GUARANTOR WILL ALSO PROVIDE ID. A RECEIPT SHOWING ALL MONIES PAID WILL BE PROVIDED ON COMPLETION OF THE TENANCY. ALL MONIES PAID MUST BE IN CLEARED FUNDS IE CASH OR BANKERS DRAFT. IF YOU INTEND TO PAY BY PERSONAL CHEQUE OR BANK TRANSFER WE REQUIRE SEVEN CLEAR WORKING DAYS TO PROCESS MONIES. THE RESERVATION FEE OF £250.00 IS PER PROPERTY, THIS AMOUNT WILL RESERVE THE PROPERTY FOR 30 DAYS UNLESS OTHERWISE AGREED BY THE LANDLORD. PURSUANT TO MONEY LAUNDERING REGULATIONS WE WILL REQUIRE COPIES OF PHOTO ID AND A CURRENT PROOF OF ADDRESS DOCUMENT (UTILITY BILL, BANK STATEMENT OR SIMILAR). COMPLETION OF THIS APPLICATION FORM DOES NOT GUARANTEE THE APPLICATION WILL BE ACCEPTED

**WE REQUIRE AN AGENCY FEE OF £285 PER SINGLE UNIT LET, FOR MULTIPLE LETS THE AGENCY FEE WILL BE CHARGED AT £200 PER PERSON. THIS IS NOT REFUNDABLE IF YOU WITHDRAW FROM THE TRANSACTION UNDER ANY CIRCUMSTANCES. IF THE LANDLORD WITHDRAWS FROM THE TRANSACTION DUE TO UNSATISFACTORY REFERENCE, THE FEE REMAINS NON-REFUNDABLE.**

**DECLARATION**

I / WE HAVE READ, UNDERSTOOD AND ACCEPT AS FAIR AND REASONABLE THE TERMS AS STATED ABOVE AND CONFIRM THE INFORMATION GIVEN IS CORRECT. I / WE UNDERSTAND SIMON HEAL LIMITED T/A SIMON HEAL TRADING LTD MAY CARRY OUT CREDIT AND OTHER CHECKS FROM THE INFORMATION SUPPLIED TO VERIFY MY / OUR SUITABILITY AS TENANTS. I / WE UNDERSTAND THAT IF I / WE WITHDRAW FROM THE TRANSACTION OR HAVE PROVIDED FALSE INFORMATION I / WE WILL LOSE THE RESERVATION FEE PAID. SIMON HEAL ESTATE AGENTS OR ITS CLIENT RESERVE THE RIGHT TO REFUSE ANY APPLICATION. I / WE HEREBY CONFIRM I / WE ARE HAPPY FOR AND HEREBY AUTHORISE SIMON HEAL TRADING LTD TO CONTACT / MY / OUR EMPLOYERS AND FOR MY / OUR EMPLOYER TO RELEASE INFORMATION REGARDING MY / OUR EMPLOYMENT AS REQUIRED

I/we understand and accept that should my/our application be successful; Simon Heal Estate Agents will register my/our deposit in My Deposits Scheme for which I/we will be charged a fee of £35 plus vat (Included in reservation fee). I/we also understand and accept that a charge of £25 plus vat will apply for being served Prescribed Information whenever applicable throughout the tenancy.

SIGNED AND PRINTED.....

SIGNED AND PRINTED.....

DATED.....