

Applicant's name:

Property:



**SimonHeal**  
E S T A T E   A G E N T S



THE ESTATE OFFICE, BROOK HALL,  
EVERCREECH  
BA4 6DP

**01749 343111**

APPLICATION FORM FOR RESIDENTIAL ACCOMMODATION - HMO

THIS APPLICATION FORM MUST BE FILLED IN BY EACH OF THE  
APPLICANTS WISHING TO APPLY FOR A PROPERTY OF MULTIPLE  
OCCUPATION

PROPERTY ADDRESS:

TODAYS DATE:

RENT AGREED (PER BEDROOM): £

APPLICANT'S NAME:

APPLICANT'S DATE OF BIRTH:

CONTACT TELEPHONE NUMBER:

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 LANDLORD'S / AGENT'S NAME:

EXISTING LANDLORD'S / AGENT'S ADDRESS:

EXISTING LANDLORD'S / AGENT'S CONTACT NUMBER:

DATE OCCUPATION WANTED:

DO YOU HAVE ANY PETS, IF SO WHAT?

APPLICANT'S EMPLOYER'S NAME, EMAIL AND ADDRESS:

APPLICANT'S ANNUAL SALARY: £

IS IT PERMANENT?                      HOW LONG EMPLOYED?

**BANK DETAILS (FOR RENTAL STANDING ORDER)**

BANK NAME:

NAME OF ACCOUNT HOLDER:

ACCOUNT NUMBER:

SORT CODE:

ANY OTHER INFORMATION YOU WANT TO PROVIDE (**FOR STUDENTS**, PLEASE PROVIDE DETAILS OF STUDENT LOAN, MAINTENANCE LOAN AND ANY OTHER SOURCE OF INCOME)

DEPOSIT REGISTRATION INFORMATION

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

WILL A THIRD PARTY BE PAYING THE TENANCY DEPOSIT FOR YOU?

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

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

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

FULL NAME/NAMES.....

FULL ADDRESS WITH POSTCODE .....

.....

.....

MOBILE NUMBER .....

HOME NUMBER .....

WORK NUMBER .....

EMAIL ADDRESS .....

**GUARANTOR DETAILS (APPLIES TO STUDENTS)**

GUARANTOR'S NAME AND ADDRESS:

CONTACT NUMBER

EMAIL ADDRESS

D.O.B

DO YOU OWN YOUR PROPERTY? IF SO, HOW MUCH EQUITY DO YOU HAVE IN IT?

EMPLOYER'S NAME & ADDRESS

**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 AND UTILITY BILLS FOR THE FULL TERM OF THE TENANCY AND ANY DAMAGES CAUSED TO THE PROPERTY. GUARANTOR MUST PROVIDE CURRENT PHOTO ID.

SIGNED BY GUARANTOR .....

PRINTED.....

**TENANT FEES**

ANY APPLICANT WHO IS GRANTED A TENANCY AGREEMENT BY SIMON HEAL ESTATE AGENTS IS LIABLE FOR THE FOLLOWING FEES:

1. FULL RENT PAYABLE UPFRONT ON THE RENT DUE DATE AS PER THE TENANCY AGREEMENT (APART FROM FIRST RENT WHICH MUST BE PAID BEFORE, SEE AGENT'S NOTES IN PAGE 6.)
2. TENANCY DEPOSIT IN THE EQUIVALENT OF THE MONTHLY RENT.
3. INTEREST OF 3% OVER BANK OF ENGLAND BASE RATE (AT ANY ONE TIME) FOR ANY RENT PAID LATER THAN 14 DAYS FROM THE RENT DUE DATE.
4. A REASONABLE FEE FOR INTRODUCING ALTERATIONS TO A TENANCY AGREEMENT.
5. A REASONABLE FEE FOR ANY LOST OR DAMAGED KEY OR SECURITY DEVICE (WRITTEN PROOF OF COST WILL BE PROVIDED).
6. EARLY TENANCY TERMINATION FEE (PROVIDED THIS IS AGREED BY THE LANDLORD). SUCH COST TO TENANT WOULD INCLUDE ANY RENT TO BE PAID UNTIL NEW TENANT IS FOUND AND AGENT'S RE-ADVERTISING AND RE-LET FEES.
7. FULL COST OF ALL UTILIY BILLS.
8. FAIR COST OF BREACHES OF THE TENANCY AGREEMENT AND DAMAGES TO THE PROPERTY OR ITS CONTENTS AND FITTINGS.

THE ABOVE LIST HAS BEEN PREPARED IN ACCORDANCE WITH THE TENANT FEE BAN 2019 AND DOES NOT AFFECT ANY STATUTORY RIGHTS OF THE APPLICANT OR GUARANTOR.

**AGENT'S NOTES**

A RECEIPT SHOWING THE RENT AND TENANCY DEPOSIT 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 **AT LEAST THREE CLEAR WORKING DAYS** TO PROCESS MONIES (**SEVEN WORKING DAYS FOR CHEQUES**).  
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).  
PURSUANT TO RIGHT TO RENT LAWS APPLICANTS FROM OUTSIDE THE EUROPEAN UNION MUST PROVIDE COPIES OF VALID WORK PERMITS OR VISAS.  
ALL DATA COLLECTED BY SIMON HEAL ESTATE AGENTS WILL BE PROCESSED ACCORDING TO DATA PROTECTION RULES. MORE INFORMATION CAN BE FOUND ON [www.simonheal/privacypolicy](http://www.simonheal/privacypolicy)

(FOR OFFICE USE) COPIES OF IDs AND/OR WORK PERMITS/VISAS COLLECTED  (DATE).....
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**COMPLETION OF THIS APPLICATION FORM DOES NOT GUARANTEE THE TENANCY WILL BE GRANTED.**

**APPLICANT'S DECLARATION**

<p>I HAVE READ, UNDERSTOOD AND ACCEPT AS FAIR AND REASONABLE THE TERMS AS STATED ABOVE AND CONFIRM THE INFORMATION GIVEN BY ME IS CORRECT. I UNDERSTAND THAT SIMON HEAL ESTATE AGENTS WILL CARRY OUT NECESSARY CHECKS FROM THE INFORMATION SUPPLIED TO VERIFY MY SUITABILITY AS A TENANT, THEREFORE I HEREBY CONFIRM I AM HAPPY AND HEREBY AUTHORISE SIMON HEAL ESTATE AGENTS TO CONTACT MY EMPLOYER AND FOR MY EMPLOYER TO RELEASE INFORMATION REGARDING MY EMPLOYMENT AS REQUIRED. I UNDERSTAND THAT IF I HAVE PROVIDED FALSE INFORMATION I MAY LOOSE THE PROPERTY I AM APPLYING FOR. I UNDERSTAND AND ACCEPT THAT SIMON HEAL ESTATE AGENTS OR THEIR CLIENT RESERVE THE RIGHT TO REFUSE ANY APPLICATION AND REASON MAY NOT BE PROVIDED. I UNDERSTAND THAT IF THE TENANCY IS GRANTED, MY DEPOSIT WILL BE PROTECTED BY A GOVERNMENT APPROVED SCHEME.</p> <p>SIGNED BY APPLICANT .....</p> <p>PRINTED BY APPLICANT .....</p> <p>DATED.....</p> <p>Please tick this box to confirm that you are happy for us to contact you with relevant marketing information <input type="checkbox"/></p>
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