

Application for Residential Letting

Please complete this form in capitals and return to: DDM Agriculture, Eastfield, Albert Street, BRIGG, DN20 8HS, or to: cecilie.lister@ddmagriculture.co.uk

1. THE PROPERTY YOU ARE APPLYING FOR

Address:			
Rent per month:	£	Deposit:	£
When would you like to		What length of contract	
move in?		do you require initially?	
Reason for moving?			

2. PERSONAL DETAILS

1 st Applicant:	2 nd Applicant					
Title:	Title:					
Surname:	Surname:					
Forename(s):	Forename(s):					
Current Address:	Current Address:					
How long at this address:	How long at this address:					
Previous	Previous					
addresses (3 years	addresses (3 years					
address history in	address history in					
total): (please continue	total):					
on the back if you need more room)	totaly.					
Marital Status:	Marital Status:					
Date of Birth:	Date of Birth:					
Nationality:	Nationality:					
Home Tel:	Home Tel:					
Work Tel:	Work Tel:					
Mobile:	Mobile:					
NI Number:	NI Number:					
Email:	Email:					
We will use the above email and mobile number to communicate with you during the tenancy.						

PERSONAL DETAILS CONTINUED

Do any intended	Smoke:	YES/NO	Will the deposit be paid	YES/NO
occupants:	Have pets:	YES/NO	by anyone other than	
			the tenant(s)?	
			If yes, please name:	
Please specify				
pets:				

1 st Applicant:		2 nd Applicant:	
Are you:		Are you:	
Tick as appropriate	Homeowner	Tick as appropriate	Homeowner
	Private Tenant		Private Tenant
	Council Tenant		Council Tenant
	Living with parents		Living with parents
	Other (Please specify below)		Other (Please specify below)
Please provide name of	your current	Please provide name	of your current
Landlord/Landlord's Ag	ent:	Landlord/Landlord's	Agent:
Address renting:		Address renting:	
Tel:		Tel;	
Email:		Email:	
Current Rent:	£	Current Rent:	£
Please provide name of	your previous	Please provide name	of your previous
Landlord/Landlord's Ag	-	Landlord/Landlord's	
<u>, </u>			
Address renting:		Address renting:	
Tel:		Tel;	
Email:		Email:	
Previous Rent:	£	Previous Rent:	
	_		
Are you aware of any p	revious adverse credit	Are you aware of any	previous adverse credit
history? I.e. CCJ's?		history? I.e. CCJ's?	
If yes please give details	YES/NO	If yes please give	YES/NO
below	,	details below	•
Next of kin (this should not be applicant)	e your partner if they are a joint	Next of kin (this should no applicant)	t be your partner if they are a joint
Name:		Name:	

Address:							Addre	ess:					
Tel:													
Email:													
OTHER PERSON			ماداد اداد	+f	himth fou	A 11.	-th		ha:1	1			
Please give th				tes of	birth for	ALL	otner p	ersons wi	no Wii	ı occu	py tne	proper	ty.
Name:	addition to the above named) me: Date of birth:												
								2410 01 1					
3. SPECIAL	REQUES	TS/REC	QUIREN	⁄ΙENTS									
								Agents No	tes:				
								_					
for the r	be asked ent for th ntor need	ne prop Is to go	erty if	the ter	nant fails same refe	to do erenc	so and	guarantor of for any dar cess as a te rnings to co	mages nant. 1	costin	g more re requi	than the	e deposit. e in full
Name:						N	lame:						
Address:						A	ddress	:					
Tel:													
Email:													
5a. EMPLOY	MENT DI	ETAILS	(if self-	-emplo	oyed go to	5b)							
1 st Applicant							2 nd App	olicant					
Employer:						1	Employ	/er:					
Address:							Addres	s:					

			4		
Position			Position		
Held/Department:			Held/Department:		
Are you:	Full time		Are you:	Full time	
Tick as appropriate	Part Time		Tick as appropriate	Part Time	
	Temporary C	Contract		Temporar	y Contract
Gross salary (before			Gross salary (before		
tax):			tax):		
Average			Average		
Commission/			Commission/		
Overtime:	£	Per Year	Overtime:	£	Per Year
Employment			Employment		
commencement			commencement		
date:			date:		
Are you still in a			Are you still in a		
probationary			probationary		
period?	YES/NO		period?	YES/NO	
If so when does it			If so when does it		
end?			end?		
Who can we contact to confirm the above?		Who can we contact t	o confirm t	he above?	
Name/Department:			Name/Department:		
Telephone:			Telephone:		
Email:			Email:		
Address: (if different			Address: (if different		
from above)			from above)		
Income of any other			Income of any other		
source:			source:		

5b. SELF EMPLOYED

Name of your business:			
Nature of your business:			
Business Address:			
How long have you been in		Average Earnings:	£ Per year
business?			
Accountant:			
Name:			
Tel:			
Email:			
	-	•	

Signed 1 st Applicant	Date:
Signed 2 nd Applicant	Date: