



THE ESTATE OFFICE, EGGLESTONE ABBEY, BARNARD CASTLE, COUNTY DURHAM DL12 9TN
TEL: 01833 690100 FAX: 01833 637004 e.mail: williamsalvin@whtsalvin.co.uk www.whtsalvin.co.uk



Date Completed	
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TENANCY APPLICATION FORM

APPLICANTS DETAILS:

Full Name			Date of Birth			
			NI Number			
			Smoker	Yes / No		
			Gender	Male / Female		
Present Address						
				Post Code		
Residence Type	Owned <input type="checkbox"/>	Tenanted <input type="checkbox"/>	Time at this address	Years:..... Months:.....		
Present Landlord/ Agent Name						
Landlord/ Agent Address						
					Post Code	
					Telephone	
					Mobile	
	Email					
Previous Address (if less than 3 years)						
					Post Code	
Applicant Contact Details	Home Telephone					
	Work Telephone					
	Mobile					
	Email					
Marital Status:	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/>					
Spouse/Partner's Full Name			Date of Birth			
Children			Ages			



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APPLICANTS EMPLOYMENT DETAILS:

Employer's/ Business Name			
Employer's/ Business Address			
	Post Code		
Employer's Contact Details	Work Telephone		
	Email		
Applicants Position within Business			
Position held since		Status	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>
Salary/ Wages (annual/ monthly/ weekly)			

Spouse/Partner's Current Employer's/ Business Name & Address	
Position	

Reasons for applying for housing:	
Any connections to the Property Owner?	

APPLICANTS IDENTITY INFORMATION (MONEY LAUNDERING REGULATIONS)

Copy Document Required: 1 from each row. (tick if attached)	Council Tax <input type="checkbox"/>	Utility Bill <input type="checkbox"/>	Bank Statement <input type="checkbox"/>
	Passport <input type="checkbox"/>	Driving Licence <input type="checkbox"/>	



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RESIDENTIAL LETTING PROPERTY REQUIREMENTS:

Type of accommodation required	Large House <input type="checkbox"/> Cottage <input type="checkbox"/> Bungalow <input type="checkbox"/>
Number of bedrooms required:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4+ <input type="checkbox"/>
Preferred location?	
Willingness to take isolated property?	
Maximum rental budget, per month, exclusive of Utilities and Council Tax?	£ _____ PER MONTH
Proposed Share of Rent?	
Length of Tenancy required?	
When ideally would you wish it to commence?	
Do you own any pets? If Yes please provide details of pets	
Number of cars? (and also e.g. caravans/boats, etc.)	
Size of garden preferred	



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PERSONAL DETAILS:

Do you have any of the following? If yes please give details below	County Court Judgment <input type="checkbox"/> Criminal Conviction <input type="checkbox"/> Declared Bankrupt <input type="checkbox"/>
Details:	
Do you currently claim for any Government benefits? If yes please give details	Housing Benefit <input type="checkbox"/> Council Tax Benefits <input type="checkbox"/> Child Tax Credit <input type="checkbox"/> Income Support <input type="checkbox"/> Job Seekers Allowance <input type="checkbox"/> Incapacity Benefits <input type="checkbox"/> Other <input type="checkbox"/> Please specify:
Any other information that may support your application:	

Declaration & Authorisation - PLEASE NOTE:

Your application will remain active for six months, after which time it will be cancelled. Please apply again after six months if you wish to remain registered for accommodation.

Please send or email this form to:

WHT Salvin
The Estate Office
Egglestone Abbey
Abbey Lane
Barnard Castle
Co. Durham
DL12 9TN

Tel: 01833 690100
Fax: 01833 637004
Email: admin@whtsalvin.co.uk

I certify that the above information is correct and I undertake to notify WHT Salvin in writing of any change in my/our circumstances.

Signed – Applicant: _____ Date: _____

Name: _____