



DEVLIN RESIDENTIAL

Tenancy Application

- Please write clearly in black ink and circle as appropriate.
- Failure to complete this application form correctly and in full may lead to your application not being processed further.
- Once complete please return to Devlin Residential.

1. Personal Details

| Title Mr/Mrs/Miss/Ms | First Name | Surname | National Insurance No | DOB DD/MM/YY | Sex M/F |
|-------------------------|------------|---------|--------------------------|-----------------|------------|
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If allocated accommodation you will be expected to become a legal tenant, either by yourself (a single tenancy) or with others in your household (a joint tenancy). Which type do you wish to have?

Single

Joint

Marital Status

Single

Married

Divorced

Cohabiting

Widowed

Separated

Current Address

| | | | |
|---------------------------|--|---------------------------------------|--|
| Current Address | | Correspondence Address (if different) | |
| | | | |
| Postcode | | Postcode | |
| Telephone Number (Home) | | | |
| Telephone Number (Mobile) | | | |
| E-Mail Address | | | |

Occupation

| | |
|-------------|--------------------|
| Occupation: | Length of Service: |
|-------------|--------------------|

Are you a smoker? Yes No

Devlin Residential

Future Business Park, 55 Scroggy Road, Limavady, BT49 0NB

T: 028 777 63878 E: info@devlinresidential.com W: www.devlinresidential.com

Previous addresses in last 5 years

| Address | Landlord Name | From | To |
|---------|---------------|------|----|
| | | | |
| | | | |
| | | | |

Have you or any member of the Household moving with you any dependants? Yes No

Who will be moving with you? Please give details of everyone apart from the applicant(s) who will be living with you when you move.

| Title Mr/Mrs/ Miss/Ms | First Name | Surname | National Insurance No | Date of Birth DD/MM/YY | Sex M/F | Relationship to you | Living with you now? Yes or No |
|-----------------------------|------------|---------|--------------------------|---------------------------|------------|------------------------|--------------------------------------|
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If you have listed anyone who will live with you when you move but who lives elsewhere at present, give their name(s) and address(es) below:

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Will the DSS be paying part of your rent? Yes No

Please provide car type, colour and registration plates of any cars that are to be kept in the vicinity of the property.

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2. Eligibility

Have you or any of the intended occupants listed above:

- A) Ever been convicted of a crime
- B) Had a County Court Judgement registered
- C) Have any charges pending

Yes No

If you answered yes to the previous question, please provide details.

Have you or any member of your household ever been convicted of a serious offence in, or in the locality of, any home occupied by you at that time?

Yes No

If you have answered yes to any of the above, please give details.

Why are you looking wish to move from your current address? Please give details.

Please give the details of two people from whom references may be obtained. These referees must be unrelated to you, and in good standing e.g. solicitor, schoolteacher, etc.

| | | | |
|----------------------|--|----------------------|--|
| Name | | Name | |
| Occupation | | Occupation | |
| Address | | Address | |
| | | | |
| Telephone Number | | Telephone Number | |
| Email address | | Email address | |
| Length of time known | | Length of time known | |

Have you registered your housing needs with any other local lettings agents?

Yes No

If yes, please give details.

Are you able to supply a character reference from a letting agency or ex landlord with regard to a previous property tenancy?

Yes No

If yes, please give details.

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3. Requirements

Please circle the type of property you require:

Detached Semi Terrace House

Bungalow Flat/Apartment with garage Flat/Apartment with garden

How many bedrooms do you require? _____

How long do you need the property for? _____ Months or Long-term

Do you have any pets currently? Are you, or any of the intended occupants listed above, looking to keep pets at the property? If so, please provide details:

| |
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Please list the housing areas you would like:

| | |
|---|---|
| 1 | 4 |
| 2 | 5 |
| 3 | 6 |

Please sign below to confirm that all the information you have supplied in this application is to the best of your knowledge complete and accurate. We require you to supply us with one item of photographic identification and one form of address verification in support of your application.

If any information submitted on this form is later found to be false or misleading, it may invalidate your application, or your tenancy, if one has been taken up.

Signed

| |
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|--|

Date

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|--|

For office use only

| | |
|----------------------|-----------------|
| Date received: | Date processed: |
| Additional comments: | |

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