

Applicants' names:

Property:



37 HIGH STREET
SHEPTON MALLET
BA4 5AQ

01749 343111

APPLICATION FORM FOR RESIDENTIAL ACCOMMODATION

PROPERTY ADDRESS:

TODAYS DATE: RENT AGREED: £

APPLICANT ONE NAME:

APPLICANT ONE DATE OF BIRTH:

APPLICANT TWO NAME:

APPLICANT TWO DATE OF BIRTH:

CONTACT TELEPHONE NUMBERS:

APPLICANT ONE

APPLICANT 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?

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

APPLICANT ONE EMPLOYER NAME, EMAIL AND ADDRESS:

APPLICANT ONE: ANNUAL SALARY £

IS IT PERMAMNENT? HOW LONG EMPLOYED?

APPLICANT TWO EMPLOYER NAME, EMAIL AND ADDRESS:

APPLICANT TWO: ANNUAL SALARY £

IS IT PERMAMNENT? 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:

DEPOSIT REGISTRATION INFORMATION

APPLICANT'S / APPLICANTS' 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 (ONLY COMPLETE IF REQUESTED TO DO SO)

GUARANTOR NAME:

GUARANTOR ADDRESS:

CONTACT NUMBERS:

EMAIL ADDRESS:

DOB

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

.....

EMPLOYER 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 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 APPLICANT(S).

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

(FOR OFFICE USE) COPIES OF IDs AND/OR WORK PERMITS/VISAS COLLECTED
(DATE).....

COMPLETION OF THIS APPLICATION FORM DOES NOT GUARANTEE THE TENANCY WILL BE GRANTED.

APPLICANT'S DECLARATION

I / WE HAVE READ, UNDERSTOOD AND ACCEPT AS FAIR AND REASONABLE THE TERMS AS STATED ABOVE AND CONFIRM THE INFORMATION GIVEN BY ME/US IS CORRECT.
I / WE UNDERSTAND THAT SIMON HEAL ESTATE AGENTS WILL CARRY OUT NECESSARY CHECKS FROM THE INFORMATION SUPPLIED TO VERIFY MY / OUR SUITABILITY AS TENANTS, THEREFORE I / WE HEREBY CONFIRM I / WE ARE HAPPY FOR AND HEREBY AUTHORISE SIMON HEAL ESTATE AGENTS TO CONTACT / MY / OUR EMPLOYERS AND FOR MY / OUR EMPLOYER TO RELEASE INFORMATION REGARDING MY / OUR EMPLOYMENT AS REQUIRED.
I / WE UNDERSTAND THAT IF I / WE HAVE PROVIDED FALSE INFORMATION I / WE MAY LOOSE THE PROPERTY APPLIED FOR.
I/WE UNDERSTAND AND ACCEPT THAT SIMON HEAL ESTATE AGENTS OR ITS CLIENT RESERVE THE RIGHT TO REFUSE ANY APPLICATION AND REASON MAY NOT BE PROVIDED.
I/WE UNDERSTAND THAT IF THE TENANCY IS GRANTED, MY/OUR DEPOSIT WILL BE PROTECTED BY A GOVERNMENT APPROVED SCHEME.

SIGNED AND PRINTED (Applicant 1)
.....

SIGNED AND PRINTED (Applicant 2)
.....

DATED.....

Please tick this box to confirm that you are happy for us to contact you with relevant marketing information