

2020-2021 TENANT APPLICATION FORM

Block capitals in black ink

Property Applied for:			Our Reference:	
Mr/Mrs/Miss/Ms Name-:		Date of	Birth:	
Name of Course:		This Course Year:		
Address:				
Town:	County:		_Postcode:	
Tel No-:Home:		Mobile:		
Email:				
Do You Smoke?	Yes	No		
Contents Insurance?	Yes	No		
Do you receive student Finance If yes to student finance when die		No		
Next of Kin ie Mum or Dad-: Mr/	Mrs/Miss/Ms Rel	ationship to Tenant:		
Name:-				
Address:				
Town:	County:		_Postcode:	
Tel No-:Home:		Mobile:		
Email:				
Guarantor-Must reside in the UK	: Mr/Mrs/Miss/Ms	Relationship to Tenant	:	
Name:-				
Address:				
Town:	County:		_Postcode:	
Tel No-:Home:		Mobile:		
Email:				
Current Landlord or Letting Ager				
Address-:		·		
Tel No:-				
Signature:		Date:		

Details will be kept secure and in line with the Data Protection act 1998 and the GDPR 2018