



Initial Application Form

Postcode:	House No:
Flat No:	House Name:
Street	Town:
County:	Proposed Move In Date:

Applicant Details: *circle where applicable

Title:	
First Name:	
Surname:	
Gender:	Date of Birth:
Number Of Dependants:	
Marital Status: Single Married Divorced Separated Widow(er) *Please circle	
Day Time Phone Number:	Mobile Phone Number:
Work Phone Number:	
Email Address:	
Have you had any detrimental info registered against you: Yes No *Please circle If yes please provide details:	

Current Address Details *circle where applicable

Time at address: From:	To:
Living Status: Own Home With Parents Tenant Other *Please Circle	
Flat/House No or Name:	
Postcode:	Street:
Town:	
County:	
Country	

Previous Address Details – *Must be last 3 years *circle where applicable

Time at address: From:	To:
Living Status: Own Home With Parents Tenant Other *Please Circle	
Flat/House No or Name:	
Postcode:	Street:
Town:	
County:	
Country	



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2nd Previous Address (if applicable) *circle where applicable

Time at address: From:	To:
Living Status: Own Home With Parents Tenant Other *Please Circle	
Flat/House No or Name:	
Postcode:	Street:
Town:	
County:	
Country	

Current/ Most Recent Landlords Details

Landlord/Agent Name:	Contact Name:
Phone Number:	Mobile Number:
Email Address:	
House Number:	
Post Code:	Street:
County:	Town:
Any Additional Information	

Employment Details *circle where applicable

Income Type: Employed - Self Employed - Student - Unemployed - Retired - House Wife	
Occupation:	
Employment Type: Full Time Part Time Contractor	Length of contract remaining-
Gross Annual Income £	Additional Income £
Additional Income Details:	

Employer Details (if applicable) *circle where applicable

Is your employment likely to change shortly?		Yes	No
Organisation Name:	Start Date:		
Your Job Title:	Pay Roll No.		
House No:			
Postcode:	Street:		
Town:			
County:			
Employers Name:			
Daytime Tel No:	Mobile No:		
Email Address:			



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Accountant Details – Self Employed Applicants Only

Do you have an accountant?	Yes	No
Accountant Name:	Contact Name:	
House No:		
Postcode:	Street:	
Town:		
County:		
Daytime Tel No:	Mobile No:	
Email Address:		

Bank Details

How many credit cards held?	Current Account: Yes	No
Sort Code:	Name of bank:	
Account name	Account No:	
Address:		
Time with bank: Years _____ Months _____		

Additional Information

Have you ever received any County Court Judgements against you? Yes No (if yes give details)
Have you ever been declared bankrupt? Yes No *Please circle
Will you have any pets? Yes No *if yes give details
Do you smoke? Yes No *Please circle
Will there be any children living at the property? Yes No *Please circle

Names of children

Name:	Date of birth:
Name:	Date of birth:
Name:	Date of birth:
Name:	Date of birth:



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Next of kin: (must not be a co-occupant of the property)

Name:	Relationship:
Name:	Relationship:

1. Please complete this application form for all tenants over the age of 18 years that will be living at the property.
2. Once complete, please scan and email to info@romanjamesestates.co.uk