



# FAULKNER

Residential Lettings & Management

# GUARANTOR APPLICATION

Subject to contract

NEGOTIATOR

FOB NO

PROPERTY TO BE RENTED

AGREED RENT £ PCM

DEPOSIT £

LENGTH OF TENANCY ..... Months

GUARANTOR FULL NAME(S)

Mr / Mrs / Miss / Ms

Date of Birth / /

COMMUNICATIONS *(Please complete details & tick best method of contact)*

EMAIL

HOME

WORK

MOBILE

FAX

CURRENT ADDRESS *(Inc Post Code)*

*If less than 12 months at current address please provide*

PREVIOUS ADDRESS *(Inc Post Code)*

Dates at this address From To

Dates at this address From To

CURRENT EMPLOYER (Name & Address)

*(If less than 12 months at current then previous details are required)*

PREVIOUS EMPLOYER (Name & Address)

Contact Name

Contact Name

EMAIL

EMAIL

PHONE

PHONE

FAX

FAX

Number of years employed: - Salary

Number of years employed: -

ACCOUNTANT *(Name & Address) Required if self employed or Equity Director*

Contact Name

EMAIL

PHONE

FAX

**PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION FORM:-** I agree that Faulkner may search files of a credit reference agency, which will keep a record of that search. We use the information you provide to assess the suitability of your application using a technique known as 'credit scoring'. We may use it to inform you by letter, email, phone or otherwise about products and service offered by Faulkner and selected third parties. We will also use the information to make credit decisions and prevent fraud.

**DATA PROTECTION ACT:-** Information supplied by you will be held on our computer records in accordance with the company's notification under the data Protection Act 1998. We may use this information, or share it with other members of ARLA, for account administration (including debt tracing & collection), credit, insurance, property and rental decisions. We may record sensitive personal data as defined in the 1998 data Protection act. You are entitled to ask for a copy of the information held about you subject to the payment of an administration fee and will not exceed the value set by statute. You have the right to request that it be amended if found to be incorrect.

This information is true to the best of my knowledge

Signature

Date

GUARANTOR'S BANKERS

SORT CODE

NAME

ACCOUNT NAME

BRANCH ADDRESS

ACCOUNT No.

HOW LONG AT THIS BANK? .....YEARS ..... MONTHS

I hereby authorise Faulkner to make any necessary enquiries about my application to any third parties for reference purposes or for confirmation of employment details and for the third party to disclose any information to you

Signature

Date