

Property Address:

**Please Note;** An admin fee of £20.00 applies for all applications.  
Applications are not property specific.

Application Number:

Application Fee Paid:



## TENANT RENTAL APPLICATION FORM

**TENANT 1:**

**NAME:** MR/ MRS/ MISS

**SURNAME:**

**FIRST NAME/S:**

**DATE OF BIRTH:**

**N.I. NUMBER:**

**LANDLINE TELEPHONE:**

**MOBILE TELEPHONE:**

**EMAIL ADDRESS:**

**CURRENT ADDRESS:**

**TIME AT ADDRESS:**

**PREVIOUS ADDRESS (IF ABOVE LESS THAN 3 YEARS):**

**STATUS OF CURRENT ADDRESS (PLEASE CIRCLE):**

Home Owner / Lead Tenant / House Share / Live with Family

**REASON FOR LEAVING:**

**ARE YOU CURRENTLY IN RECEIPT OF HOUSING BENEFIT:**

YES/NO

**IF YES, HOW MUCH PER WEEK:**

£

**TENANT 2: (WHERE APPLICABLE)**

**NAME:** MR/ MRS/ MISS

**SURNAME:**

**FIRST NAMES/S:**

**DOB:**

**N.I. NUMBER:**

**LANDLINE TELEPHONE:**

**MOBILE TELEPHONE:**

**EMAIL ADDRESS:**

**CURRENT ADDRESS:**

**TIME AT ADDRESS:**

**PREVIOUS ADDRESS (IF ABOVE LESS THAN 3 YEARS):**

**STATUS OF CURRENT ADDRESS (PLEASE CIRCLE):**

Home Owner / Lead Tenant / House Share / Live with Family

**REASON FOR LEAVING:**

**ARE YOU CURRENTLY IN RECEIPT OF HOUSING BENEFIT:**

YES/NO

**IF YES, HOW MUCH PER WEEK:**

£

**EMPLOYMENT STATUS: (PLEASE CIRCLE)**

SELF EMPLOYED/ EMPLOYED/ UNEMPLOYED

**IF SELF EMPLOYED NAME OF ACCOUNTANT:**

**PROFESSION:**

**EMPLOYER IF APPLICABLE:**

**NUMBER OF DEPENDANTS:**

**AGES:**

**MARITAL STATUS:**

SINGLE/ LIVING WITH PARTNER/ MARRIED

**SMOKER?** YES / NO

**PETS?** YES / NO

**IF YES, WHAT?**

**DECLARATION:**

I CONFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, AND GIVE MY EMPLOYER, ACCOUNTANT AND LANDLORD OR AGENT PERMISSION TO DISCLOSE ANY INFORMATION REQUESTED BY TOM HENRY & CO IN CONNECTION WITH THIS APPLICATION.

**APPLICANT 1:**

**APPLICANT 2:**

SIGNED: \_\_\_\_\_

\_\_\_\_\_

DATED: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

TENANTS ARE REQUIRED TO PROVIDE TOM HENRY & CO WITH TWO WRITTEN REFERENCES (MAY **NOT** BE FAMILY MEMBERS) TO VOUCH FOR THEIR CHARACTER. (EMPLOYER, LANDLORD OR PROFESSIONAL CHARACTER REFERENCES).

IF YOU WISH TO DISCUSS THIS APPLICATION WITH A MEMBER OF OUR STAFF PLEASE CONTACT OUR OFFICE ON THE ABOVE NUMBER

**PLEASE RETURN THIS REFERENCE IN PERSON, BY POST OR EMAIL**

**N.B. ALL REFERENCES ARE TREATED STRICTLY CONFIDENTIAL**

TOM HENRY & CO  
26 CHURCH STREET  
DUNGANNON  
CO. TYRONE  
BT71 6AB  
T:02887726992  
F:02887726460  
info@tomhenryandco.com



*working harder to make your move easier*

## EMPLOYERS REFERENCE

**PLEASE COMPLETE AND STAMP WITH COMPANY STAMP OR TYPE ON HEADED PAPER**

NAME OF EMPLOYEE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

LENGTH OF SERVICE: \_\_\_\_\_

UNDER NOTICE OF TERMINATION? YES / NO

ANY ISSUES WITH EMPLOYEE? YES / NO

PLEASE GIVE DETAILS:

SIGNED BY: \_\_\_\_\_

COMPANY STAMP:

PRINT: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

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**PLEASE RETURN THIS TO EMPLOYEE OR FORWARD TO OUR OFFICE BY POST OR FAX**

**TOM HENRY & CO**  
**26 CHURCH STREET**  
**DUNGANNON**  
**CO. TYRONE**  
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*working harder to make your **move easier***

## **LANDLORDS REFERENCE**

**NAME OF TENANT:**

**PROPERTY ADDRESS:**

**PERIOD OF TENANCY:**

/ / TO / /

**ARE RENTAL PAYMENTS UP TO DATE? YES/ NO**

**WOULD YOU RECOMMEND THIS TENANT? YES/ NO**

**PLEASE COMMENT:**

**NAME:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

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