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## Tenant Application Form

The following information is not shared with other agencies and is used purely for the purposes of Five Star Properties (NE) Limited to assess a tenant’s application for tenancy. All information provided is treated with the strictest confidence and kept securely. We will however contact references provided by the tenant and we will keep a record of guarantors and emergency contact details on the tenants file.

We require at least one form of photographic I.D. and two forms of I.D. with your current address.

We will require proof of any income details you provide

Also required are two personal references (none of which can be family members) and one previous landlord reference.

We could also request a guarantor depending on various factors i.e. age and or income.

Any form of rent which is due payable by the Local Authority i.e. Housing Benefit will be required to be paid direct to Five Star Properties(NE)Limited.

Any fees are due and payable upon delivery and acceptance of this application and we will be unable to process your application without payment.

If you have any queries or questions do not hesitate to contact us at-;

[admin@fivestar-properties.co.uk](mailto:admin@fivestar-properties.co.uk)  
01642 244 929 / 07967 40 30 20

### Personal Details

Tenant(s) Full Name.....

Current/Most Recent Address.....

.....Post Code.....

Home Telephone Number.....Mobile.....Work.....

E-Mail Address..... National Insurance Number.....

Date of Birth.....

Address Previous To Above.....  
.....Post Code.....

Do You Have Any Children or Dependants?: Yes/No

\*Delete as applicable

If So How Many and What Ages Are They?:.....  
.....

## Working History

Current/Most Recent Employer.....

Employer/Business Telephone Number.....Mobile.....

Address of employer.....  
.....Post Code.....

Employer/Business E-Mail.....

Name of Manager (or point of contact).....

Position Held..... Length of Period in Employment.....

Please Provide Details of Your Weekly/Monthly Income.....

Previous Employer.....

Employer/Business Telephone Number.....Mobile.....

Address of Employer.....  
.....Post Code.....

Employer/Business E-Mail.....

Name of Manager (or point of contact).....

Position Held.....Length of Period in Employment.....

Please Provide Details of Your Weekly/Monthly Income.....

**If you are not in employment please provide details of all and any benefits you are in receipt of:**

\*Delete as applicable

Housing Benefit: \*Yes/No  
How Much are You Entitled To?.....

Council Tax Reduction: \*Yes/No

Job Seekers Allowance: \*Yes/No  
How Much Are You Entitled To?.....

Employment and Support Allowance: \*Yes/No  
How Much Are You Entitled Too?.....

Disability Living Allowance (including any care components): \* Yes/No  
Which Rate Are You Awarded and How Much Does This Entitle You Too?.....

Child Benefit: \*Yes/No  
How Much Do You Receive (weekly, fortnightly or 4 weekly)?.....

Child Tax Credit: \*Yes/No  
How Much Do You Receive (weekly, fortnightly or 4 weekly)?.....

Working Tax Credits: \*Yes/No  
How Much Do You Receive (weekly, fortnightly or 4 weekly)?.....

Do You Receive any other benefits, supplements or income? \*Yes/No  
If so Please Provide Details Of What And How It Is Paid Or Received:.....  
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### **Previous Landlord Reference**

Name of Landlord or Agency Point of Contact.....

Contact Telephone Number.....E-Mail Address.....

Address Reference Relates to.....

.....Post Code.....

Dates of Tenancy Held From.....Tenancy Held To.....

Reason for Leaving.....

### **References** (none of which can be family members)

Name of First Referee..... Relationship to Applicant.....

Home Telephone Number.....Mobile.....

E-Mail.....

Address.....

.....Post Code.....

Name of Second Referee..... Relationship to Applicant.....

Home Telephone Number.....Mobile.....

E-Mail.....

Address.....

.....Post Code.....

**Emergency Contact Details**

Name of First Emergency Contact.....Relationship to Applicant.....

Address.....

.....Post Code.....

Home Telephone Number.....Mobile.....

E-Mail.....

Name of Second Emergency Contact.....Relationship to Applicant.....

Address.....

.....Post Code.....

Home Telephone Number.....Mobile.....

E-Mail.....

**Print Full Name**.....

**Signature**.....

**Date**.....

