



THE ESTATE OFFICE, EGGLESTONE ABBEY, BARNARD CASTLE, COUNTY DURHAM DL12 9TN
 TEL: 01833 690100 FAX: 01833 637004 e.mail: williamsalvin@whtsalvin.co.uk www.whtsalvin.co.uk



Date Completed	
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TENANCY APPLICATION FORM

APPLICANTS DETAILS:

Full Name			Date of Birth		
			NI Number		
			Smoker	Yes / No	
			Gender	Male / Female	
Present Address					
	Post Code				
Residence Type	Owned <input type="checkbox"/>	Tenanted <input type="checkbox"/>	Time at this address	Years:..... Months:.....	
Present Landlord/ Agent Name					
Landlord/ Agent Address					
	Post Code				
	Telephone				
	Mobile				
	Email				
Previous Address (if less than 3 years)					
	Post Code		Time at this address	Years:..... Months:.....	
Applicant Contact Details	Home Telephone				
	Work Telephone				
	Mobile				
	Email				
Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Partner <input type="checkbox"/>
Spouse/Partner's Full Name			Date of Birth		
Children			Ages		



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APPLICANTS EMPLOYMENT DETAILS:

Employer's/ Business Name			
Employer's/ Business Address			
	Post Code		
Employer's Contact Details	Work Telephone		
	Email		
Applicants Position within Business			
Position held since		Status	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>
Salary/ Wages (annual/ monthly/ weekly)			

Spouse/Partner's Current Employer's/ Business Name & Address			
Position			

Reasons for applying for housing:			
Any connections to the Property or Area?			

APPLICANTS IDENTITY INFORMATION (MONEY LAUNDERING REGULATIONS)

Copy Document Required: 1 from each row. (tick if attached)	Council Tax <input type="checkbox"/>	Utility Bill <input type="checkbox"/>	Bank Statement <input type="checkbox"/>
	Passport <input type="checkbox"/>	Driving Licence <input type="checkbox"/>	

IMMIGRATION CHECK

Copy Documentation Required:	<ul style="list-style-type: none"> Valid Passport <input type="checkbox"/>
	<i>Where the applicant does not have a Valid Passport the following documentation must be provided;</i>
	<ul style="list-style-type: none"> Certificate of Registration or Notification as a British Citizen <input type="checkbox"/> Certificate of an Official letter from a Government Agency showing name and National Insurance Number <input type="checkbox"/>



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RESIDENTIAL LETTING PROPERTY REQUIREMENTS:

Type of accommodation required	Large House <input type="checkbox"/> Cottage <input type="checkbox"/> Bungalow <input type="checkbox"/>
Number of bedrooms required:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4+ <input type="checkbox"/>
Preferred location?	
Willingness to take isolated property?	
Maximum rental budget, per month, exclusive of Utilities and Council Tax?	£ _____ PER MONTH
Proposed Share of Rent?	
Length of Tenancy required?	
When ideally would you wish it to commence?	
Do you own any pets? If Yes please provide details of pets	
Number of cars? (and also e.g. caravans/boats, etc.)	
Size of garden preferred	

PERSONAL DETAILS:

Do you have any of the following? If yes please give details below	County Court Judgment <input type="checkbox"/> Criminal Conviction <input type="checkbox"/> Declared Bankrupt <input type="checkbox"/>
Details:	
Do you currently claim for any Government benefits? If yes please give details	Housing Benefit <input type="checkbox"/> Council Tax Benefits <input type="checkbox"/> Child Tax Credit <input type="checkbox"/> Income Support <input type="checkbox"/> Job Seekers Allowance <input type="checkbox"/> Incapacity Benefits <input type="checkbox"/> Other <input type="checkbox"/> Please specify:



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Any other information that may support your application:

Declaration & Authorisation - PLEASE NOTE:

Your application will remain active for six months, after which time it will be cancelled. Please apply again after six months if you wish to remain registered for accommodation.

Please send or email this form to:

WHT Salvin
The Estate Office
Egglestone Abbey
Abbey Lane
Barnard Castle
Co. Durham
DL12 9TN

Tel: 01833 690100
Fax: 01833 637004
Email: admin@whtsalvin.co.uk

I certify that the above information is correct and I undertake to notify WHT Salvin in writing of any change in my/ our circumstances.

Signed – Applicant: _____ Date: _____

Name: _____