



## **Commercial Property Application**

Complete Application Form  
Pay Admin Fee £200 plus VAT  
(Includes credit checks, referencing and drawing of the lease)

Once the Admin fee is received the property will be held while credit checks and referencing are processed.

### **ID Required**

Photographic ID - Passport / Driving Licence  
Proof of Address – Recent Utility Bill  
6 Months Bank Statements  
Proof of Income  
Copy of Company Accounts  
Company Registration No

We conduct credit checks and referencing please complete the application form fully. Please note if you have CCJ's or any bad credit history this may affect your application

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### Comprehensive Application Form

In order for the application to be processed quickly, please complete in BLOCK CAPITALS and ensure the application is completed in full. All sections marked with \* are mandatory information.

#### Agent Details

Name of agent:

Branch number:

Contact name :

Locality:

Phone number:

#### Property Details

Postcode\* :

House number:

Flat number:

House name:

Street\*:

District:

Town\*:

County:

#### Rental Details

Number of tenants moving into the property?:

Share of rent per month\*:£

Total rent per month\*:£

Tenancy term (months)\*:

Start Date\*:

#### Applicant Details

Title\*:  Mr  Miss  Mrs  Ms  Other

First Name\*:

National Insurance No:

Surname\*:

Date of birth\*:

Sex\*:  Male  Female

No of dependants\*:

Marital Status\*:  Single  Married  Divorced  Separated  Widow(er)

Any previous surnames:

Employment Type\*:  Full time employed  Part time employed  Temporary/Contract  Unemployed  
 Self-Employed  Retired  Student  Housewife/Home maker  Payment in advance

|  |                      |
|--|----------------------|
| Employment status*: <input type="checkbox"/> Junior <input type="checkbox"/> Management <input type="checkbox"/> Unskilled <input type="checkbox"/> Supervisor <input type="checkbox"/> Semi-skilled<br><input type="checkbox"/> Skilled <input type="checkbox"/> Senior Management <input type="checkbox"/> Other <input type="checkbox"/> Not applicable |                      |
| Occupation*:   |                      |
| E-Mail Address:  | Home phone number* : |
| Work phone number:   | Mobile phone number: |

### Affordability Detail

|  |  |
|--|--|
| Gross annual income*: £                              | Any additional sources of income?*: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Amount of additional income per annum?*: £           |  |
| Are you aware of any adverse Credit History? (CCJ's) |  |

### Employer Details

|   |                             |
|---|-----------------------------|
| Is your employment likely to change shortly*? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>Yes</b> please provide details of your future employer |                             |
| Job Title:  | Start date*: Month - Year - |
| Employers company name*:  |                             |
| Payroll number:   |                             |
| Contact name*:  | Contact job title:          |
| Postcode:   | Building number:            |
| Unit number:  | Building Name:              |
| Street:   | District:                   |
| Town*:  | County:                     |
| Daytime phone number*:  | Mobile phone number:        |
| Fax number*:  | Email address*:             |
| Please ensure you provide either a fax number or email address.   |                             |
| Additional Information:   |                             |

## Accountant Details

Do you have an accountant?\*: Yes  No  If **No** Please provide 6 months bank statements showing proof of income

Accountants name\*:

Contact name\*:

Postcode:

Building number:

Unit number:

Building name:

Street:

District:

Town\*:

County:

Daytime phone number\*:

Mobile phone number:

Fax number\*:

Email Address\*:

Please ensure you provide either a fax number or email address.

Additional Information:

## Next Of Kin (MUST NOT BE SPOUSE/PARTNER)

Contact name:

Address:

Postcode:

Tel:

Relationship:

Not Spouse:

Mobile

E-Mail

Additional information:

## Current Address — Please complete all address details where appropriate

Postcode\*:

House number\*:

Flat number:

House name\*:

Street\*:

District:

Town\*:

County:

Is this a Foreign address?\* Yes  No

Time at address From\*: Month -

Year-

To: Month -

Year -

Living status\*:  Furnished Tenant  Unfurnished Tenant  Own home  Living with parents  Other

**Previous Address** – Please complete all address details where appropriate

|   |                |
|---|----------------|
| Postcode:   | House number*: |
| Flat number:  | House name*:   |
| Street*:  | District:      |
| Town*:  | County:        |
| Is this a Foreign address?*    Yes <input type="checkbox"/> No <input type="checkbox"/>   |                |
| Time at address From*: Month -    Year-    To: Month -    Year -  |                |
| Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> Other |                |

**2<sup>nd</sup> Previous Address** – Please complete all address details where appropriate

|   |                |
|---|----------------|
| Postcode:   | House number*: |
| Flat number:  | House name*:   |
| Street*:  | District:      |
| Town*:  | County:        |
| Is this a Foreign address?*    Yes <input type="checkbox"/> No <input type="checkbox"/>   |                |
| Time at address From*: Month -    Year-    To: Month -    Year -  |                |
| Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> Other |                |

**Landlord details or Previous landlord details**

|                         |                      |
|-------------------------|----------------------|
| Landlord / Agent name*: | Contact name*:       |
| Postcode:               | Building number:     |
| Unit number :           | Building name:       |
| Street:                 | District:            |
| Town*:                  | County:              |
| Daytime phone number*:  | Mobile phone number: |
| Fax number:             | Email address:       |
| Additional Information: | Rent Payable:        |

## Bank Details

How many credit cards held?\*

Current account held?\*: Yes  No   
If Yes please enter the details below

Sort code\*:

Name of bank\*:

Account name \*:

Account number:

Address \*:

Time with bank\*: (years)\_\_\_\_\_ (months)\_\_\_\_\_

Cheque guarantee card held\*: Yes  No

**Signed:**

**Date:**