



Guarantor Application Form

Username:

Date:

1. Property Details (Address to be let)

Property address

Tenancy period

months

Tenancy start date

Name of tenant

Rent to be guaranteed

£

per

2. Guarantor Details (All fields marked ** MUST be completed)

Title** First name** Initials Surname**

Date of birth**

NI Number (or overseas equivalent)

Gross annual salary/income

£

Current address**

Current address (cont)

Postcode**

Time at address

years months

Occupation**

Contact number**

Mobile telephone number

Marital status (e.g. single/married)

3. Previous Address (If at current less than 6 years*)

Previous address

Previous address (cont)

Postcode

Time at address

years months

3.1 Previous Address (If at current & previous less than 6 years*)

Previous address

Previous address (cont)

Postcode

Time at address

years months

4. Employment / Occupation details (Employed/Self employed)

Employment status (e.g. permanent)	Name of organisation	Employment dates
<input type="text"/>	<input type="text"/>	From <input type="text"/> To <input type="text"/>
Position held	Contact name	Contact position
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
Contact telephone number	Contact fax number	Contact E-mail address
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Authorisation

The details supplied by you are checked against those held on credit reference agency databases for the purposes of pre-tenancy/lease selection.
A record is kept of this search; however it will not affect your ability to obtain credit or other services in any way.
Information is processed in confidence and within the guidelines of The Data Protection Act (1998) & the appropriate International privacy laws.
I confirm that the information provided on this application is accurate & true.
I authorise Creditas Ltd to conduct these searches and to make any employer or financial enquiries necessary to assess my suitability for this agreement.

Signed	Date
<input type="text"/>	<input type="text"/>
	Name
	<input type="text"/>

PLEASE RETURN THIS FORM VIA: FAX – 0844 873 4721