

THORESBY ESTATES MANAGEMENT LIMITED

Estate Office, Thoresby Park, Newark, Notts. NG22 9EF. Tel. 01623 822301

HOUSING APPLICATION FORM

Personal Details	
NAME:	SELF Surname:..... First Names AGE.....
PARTNER	Surname:..... First Names AGE.....
CHILDREN	(Giving Gender i.e. M (Male) F (Female)..... (N.B. Anyone over the age of 18 is required by law to be named in the Tenancy Agreement)
PETS	Please give details of all pets (i.e. dog & type of breed)
ADDRESS:	Postcode
SELF:
PARTNER: Postcode
TEL NO:	
SELF	Home:..... Work
PARTNER	Home:..... Work
Present Address	Length of Time at Present Address..... Status: Owner / Rented / Other (specify) Name and Tel No. of Landlord / Mortgagor (include contact)
	<u>IF LESS THAN 3 YEARS AT PRESENT ADDRESS, PLEASE PROVIDE PREVIOUS</u>
	Address..... Status: Owner / Rented / Other (specify) Length of time at previous address
	Name and Tel No. of Landlord / Mortgagor (include contact)
Current Employment	
SELF	Name of Employer: Address of Employer (include Contact Name): Tel No. Net Monthly Salary
	Time with Present Employer:

Current Employment PARTNER	Name of Employer
	Address of Employer (include Contact Name):
	Tel No. Net Monthly Salary

References –

2 required chosen from existing Landlord/Mortgagor, Employer, Banker and Independent Character Reference (i.e. not a family member).

NAME
ADDRESS
RELATIONSHIP
OCCUPATION

NAME
ADDRESS
RELATIONSHIP
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<i>Tenancy Details</i> Property Required	No. of Bedrooms
	Preferred Area
	Date Required
	Duration
	Max. Rent
	Special Requirements

Do you have any connections with Thoresby Estates?

Please give your reasons for applying to Thoresby Estates for accommodation

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ARE YOU IN RECEIPT OF / OR WILL YOU BE APPLYING FOR HOUSING BENEFIT? **YES / NO**

HAVE YOU EVER HAD ANY COUNTY COURT JUDGEMENTS AGAINST YOURSELF? **YES / NO**

DECLARATION:

I declare the details given as true and correct, and agree that the persons referred to above may be approached for a reference.

Signed Date