



SPRINGERS
Great Barr Property Letting & Management

H51658
318 Queslett Road
Great Barr

Form ID: FP9 GUARAPP 17/09/2014
Revision: BLEC AUTUMN 2014

Please select Management Service:

Tenant find only

Rent collect only

Fully Managed

MISSING INFORMATION WILL RESULT IN DELAYS!

GUARANTOR APPLICATION

1. CHECK TYPE

This section should be completed by the **LETTING AGENT** in **BLOCK CAPITALS**

CREDIT SEARCH <input checked="" type="radio"/>		FULL REFERENCE <input checked="" type="radio"/>	
EXECUTIVE 6 (6 mths) <input checked="" type="radio"/>	EXECUTIVE 6+ (Nil Excess -6 mths) <input checked="" type="radio"/>		
EXECUTIVE 12 (12 mths) <input checked="" type="radio"/>	EXECUTIVE 12+ (Nil Excess -12 mths) <input checked="" type="radio"/>		
POLICY HOLDERS NAME IF INSURANCE IS REQUIRED			

2. TENANT'S PERSONAL DETAILS

This section should be completed by the **LETTING AGENT** in **BLOCK CAPITALS**

FIRST NAME		TENANTS SURNAME	
RENTSHIELD REF No. <small>FOUND ON TOP RIGHT OF REPORT</small>		TENANTS EMAIL	
ADDRESS OF PROPERTY TO BE LET			
POSTCODE		RENT PER MONTH	

3. GUARANTOR'S PERSONAL DETAILS

This section should be completed by the **GUARANTOR** in **BLOCK CAPITALS**

Mr/Mrs/Miss/Ms	First Name	Middle Name(s)	Surname
Date of Birth (DD/MM/YY)	Sex		
	Male <input type="radio"/>		Female <input type="radio"/>
Marital Status	Maiden/other name		
May we contact the guarantor by phone if necessary?			
No <input type="radio"/> Yes <input type="radio"/>			
Daytime tel		Evening tel	
Guarantor's Email			

4. GUARANTOR'S CURRENT ADDRESS

This section should be completed by the **GUARANTOR** in **BLOCK CAPITALS**

ONLY UK ADDRESSES WILL BE CHECKED

Postcode <input type="text"/>	House Number <input type="text"/>	Flat Number <input type="text"/>	House Name <input type="text"/>
Street <input type="text"/>		District <input type="text"/>	
Town <input type="text"/>		County <input type="text"/>	
Is this a foreign address?		Yes <input type="radio"/>	No <input type="radio"/>

5. GUARANTOR'S PREVIOUS ADDRESS

This section should be completed by the **GUARANTOR** in **BLOCK CAPITALS**

ENTER THIS INFORMATION ONLY IF YOU HAVE LIVED AT YOUR CURRENT ADDRESS FOR LESS THAN 3 YEARS

Postcode <input type="text"/>	House Number <input type="text"/>	Flat Number <input type="text"/>	House Name <input type="text"/>
Street <input type="text"/>		District <input type="text"/>	
Town <input type="text"/>		County <input type="text"/>	
Is this a foreign address?		Yes <input type="radio"/>	No <input type="radio"/>

6. GUARANTOR'S FINANCIAL DETAILS

This section should be completed by the **GUARANTOR** in **BLOCK CAPITALS**

Employment Status <input type="text"/> <small>(Employed, Self Employed, Retired, Unemployed, Student)</small>	Annual Income £ <input type="text"/> P.A. <input type="radio"/> P.HR <input type="radio"/>
Job Title <input type="text"/>	Payroll/Pension Reference Number <input type="text"/>
Start Date <input type="text"/>	
Is Your Job Likely To Change In The Near Future?	Yes <input type="radio"/> No <input type="radio"/>
What Is The Nature Of Your Employment?	Full <input type="radio"/> Temporary <input type="radio"/> Contract <input type="radio"/>
Average Commission/Bonus £ <input type="text"/> PER ANNUM	Average Overtime £ <input type="text"/> PER ANNUM
Do You Have Any Further Sources Of Income?	Yes <input type="radio"/> No <input type="radio"/>
If so, how much? £ <input type="text"/>	
and where from? <input type="text"/>	

7. GUARANTOR'S EMPLOYER DETAILS

This section should be completed by the **GUARANTOR** in **BLOCK CAPITALS**

Company/Accountants or Pension Providers Name				<input type="text"/>			
Postcode	House Number	Flat Number	House Name				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Street		District					
<input type="text"/>		<input type="text"/>					
Town		County					
<input type="text"/>		<input type="text"/>					
Contact Name		Contact Job Title					
<input type="text"/>		<input type="text"/>					
Phone (Daytime)		Phone (Mobile)					
<input type="text"/>		<input type="text"/>					
Email		Fax Number					
<input type="text"/>		<input type="text"/>					
Additional Information							
<input type="text"/>							

8. ADDITIONAL INFORMATION

Have you ever been issued with a County Court Judgement?	Yes <input type="radio"/>	No <input type="radio"/>
Are you aware of any adverse credit history?	Yes <input type="radio"/>	No <input type="radio"/>
If you have answered Yes to either of these questions please give details below.		
<input type="text"/>		

9. CONSENT

This section should be completed by the **GUARANTOR**

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY – IT'S IMPORTANT THAT YOU PROVIDE YOUR CONSENT FOR THE CHECKS BY MARKING THE BOXES NEXT TO THE TEXT AND THEN SIGNING AND DATING BELOW.

Your reference will be completed by Rentshield Direct on behalf of your letting agent and/or landlord. Rentshield Direct is part of the Barbon Insurance Group Limited. For the purposes of this application, Barbon Insurance Group Limited is the Data Controller as defined in the Data Protection Act 1998 (the "Act")

In order to complete your application, Rentshield Direct will consult with a number of sources to verify the information, including a licensed credit reference agency.

As a result of the information received:

- 1) Rentshield Direct will pass on any relevant information supplied to your landlord and/or letting agent, including the results of any linked verification checks.
- 2) By consulting with a credit reference agency, Rentshield Direct will share your information with them and the agency may record the results of this search. This search may show how you conduct payments with other organisations. From time to time, this information may also be used for debt tracing and fraud prevention. You may request the name and address of the Credit Reference agency Rentshield Direct use in order to contact them for a copy of the information they hold.
- 3) Rentshield Direct may use debt collection agencies or tracing agents to trace your whereabouts and recover any monies owed to Rentshield Direct.

Information may be sent to you and your nominated referees by email. This information will just be sufficient to identify you and it won't be excessive; however you should be aware that information sent via electronic means can't be guaranteed to be secure. The provisions of Section 17 of the Housing Act 1996 will apply to this application. If any information within this application is found to be untrue it will be grounds to terminate the tenancy agreement.

- I confirm that the information provided in this application form is true to the best of my knowledge, and I'm happy with the checks which Rentshield Direct will complete as detailed above. These results may be accessed again if I apply for a tenancy in the future.
- I'm happy for Rentshield Direct to contact my referees (*including those outside the EEA*), with personal information which has been provided in this form to allow them to verify the information about my income, dates of employment and previous tenancy term.

Signed

Full Name

Date

Following the completion of your reference, Rentshield Direct or other Barbon companies may contact you by phone or post to let you know about additional services we can offer which may be of interest to you. These services could help protect your liability as a tenant as well as your personal contents. If you don't want us to contact you, please tick this box [] we will never pass your details on to a third party unless we ask for your express permission. You can unsubscribe from our marketing lists at any time by emailing marketing@rentshielddirect.com

Rentshield Direct and other Barbon companies would like to contact you occasionally by email or SMS with exclusive offers, together with other information from selected third parties about products and services which could benefit you as a tenant. If you're happy to receive such information, please tick this box []

Confidentiality note: The information contained within this application is being transmitted and is intended only for Rentshield Direct. If the reader of this message is not the intended recipient, you are hereby advised that any dissemination, distribution or copying of this application is strictly prohibited. If you receive this application in error please notify us immediately by calling 0845 070 2433