

TENANCY APPLICATION FORM



- 1 Applicants MUST be in housing need in South Lakeland. Preference will be given to those with local connections.
- 2 Please print in CAPITALS.
- 3 ALL questions must be answered. Write NONE where relevant. Incomplete applications will not be considered.
- 4 Return the completed form to: FAO: Helen Leach, Lakeland Housing Trust, 36 Finkle Street, Kendal, Cumbria LA9 4AB.

Property Address:	Post Code:
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How did you hear about the property vacancy? <i>(please tick)</i>				
Newspaper advert	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>	
Website	<input type="checkbox"/>	To Let board at Property	<input type="checkbox"/>	Rightmove
			<input type="checkbox"/>	Other <i>(please specify)</i> _____

1	About You	Your Partner (if applicable)
1.1	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
	Surname	
	First names	
1.2	Date of birth	
1.3	Place of birth	
1.4	Present address	<i>if different</i>
1.5	Contact telephone and/or mobile	
	Email	
1.6	Date you came to this address	

1.7 List all children and other adults who will be living with you. Do NOT include yourself or your partner. If living less than full time with you mark 'X' in box

Full name	Birth date	Place of birth	Relationship to you	X

Address		
Dates	From	To
Reason for Leaving		
Address		
Dates	From	To
Reason for Leaving		

2.1 Schools attended with dates

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2.2 Local Family Connections.
Other members of your families (eg parents, grandparents) who have lived/are living in South Lakeland

Name	Address	Years Residence	Relationship to you or your partner

3.5 Previous occupation[s] in the last five years, or prior to retirement.

4 Financial Circumstances - This section **MUST** be completed **IN FULL**.

4.1 **TOTAL WEEKLY** household income for **ALL** wage earners before deductions. Please enclose copies of your last 3 pay slips or if self employed a latest copy of your financial accounts/tax return. These will be returned to you.

	You	Your partner	Other wage earners
Earned income per WEEK	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>
4.2 Other income per WEEK			
State Pension	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>
Occupational Pension	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>
Benefits	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>
	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>
	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>
Any other Income , e.g. Rental or Investment	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>
TOTAL	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>
4.3 Details of Savings	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>
Help to buy ISA	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>

4.4 Do you, or your partner own houses, or any other property? Yes No

Give address(es), approximate value and details, *If not, please enter "NONE"*

7.0 Declaration

Please note: all sections of this form **MUST** be completed and the Declaration **MUST** be signed before your application can be considered.

- 7.1 I/We certify that the information given on this form is true and accurate to the best of my/our knowledge.
- 7.2 I/We understand that any false information will invalidate this application, and/or any tenancy granted as a result.
I/We agree to receive telephone calls and home visits from members or agents of the Lakeland Housing Trust.
- 7.3 By signing this application I/We are agreeing to share the information contained in this form and any resulting personal information drawn upon by the external Referencing Company with the Trustees of the Lakeland Housing Trust.
- 7.4 I/We confirm that all sections have been filled out accordingly and I/We understand that if information is omitted this may jeopardise the application.

Applicant's Signature		Date	
Partner's signature		Date	

All information given within this application form will be treated in strictest confidence

