Capricorn Properties

LETTINGS & PROPERTY MANAGEMENT AGENTS

Tenant Referencing Form

Applicant Details

Title *	◯ Mr ◯ Mrs ◯ Miss ◯ Ms ◯ Other
First Name *	[_____] Initial [_____]
Surname *	[_____]
Date of Birth *	[/ / 19]
Sex *	◯ Male ◯ Female
Number of Dependants *	[_____]
Marital Status *	◯ Single ◯ Married ◯ Divorced ◯ Seperated ◯ Widow(er)
Any previous surnames *	[_____]
Employment Type *	◯ Full Time Employed ◯ Part Time Employed ◯ Temporary/Contract ◯ Self Employed ◯ Unemployed ◯ Student ◯ Homemaker

Employment Details

Job Title	[_____]
Start Date *	Month [_____] Year [_____]
Employer's Company Name *	[_____]
Contact Name *	[_____] Job Title [_____]
Daytime Phone Number *	[_____] Mobile [_____]
Fax Number *	[_____] Email * [_____]

* Please ensure that you provide either a fax number or email address

Additional Information *	[_____]

Current Address

Please complete all details where appropriate

House/Apt Number *	[_____] House Name [_____]
Street *	[_____]
District *	[_____]
Town *	[_____] County [_____]
Is This a Foreign Address? *	◯ Yes ◯ No
Time At Address *	Years [_____] Months [_____]
Living Status *	◯ Furnished Tenant ◯ Unfurnished Tenant ◯ Own Home ◯ Living with Parents

Landlord Details or Previous Landlord

Landlord/Agent Name *

Contact Name *

Daytime Telephone Number *   Mobile *

Fax Number *   Email *

Additional Information *

Additional Information

Will any of the tenants have pets? *   ◯ Yes   ◯ No   If yes, what kind?

Will any of the tenants smoke? *   ◯ Yes   ◯ No

Will there be any children living at the property? *   ◯ Yes   ◯ No   If yes, how many?

Please ensure that you have completed all fields indicated * as failure to do this may result in a delay in producing your report.

I confirm that the information provided is correct at the time of writing.

Signed

Date   /   / 20