**209 – 211 Bruntsfield Place**

**Edinburgh EH10 4DH**

**0131 447 9911**

**1 South Mount Street**

**Aberdeen AB25 2TN**

**01224 641010**

**admin@trinityfactors.co.uk**

**www.trinityfactors.co.uk**

**Letting Agent Registration Number LARN 1810014**

# PLEASE COMPLETE THIS FORM IN FULL - EACH APPLICANT MUST COMPLETE A SEPARATE FORM

|  |  |
| --- | --- |
| **Rental Property** |  |
| Rental Address: |  |
| Rent: |  |
| Proposed Date of entry: |  |
| Proposed length of tenancy: |  |

|  |  |
| --- | --- |
| **Applicant Information** |  |
| Total number of adult applicants: |  |
| Do you have pets? How many and what type: |  |
| Do any of the proposed Applicants smoke: |  |
| Do you have any children? |  |
| If Yes - number of children: |  |
| Please provide the dates of birth for your children: |  |

|  |  |
| --- | --- |
| **Personal Details** |  |
| Title (Ms/Mr/Mrs/Dr etc…): |  |
| Full Name: |  |
| Mobile number: |  |
| Email address: |  |
| Date of birth: |  |
| Previous 3-years of home address details and number of years at each address: |  |
| National insurance number: |  |
| Passport number: |  |
| Current living situation: (Renting / Homeowner / Living with family or friends / other) |  |
| Current Landlord / agent if renting, or previous Landlord /agent if not currently renting: |  |
| Contact details for landlord/agent: |  |

|  |  |
| --- | --- |
| **Employment Details** |  |
| Job Title: |  |
| Company / University details: |  |
| Salary: |  |
| Length of Service: |  |
| Contract Type: | Full time / part time / contract: length of contract\_\_\_\_\_\_\_ |
| Name of referee: |  |
| Email address: |  |
| Telephone number: |  |
| Source of funding rental payments: | Employment/Guarantor/Rent in advance |

|  |  |
| --- | --- |
| **Next of Kin or Emergency Contact (not one of the applicants)** |  |
| Title (Ms/Mr/Mrs/Dr etc…): |  |
| Full Name: |  |
| Mobile Number: |  |
| Email address: |  |
| Home address: |  |
| Relationship to tenant: |  |

|  |  |
| --- | --- |
| **UK based Guarantor (If Applicable)** |  |
| Title (Ms/Mr/Mrs/Dr etc…): |  |
| Full Name: |  |
| Mobile number: |  |
| Email address: |  |
| Home address: |  |
| Occupation: |  |
| Company/University: |  |
| Contact: |  |
| Salary: |  |
| Name of referee: |  |
| Email address: |  |
| Telephone number: |  |

**DECLARATION**

I confirm that the information provided above is true and accurate and I authorise the landlord and or Trinity Factors (‘’the Agent’’) to share the information with other agencies, organisations and individuals for the purpose of carrying out credit and reference checks and seeking additional information. I agree that if I default on my tenancy obligations, all reference information held by the Agent may be released to authorised debt recovery agencies. The Agent will handle all information provided sensitively and in accordance with legal requirements including the Data Protection Act 1998 and the General Data Protection Regulation (Regulation (EU) 2016/679). The Agent will inform the applicant as soon as possible about the outcome of the application. The Agent must adhere to the Letting Agent Code of Practice (Scotland) Regulations 2016, a copy of which is available on request.

**Communication**

I agree to the email address above being used as my preferred method of communication during the lease.

**Reserve Property**

A deposit of 50% of the first months rent is required to reserve the rental property while reference checks are carried out.

I understand that completing this application form does not commit the landlord or applicant to a tenancy.

I accept and agree to the terms and conditions above.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_