

Employed Application Form

Please complete all sections of the application form in BLOCK CAPITALS. Failure to fill in all the details may delay your application.

Date Application Received
(Office only)

DD / MM / YYYY

Property Details

House number:

Town:

Flat number:

Post Code:

Street:

County:

Area:

Rent Details

Number of people to live in the property?

Total rent per month:

Share of the rent each month?

Start date of tenancy:

Tenancy term (months)

Applicant Details

Title:

Date of Birth:

First Name:

Sex:

Male Female

Middle Name(s):

No. of Dependants:

Surname:

Marital Status:

Single / Married / Divorced
Separated / Widow(er)

Any previous
names:

Any CCJ's or Bankruptcy:

Yes No

Nationality:

Home Number :

Passport Number:

Mobile Number:

Email:

Residential Status:

Property Owner / Private Tenant / Council Tenant / Living with friends or relatives

Current Address

House number:

Flat number:

Street:

Area:

Town:

Post Code:

County:

Period at Address:

From:

Month

Year

To:

Month

Year

Current Letting Agent or Landlord

Contact Name:

Address:

Contact Number:

Email:

Please supply previous addresses if you have been at your current address for less than 3 years.

Previous Address 1

House number:

Flat number:

Street:

Area:

Town:

Post Code:

County:

Period at Address:

From:

Month

Year

To:

Month

Year

Previous Address 1

House number:

Flat number:

Street:

Area:

Town:

Post Code:

County:

Period at Address:

From:

Month

Year

To:

Month

Year

Employment Details

Employment type: (select one) Full time employed / Part Time employed / Temporary / Contract / Unemployed / Self-Employed / Retired / Student / Payment in advance

Occupation:

Company name:

Company address:

Gross salary:

Start Date: End Date:

Any additional income:

Amount of additional income:

Employment: Permanent Contract
Temporary

Employer contact name:

Employer contact position:

Contact's email:

Contact's telephone:

Payroll number:

Please provide details of additional income::

Second Employer

Occupation:

Company name:

Company address:

Gross salary:

Start Date: End Date:

Employment: Permanent Contract
Temporary

Employer contact name:

Employer contact position:

Contact's email:

Contact's telephone:

Payroll number:

Bank Details

Name of Bank:

Current Account Held: Yes No

Branch:

Time with bank: Years Months

Account Number:

Number of Credit Cards Held:

Sort Code:

Account Holder:

Additional Information

Will any tenants have pets?: Yes No

Do any tenants smoke? Yes No

If yes what type of pet:

Any Requirements:

Will any children be living at the property?: Yes No

Name(s) and Age(s)

Next of Kin

Name:

Contact Number:

Address:

Relationship:

Please tick if you agree to our insurance providers contacting you regarding tenants insurance.

We cannot proceed with this application if you do not consent to these terms.

I hereby confirm that the information provided by me is to the best of my knowledge true and accurate.

I consent to the information provided being verified by contacting the third parties detailed in this form.

I authorise AM Property Management or any assessment company to disclose any information about me and my account to any credit reference agency who may retain record of any such search. Information thus registered is used only to help make credit, insurance and property rental decisions or occasionally for fraud prevention or tracing debtors.

PRINT NAME: _____

SIGNATURE: _____

DATE: DD / MM / YYYY

When returning this application, please ensure that it is accompanied by the following documents:

1. Driving licence / Passport
2. Gas / Electric / Rates / Telephone Bill (One of these documents)
3. £40 application and referencing fee (non-refundable)

Please Return To:

AMPMni
54 Belmont Road
Belfast
BT4 2AN

Tel: 028 9067 3777 Fax: 028 9047 3521 Email: info@ampmni.com