## **Full Reference Guarantor Form**



Please return this form to Henry Rose Estate Agents. Asterisks (\*) indicate a field is mandatory.

| Agency Details   |                         |                    |  |  |  |
|--|-------------------------|--------------------|--|--|--|
| Letting Agent Name *                                     |                         | Letting Agent ID * |  |  |  |
| Henry Rose Estate Agents                                 |                         | 4609               |  |  |  |
|  |                         |                    |  |  |  |
|  |                         |                    |  |  |  |
| Property Details   |                         |                    |  |  |  |
| Abode *  | Building/House Number * |                    | Building/House Name *  |  |  |
|  |                         |                    |  |  |  |
| Address Line 1 *   | Address Line 1 *        |                    |  |  |  |
|  |                         |                    |  |  |  |
|  |                         |                    |  |  |  |
| Address Line 2 *   |                         |                    |  |  |  |
|  |                         |                    |  |  |  |
| Town *   | County *                |                    | Postcode *   |  |  |
|  |                         |                    |  |  |  |
| Total Monthly Rent *                                     |                         |                    |  |  |  |
| Total Monthly Nem  |                         |                    |  |  |  |
|  |                         |                    |  |  |  |
|  |                         |                    |  |  |  |
| Guarantor Details  |                         |                    |  |  |  |
| Name of Tenant (Who you are acting for) *                |                         |                    | Relationship with Tenant *   |  |  |
| Traine of Fording (vine year are desing to )             |                         |                    | Total of the state |  |  |
|  |                         |                    |  |  |  |
|  |                         |                    |  |  |  |
| Guarantor's Contact Details                              |                         |                    |  |  |  |
| Title (e.g. Mr, Mrs, etc.) * First Name *                |                         | Middle Name *      | Last Name *  |  |  |
|  |                         |                    |  |  |  |
|  |                         |                    |  |  |  |
| Previous Full Name (If your name has changed in the last | 12 months)              |                    |  |  |  |
|  |                         |                    |  |  |  |
| Date of Birth (dd/mm/yyyy) * Telephone Number *          |                         |                    | Mobile Number *  |  |  |
|  |                         |                    |  |  |  |
| Email Address *  |                         |                    |  |  |  |
| Email / (daloss  |                         |                    |  |  |  |
|  |                         |                    |  |  |  |
|  |                         |                    |  |  |  |

| Guarantor's Details            | ;                       |   |                           |   |
|--------------------------------|-------------------------|---|---------------------------|---|
| Marital Status *               |                         | Do you Smoke? *   | Do you have Pets? *       | Any recent Arrears or Adverse Credit? *   |
|                                |                         |   |                           |   |
| If you have had any recen      | t arrears or adverse cr | edit within the last 10 yea   | ars, please provide detai | ils on the 'Additional Information' page. |
| Guarantor's Curren             | t Address Detail        | s   |                           |   |
| Abode *                        |                         | Building/House Number * Building/House Name *                               |                           |   |
|                                |                         |   |                           |   |
| Address Line 1 *               |                         |   |                           |   |
|                                |                         |   |                           |   |
| Address Line 2 *               |                         |   |                           |   |
|                                |                         |   |                           |   |
| Town *                         |                         | County *  |                           | Postcode *                                |
|                                |                         | County  |                           | 1 000000                                  |
|                                | 01617                   | ant', please complete the section titled 'Landlord / Agency Details' below. |                           |   |
|                                | wner                    |   |                           | Agency Details' below.                    |
| Tenant                         | Wilei                   | Live with Parents Family / Friends  |                           |   |
|                                |                         |   |                           |   |
|                                |                         |   |                           |   |
| Landlord / Agency              | Details                 |   |                           |   |
| Abode *                        |                         | Building/House Number *   |                           | Building/House Name *                     |
|                                |                         |   |                           |   |
| Address Line 1 *               |                         |   |                           |   |
|                                |                         |   |                           |   |
| Address Line 2 *               |                         |   |                           |   |
|                                |                         |   |                           |   |
| Town *                         |                         | County *  |                           | Postcode *                                |
|                                |                         | -   |                           |   |
| Name of Landlord / Letting A   | gent *                  | Contact Email Address *   |                           | Contact Telephone Number *                |
| Traine of Landiord / Letting A | 90.11                   | Contact Linaii Addiess  |                           | Contact Telephone Number                  |
|                                |                         |   |                           |   |
| Title (e.g. Mr, Mrs, etc.)     | ontact First Name *     |   | Contact Last Name *       |   |
|                                |                         |   |                           |   |
|                                |                         |   |                           |   |

| Source of Income  |   |                                  |                               |                         |  |
|---|---|----------------------------------|-------------------------------|-------------------------|--|
| Employed (PAYE)   | Self-Employed   | Investments / Savings            | Benefits                      | Other                   |  |
|   |   |                                  |                               |                         |  |
| Employer / Accountant Na  | ame *   |                                  | Annual Income Amount *        |                         |  |
|   |   |                                  |                               |                         |  |
| Title (e.g. Mr, Mrs, etc.)  | le (e.g. Mr, Mrs, etc.)  Contact First Name *           |                                  | Contact Last Name *           |                         |  |
|   |   |                                  |                               |                         |  |
| Primary Contact Number  | *   | Secondary Contact Numb           | er Contact Email *            |                         |  |
|   |   |                                  |                               |                         |  |
| Comments / Further Inform   | mation (if you have further inco                        | ome sources, please specify thes | se on the next sheet)         |                         |  |
|   |   |                                  |                               |                         |  |
|   |   |                                  |                               |                         |  |
|   |   |                                  |                               |                         |  |
| Identification  |   |                                  |                               |                         |  |
| National Insurance Number   | National Insurance Number * Identification Type (e.g. p |                                  | ssport, driving license, etc) | Identification Number * |  |
|   |   |                                  |                               |                         |  |
| Bank Account Number   |   |                                  | Bank Account Sort Code        |                         |  |
|   |   |                                  |                               |                         |  |
|   |   |                                  |                               |                         |  |
|   |   |                                  |                               |                         |  |
| Authorisation   |   |                                  |                               |                         |  |
| I confirm that the information provided in this application form is true, accurate and complete. I understand that the information that I have submitted will be used in order to assess my suitability to be granted a tenancy agreement, or to be named on the tenancy agreement as a Guarantor, and I give my consent to the information that I have provided being shared with third parties for this purpose. I understand and agree that current or former employers, landlords and letting agents may be asked to provide additional information about me or to verify information that I have provided, calls for which are recorded for training and monitoring purposes. I further agree that the information that I have provided will be submitted to credit reference agencies in order that a credit check can be conducted. I expressly acknowledge that Rent4sure Limited is not entitled to disclose a copy of my credit report to me but that I may obtain a copy of the report by applying to the relevant credit reference agency directly. I understand that I may be refused a tenancy, or may be found unsuitable to act as a Guarantor, as a result of the searches and references obtained by Rent4sure Limited and I agree that I shall not seek to hold Rent4sure Limited liable for such refusal nor shall I seek to bring any claim against Rent4sure Limited for any loss or damage suffered by me as a result of such refusal. I understand that information which I provide or which is collected about me may be retained on file or stored electronically in accordance with the provisions of the Data Protection Act 1998. I do / do not want Rent4sure Limited passing my contact details to third parties including Intasure Limited, RGA Underwriting Limited and ARC Legal Assistance Limited in order that Rent4sure Limited, or a third party, may contact me by e-mail or telephone about products and services which may be of interest to me, such as Tenants Liability Insurance. |   |                                  |                               |                         |  |
| Guarantor's Name *  |   | Guarantor's Signature *          |                               | Date (dd/mm/yyyy) *     |  |
|   |   |                                  |                               | ,                       |  |
|   |   |                                  |                               |                         |  |

| ou need to provide any p | on<br>revious addresses, nam | es credit history or   | other credentials plea | se describe them be   | low  |
|--------------------------|------------------------------|------------------------|------------------------|-----------------------|------|
| ou need to provide any p | evious audiesses, nam        | es, crean mistory or o | oner creuernars plea   | ise describe triem be | IOW. |
|                          |                              |                        |                        |                       |      |
|                          |                              |                        |                        |                       |      |
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|                          |                              |                        |                        |                       |      |
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|                          |                              |                        |                        |                       |      |
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|                          |                              |                        |                        |                       |      |
|                          |                              |                        |                        |                       |      |
|                          |                              |                        |                        |                       |      |
|                          |                              |                        |                        |                       |      |

**Optional Page** 

You only need to send this extra page in if you choose to provide any further information..

| Supplementary Orders (For use by Henry Rose Estate Agents only)                          |                          |                             |                         |  |  |  |
|--|--------------------------|-----------------------------|-------------------------|--|--|--|
| Rent Protection  |                          |                             |                         |  |  |  |
| 6 Months<br>1 Month Excess   | 6 Months<br>Nil Excess   | 12 Months<br>1 Month Excess | 12 Months<br>Nil Excess |  |  |  |
| Legal Expenses In  | Legal Expenses Insurance |                             |                         |  |  |  |
| 6 Months   | 12 Months                |                             |                         |  |  |  |
| Know Your Customer   |                          |                             |                         |  |  |  |
| A Know Your Customer Report that verifies the identity and background about an applicant |                          |                             |                         |  |  |  |
| Add Know Your<br>Customer  |                          |                             |                         |  |  |  |
|  |                          |                             |                         |  |  |  |

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