

# Unemployed 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:

Town:

Flat number:

Post Code:

Street:

County:

Area:

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:

Town:

Flat number:

Post Code:

Street:

County:

Area:

Period at Address:

From:

Month

Year

To:

Month

Year

## Previous Address 2

House number:

Town:

Flat number:

Post Code:

Street:

County:

Area:

Period at Address:

From:

Month

Year

To:

Month

Year

## 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:

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

## Guarantor 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:

Town:

Flat number:

Post Code:

Street:

County:

Area:

Period at Address:

From:

To:

Month

Year

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:

Town:

Flat number:

Post Code:

Street:

County:

Area:

Period at Address:

From:

Month

Year

To:

Month

Year

## Previous Address 2

House number:

Town:

Flat number:

Post Code:

Street:

County:

Area:

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:

Employment:

Permanent

Contract

Temporary

Company name:

Employer contact name:

Company address:

Employer contact position:

Contact's email:

Gross salary:

Contact's telephone :

Start Date:

End Date:

Payroll number:

Any additional income:

Amount of additional income:

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:

Branch:

Account Number:

Sort Code:

Account Holder:

Current Account Held: Yes  No

Time with bank:  Years  Months

Number of Credit Cards Held:

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. £60 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