**Tenant registration form**

**Please complete in BLOCK CAPITALS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal details** | | | | |
| Name | |  | | |
| Date of birth | |  | | |
| Telephone (home) | |  | | |
| Telephone (work) | |  | | |
| Mobile | |  | | |
| Email | |  | | |
| I would like to receive regular updates of available properties. | | | | |
| Yes | No | | | |
| Are you a smoker? | | Yes / no | | |
|  | |  | | |
| **Preferred Area** | | | | |
| Location preferred  Area, In Town or rural | | |  | |
| Status at current address | | | Owner / tenant / other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | |
| Length of time at this address | | |  | |
| **Property preference details** | | | | |
| Type pf property  House or Flat | | | |  |
| Minimum Bedroom(s) | | | |  |
| Monthly rental budget | | | |  |
| Would you consider out with your preferred area, if yes how far, ? miles | | | | Miles |
| Proposed/required entry date | | | |  |
| Number of adults 18yrs + to occupy property | | | |  |
| Age & sex of any children under 18 yrs  to occupy property | | | |  |
| Any accessibility concerns, i.e ease of access for wheelchair etc | | | | Yes / no |
| Any pets or assistance animals to occupy property? | | | | Yes / no |
| If yes, state type & age of pet or assistance animal | | | |  |
| Any specific requirements i.e Parking, garage, garden etc | | | |  |
|  | | | | |
| Print name | | | | |
| Send completed form to | | | | [info@mckenzie-ent.com](mailto:info@mckenzie-ent.com)  or submit on the website under the applications tab |

