



DOCUMENTS REQUIRED FOR TENANCY APPLICATION

(Photocopies ONLY)

PHOTOGRAPHIC ID

Please provide photocopy of one of the following:

PASSPORT / DRIVING LICENCE / SOCIAL WELFARE CARD

REFERENCE

Please provide photocopy of **WRITTEN** reference from your previous landlord.

Photocopy of Current Work Reference

PROOF OF INCOME

Photocopies of the last **3 Months** Payslips / Social Welfare Receipts

Photocopies of Bank Statements confirming that you have

Deposit and 1st Month's Rent

Please be advised that uncomplete application forms and supporting documents will not be accepted.

In accordance with GDPR regulations, all unsuccessful applications after 14 days will be shredded.

TEL: 051-511199

EMAIL: reception@smartmoveproperty.ie

Website: www.smartmoveproperty.ie

100 Lower Yellow Road
Waterford.
PSRA NO: 003964



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Smart Move PROPERTIES

TENANT APPLICATION FORM.

PLEASE COMPLETE IN FULL IN BLOCK CAPITALS.

PROPERTY NAME:		
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PERSONAL DETAILS.

TENANT 1.

TENANT 2.

CURRENT ADDRESS

TENANT 1.

TENANT 2.

First names:		
Surname:		
Mobile Number:		
Email Address:		
Date of birth (dd/mm/yy):		
PPS Number:		
Do you have any pet's?	YES/NO	YES/NO
Do you smoke?	YES/NO	YES/NO
Do you have any children?	YES/NO	YES/NO
If so, how many children?		
If so, what age?		

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Smart Move PROPERTIES

Your Current Address:		
Length of time at Address:		
Name of Landlord:		
Landlord Telephone Number:		
Landlord Email:		
Reason for Leaving?		
Landlord References essential:	Mandatory (please attach)	Mandatory (please attach)

PREVIOUS ADDRESS

TENANT 1.

TENANT 2.

Your Previous Address:		
Length of time at Address:		
Name of Landlord:		
Landlord Telephone Number:		
Landlord Email:		
Reason for Leaving?		
Landlord References essential:	Mandatory (please attach)	Mandatory (please attach)

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Smart Move PROPERTIES

EMPLOYMENT.

TENANT 1.

TENANT 2.

Place of Employment:		
Length of time at employment:		
Employment references essential:	Mandatory (please attach)	Mandatory (please attach)
Do you receive social welfare payment's?	YES/NO	YES/NO

WCCC HOUSING ASSISTANCE

TENANT 1.

TENANT 2.

Are you on the Waterford City & County Council Housing List?	YES/NO	YES/NO
Waterford City & County Council Reference number:		
Will you be applying for HAP?	YES/NO	YES/NO

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Smart Move PROPERTIES

OTHER DETAILS

TENANT 1.

TENANT 2.

Next of Kin:		
Relationship:		
Mobile:		
Email:		
Home Address:		

Declaration

I declare that the information I have provided on this form and in any on line application is true and correct and I hereby authorise the Landlord and their Agents to verify the details given and seek references as required. I also hereby authorise the above-named Bank or Building Society to respond to status enquiries made in respect of this application. I confirm that the information provided on this form may be shared with referencing agencies, other agents and landlords (past, present and future) as required. I understand that this document does not represent and offer or contract of any nature, and that no explanation will be provided in the event of a tenancy not being offered.

The provision of Section 17 of the Housing Act 1996 will apply to this application. If any information on this application form is found to be untrue it will be grounds to eliminate the tenancy agreement.

PLEASE NOTE,

In accordance with GDPR regulations, if your application for this particular property is unsuccessful, this form and other supporting documents will be shredded within 14 days.

Please Sign Below to confirm you agree to the above

Applicant 1 _____ **Applicant 2** _____

Date: _____ **Date:** _____

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