

APPLICANT/GUARANTOR CONSENT DECLARATION

Please complete in BLOCK CAPITALS, sign and return to Rentguard Tenant Referencing

FAX: 03330000164 EMAIL: admin@rentguardtenantref.co.uk				
Full Name:			Date of Birth:	
	e information supplied by me in th		e and complete to the	best of my knowledge and I give
I consent to Rent	guard Tenant Referencing searchi orded and information relevant to	ing information held		
	mation supplied by me will be hel rivacy policy available at www.rentg			ection Regulation 2016/6769
	REFEREES ferencing procedure we will apply to document you give your consent for			olied on your application.
	R/ACCOUNTANT: e you to respond to any enquiry re ny salary/income and any other part			
I hereby authorise details of how I ha	LANDLORD/LETTING AGENT: e you to respond to any enquiry re ve conducted my tenancy, including ble for any reasonable charges rai	g my payment histoi	y and condition of the p	roperty. I further confirm that
Signed:				
Print Name:				
Date:				