

# Guarantee for an Assured Short hold Tenancy

|   |  |  |                      |
|---|--|--|----------------------|
| Full Name of Guarantor:   |  | Date of Birth:                                 |                      |
| Present Address:  |  | Post Code:                                     |                      |
| (If less than 5 years at present address please list other relevant addresses overleaf) |  | Tel:   |                      |
|   |  | Please indicate which Credit/Debit Cards held: |                      |
| How long there? (years)   | Owned: <input type="checkbox"/><br>Rented: <input type="checkbox"/><br>Other: <input type="checkbox"/> | Job Description-Title                          | Length of Service    |
|   |  |  | Gross Monthly Salary |
|   |  |  | £                    |

Full Name(s) of ALL Proposed Tenant (s):

These two sections must be completed in full

Address of Property subject to Assured Shorthold Tenancy agreement:

I refer to the above and hereby agree to indemnify Priority Management Services Ltd and the Landlord in respect of all of the liabilities and responsibilities of the Proposed Tenant (s) for the duration of the proposed tenancy at the property and any subsequent derivative periodic tenancy. Should there be any reclaim of benefit in connection with the tenancy, at any time and for whatever reason, I hereby agree to pay to Priority Management Services the full amount claimed, within seven days of being notified in writing of the relevant details. I confirm I have no outstanding County Court Judgements against me and declare that, to the best of my knowledge and belief, all of the information I have provided is correct.

Signed

Signed

The Guarantor

Witness

Full name & address of witness:

Date: \_\_\_\_\_

An application for information to support this guarantee under the Consumer Credit Act 1974 will be made through Experian Ltd., PO Box 40, Nottingham, NG7 2SS (Telephone 0115 941 0888). Copies of your file may be obtained from them on completion of an application form and payment of a nominal fee.

**NB. Signing this document is a firm commitment to act as a guarantor for the proposed tenancy. Please read it carefully before doing so. Acting as a guarantor means being responsible for all of the obligations of a tenancy without receiving any of the benefits. If in doubt, don't hesitate to contact us to explain. Please complete every section in full.**

## Employer and/or Accountant Authorisation

To: (Name & address of employer/accountant)

Tel:

Fax:

Person to Contact:

PLEASE PRINT YOUR NAME HERE:

Payroll/Works Number (if applicable):

National Insce. No.

Please provide Priority Management Services Ltd with a reference, including full details of my employment basis and earnings, to support a proposed guarantee for an Assured Shorthold Tenancy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_