



Rent Warranty Proposal

PLEASE COMPLETE IN BLOCK CAPITALS TO REDUCE ERRORS

User ID:

Date:

1. Tenancy Details

Property address

Warranty period

 months

Tenancy start date

Tenant name

Rent for this tenant

 £ per

2. Landlord Details

Title

First name

Surname

Landlord address

Postcode**

Contact number**

Mobile telephone number

Deposit taken

 £

I have read and agree to adhere to the Terms & Conditions of the rental warranty

Signed

Date

Name

PLEASE RETURN THIS FORM VIA: FAX – 0844 412 7753
E-MAIL - WARRANTY@RENTCHECKS.COM