

the letting experts

PROPERTY ADDRESS:					
	POST C	ODE:			
VIEWING ARRANGEMENTS:					
DATE AVAILABLE FROM:	VAILABLE FROM: DATE AVAILABLE TO:				
RENT £ pcm					
SECURITY ALARM					
Code: Location: KEYS PROVIDED:					
NUMBER OF SETS:					
(Quantity of each) YALE: MORTIC	CE:SECURI	TY:			
PROPERTY TYPE: (i.e. flat/villa etc)		FURNISHED: Y	ES/NO		
NUMBER OF BEDROOMS Double:	Single	:			
(Please tick where appropriate) Open Plan Living /Kitchen Lounge	☐ Dining Roo	m 🗖			
Kitchen ☐ Dining Kitchen ☐	Utility	W.C			
Study Bathroom	En Suite	Garden			
Gas c/h ☐ Elec Heating ☐	Garage 🛚	Parking availa	ble 🛘		
PARKING: YES/NO LOCATION/SPACE	NUMBER:D	/GLAZING: YES/I	NO		
ADDITIONAL ROOMS/SPECIAL ARRANGE	MENTS:				

PHONE LINE: YES/NO	RESTRICTIONS		(office use only) BOARD INSTRUCTION	
PROVIDER: PHONE NO:	DSS STUDENT'S SMOKERS 3 MONTH LEASE PETS		GBOARD/TBOARD	
HMO LICENSE: YES/NO (only applicable for 3 or more bedroom properties)				
LEGAL REQUIREMENTS/SAFETY INFORMATION				
SMOKE ALARM: YES/N	10	MAINS/BATTERY		
IF NO ALARM TO BE ARRANGED BY: FINEHOLM/LANDLORD				
LANDLORD REGISTRATI	ANDLORD REGISTRATION: FINEHOLM/LANDLORD		LM/LANDLORD	
ENERGY PERFORMANCE	NCE CERTIFICATE: FINEHOLM/LANDLORD			
INVENTORY (One off char	ge £95)	FINEHO	LM/LANDLORD	
COUNCIL TAX BAND:				
Buildings Insurer:		Contents Insurer:		
Insurers Address:		Insurers Address:		
Telephone number: Policy Number:				
	MAINTENANCE	INSTRUCT	<u>IONS</u>	
GAS SAFETY TO BE ARR	ANGED BY:	FINEHO	DLM/LANDLORD	
(must be Gas Safe register	ed engineer)			
GAS SERVICE CONTRAC	т:			
GENERAL MAINTENANC	E:	FINEHO	DLM/LANDLORD	
PREFERRED CONTRACT	OR:			
GUARANTEES:				
FACTOR:				
STOPCOCK LOCATION:				
BOILER LOCATION:				

Do you require a quote for ins	surance?	YES/NO		
If YES, please specify:	I	Buildings/Contents/Both		
	<u>UTILITIES</u>	3		
CAS SUDDI IED.	ELEC	SUPPLIER:		
Powercard/Token meter: YES/NO Gas card/token meter: YES/NO				
Reference number:	Referer	nce number:		
Meter number:	Meter	number:		
Location:	Locatio	on:		
MORTGAGE APPROVED:	YES/NO			
MORTGAGE PROVIDER:				
DADTIOIDATE IN DENT OLIAD	ANTEE COLIEME	VEC/NO (antional 0.540/)		
PARTICIPATE IN RENT GUAR	ANTEE SCHEME:	YES/NO (optional 2.54%)		
	TAX INFORMA	ATION		
Are owners resident in UK/AB	BROAD			
<u>IF NON R</u>	ESIDENT PLEASE	COMPLETE BELOW		
1. Date left of leaving U.K	7			
2. Tax forms left	YES/NO			
Z. Tax forms left	123/110			
********OFFICE USE ONLY	******			
SPECIFICS				
FEES				
	MADICETINO SEE	INIVENITORY FEE		
MANAGEMENT FEE	MARKETING FEE	INVENTORY FEE		
CHECK OUT FEE	RENT GUARANTE	E		

<u>LANDLORDS DETAILS</u>				
Landlord(s) Name(s):				
Landlords Forwarding Address:				
Postcode:				
Is the property jointly owned? YES/NO Power of attorney				
Landlord Registration No				
LANDLORD CONTACT DETAILS				
Home Number: E-mail:				
Business Number: Date of Birth:				
Mobile Number: Occupation:				
2 nd Owner Details:				
Home Number:Date of Birth:				
Mobile Number:Occupation:				
Previous Addresses (If less than 5 years at current address)				
PAYMENT DETAILS				
To (Bank/Building Society:				
Address:				
Name(s) of Account Holder:				
Sort Code:				
Account Number:				
Additional Reference:				