

PROPERTY INFORMATION QUESTIONNAIRE

(to be completed by Landlord)

The information requested in this form is to enable us to efficiently perform our service in your absence. Please complete it fully and clearly throughout using BLACK INK and BLOCK CAPITALS. Thank You.

1. Property:

Address of property to be let:	
Postcode:	Tel: (property)

2. Landlord:

Full Name(s)			
Correspondence address:			
Postcode:	Tel: (home)		
Tel: (work)	Mobile:		
Fax:	E-mail:		

3. Letting and property details:

Approx. value if known			
Length of initial fixed term:			
Total length of time available:			
Date available from:			
I/we would like you to obtain a rent of:	£	per calendar month (or the best possible figure)	

Keys: tick as appropriate	<input type="checkbox"/>	a: will be provided (date)	
	<input type="checkbox"/>	b: are enclosed	
	<input type="checkbox"/>	c: we are authorised to borrow them from:	
Board	I would like a 'TO LET' board erected at the property		Y / N

In your property would you allow the following:

Pets	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	details:
Children	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	details:
Smokers	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	details:
Other:	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	details:

4. Bank Details:

Bank/Building Society:	
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Branch Address:			
Account Holder Name			
Sort Code		Account No.	

5. Emergency Contact: (for any problems if you are absent or on holiday etc)

Name:			
Address:			
Tel: (home)		Tel: (work)	
Mobile:		E-mail:	

6. Services and Utilities:

Service	Supplier	Telephone	Ref. No.
Gas			
Electricity			
Telephone			
Water			

Location of Stop Tap	
Location of Water Meter	
Location of Gas Meter	
Location of Electric Meter	

Council Tax Authority		Banding	
Heating Oil Supplier		Tank should be full at start of tenancy	

Is there a working fireplace or solid fuel appliance (e.g. woodburner) at the property? **Y / N**
If yes when was the chimney last swept? _____

Chimney Sweep?	Name:	Tel:
Solid Fuel Supplier?	Name:	Tel:

Do you have GAS or OIL central heating? **GAS / OIL**

Boiler Make:		Model no:
Age:	Conventional or Combi:	Last serviced:
Engineer:	Name:	Tel:

NB We will organise a Landlords Gas Safety Certificate for the property with a registered GAS SAFE contractor unless you provide one attached to this form or inform us otherwise.

Please tick if you do not wish us to carry this out for you.



Please also list any AGA/ Rayburn/ Fires that heat the property:

Is there an alarm system at the property? **Y / N**

If 'yes' please provide details (including entry codes and contractors):

Is there mains drainage at the property? **Y / N**

If 'no' please provide details of septic tank or cesspool and clearance company if applicable:

7. Parking:

Please detail any parking arrangements for the property, including any allocated spaces, garages, or restrictions. Please make or attach a sketch if necessary to assist in location.

8. Insurance:

Please provide details of the following insurance policies in case of possible claim. Please advise your insurance company that you are letting out the property and that we are acting as Agent on your behalf.

Buildings Insurance:

Company Name:			
Address:			
Tel:		Fax:	
Policy No:		Name of Insured:	

Contents Insurance:

Company Name:			
Address:			
Tel:		Fax:	
Policy No:		Name of Insured:	

9. Mortgage details:

The property to rent out is mortgaged:	Y / N	owned outright:	Y / N
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Lender Name:			
Address:			
Tel:		Fax:	
Ref:	The lender has been advised that the property is to be let Y / N		

10. Flats:

If your property is leasehold, please provide the details of the freeholder/landlord or the block managing agent:

Company Name:			
Address:			
Tel:		Fax:	
Service charge per year:	Current ground rent per year:		

11. Repairs and Maintenance:

Please list the details of any trades persons we are to use. If left blank we will use one of our usual contractors to carry out any work.

Plumber	Name:	Tel:
Electrician	Name:	Tel:
Builder	Name:	Tel:
Gardener	Name:	Tel:
Window Cleaner	Name:	Tel:
Other:	Name:	Tel:

12. Guarantees or Warranties:

<p>Please detail any warranties or guarantees for items or appliances within the property, including a contact name and number in case of fault. In the case of a new property a relevant contact in case of</p>
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13. Boundaries:

<p>Please detail any boundaries or fencing responsibility of your property: Please attach a quick sketch if necessary to assist in location.</p>
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14. Miscellaneous:

- a. Day and time of refuse collection: _____
- b. Please supply an information pack including relevant instructions and leaflets for all appliances white goods, alarm systems, and central heating. Pack attached: **Y / N**
- c. Visits: we usually visit the property after the third month and then six monthly thereafter. Do you agree: **Y / N**
- d. Inventory: we will draw up a full Inventory and Schedule of Condition on your behalf prior to the commencement of any tenancy. **Y / N**
- e. Non Resident Landlords: please inform us **immediately** if you will be residing out of the UK for any period during the tenancy so that we can inform the relevant authorities and/or adjust our/your accounts accordingly. I will be residing outside the UK: **Y / N**

15. Special Conditions and comments:

Please detail any special conditions particular to the property or any comments you would like to add to the form:

16. Let Only, Rent Collect or Management Fee:

- The service I wish to take is Let Only Service _____
- Rent Collection Service _____
rent collected
- Full Management Service _____
rent collected

(PLEASE READ AND SIGN THE ACCOMPANYING TERMS OF BUSINESS RELATING TO THE SERVICE YOU WISH TO TAKE.)

BOTH FORMS MUST BE COMPLETED AND RETURNED TO OUR AGENCY TO ENABLE US TO MARKET YOUR PROPERTY AS AVAILABLE TO LET)

17. Declaration:

I/we hereby authorise **ONE LETTINGS** to act on my/our behalf in the letting and management of the above detailed property, to collect rent where due, and to proceed with repair up to **£50** without prior reference to the Landlord.

I/we agree to pay by deduction from the rental income, the management, letting, renewal, VAT, expenses and basic rate tax where applicable.

SIGNED: _____ **DATE:** _____
(Landlord)

SIGNED: _____ **DATE:** _____
(Landlord)

(If you have any queries or questions regarding the completion of this form, please contact our office and we will be happy to help).

