

Landlord & Property Information Form

CHECKLIST

ALL PROPERTY OWNERS HAVE SIGNED THE AGENCY AGREEMENT

☐

CONTRACT RESIDENCY DECLARATION COMPLETED

☐

LANDLORD AND PROPERTY INFORMATION FORM COMPLETED

☐

PHOTO ID AND PROOF OF PROPERTY OWNERSHIP ATTACHED

☐

Address of property/properties

- 1. Landlord Contact Details** (Please continue on separate sheet if required. *We will send your statement of account to this email address.)

Name:
Home Address:

Postcode:

Date of Birth:
Occupation:
Mobile No:
Daytime No:
Evening No:
Email:
Signature:

Name:
Home Address:

Postcode:

Date of Birth:
Occupation:
Mobile No:
Daytime No:
Evening No:
Email:
Signature:

Correspondence Address:

Postcode:

Correspondence Address:

Postcode:

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2. Bank Account Details (Please continue on separate sheet if required)

Account Name: Account Number: Sort Code: Split of rent to be paid to this A/C: %	Account Name: Account Number: Sort Code: Split of rent to be paid to this A/C: %
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3. Landlord Registration Number (each landlord must register individually and we cannot market your property without)

	Exp:		Exp:
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4. Confirmation of Ownership (failure to complete this section will result in delays in marketing)

I have attached ID and proof of ownership Yes ☐ No ☐

5. Restrictions

I would like to restrict the following categories of tenants (please tick all that apply)

No students ☐ No PHD's ☐ No smokers ☐ No pets ☐ No children ☐

Other

6. Factored Developments

Is the property is in a factored development? Yes ☐ No ☐

If yes, please give details of the factoring company.

Company Name/Tel

7. Parking

If your property has an allocated parking space/garage which is not numbered, please provide us with an outline drawing along with a description to indicate its location.

If your parking space is numbered, please ensure that we are given the correct number as incorrect information resulting in a ticket may be forwarded to the Landlord for payment.

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Does your property have a private parking space?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes then please provide the location indicator	<input type="text"/>			
Does this parking space require a permit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you provided a permit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your property have an alarm?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Type of alarm -	Key	<input type="checkbox"/>	Code	<input type="checkbox"/>
Alarm code	<input type="text"/>			
Maintenance company	<input type="text"/>		Telephone no.	<input type="text"/>

8. Keys

We require 1 full set of keys for each possible tenant and 1 full set for Property Pro Lettings before a tenant moves in.

I confirm I have provided	<input type="text"/>	sets of keys on	<input type="text"/>	(date)
I hereby give Property Pro Lettings authority to cut the keys required on my behalf				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I hereby give Property Pro Lettings authority to cut the keys required on my behalf				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Signature	<input type="text"/>	Date	<input type="text"/>	

9. Landlord Buildings Insurance

Please confirm with whom you are insured with and your policy number:

Insurer	<input type="text"/>	Policy no.	<input type="text"/>
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10. Council Tax & Utilities

Council Tax Band	<input type="text"/>
Gas supplier	<input type="text"/>
Electric supplier	<input type="text"/>
Phone supplier	<input type="text"/>
Location of mains water stopcock	<input type="text"/>

11. Certificates & Installations

	I will arrange	Property Pro Lettings to arrange	Not applicable
Gas Safety Certificate (Only required for properties with a gas supply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detectors (Only required for properties with a gas supply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Appliance Test (Appliances within 1 year of purchase date are not required to be tested)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Installation Condition Report (EICR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation of long-life or mains, Interlinked Smoke & Heat detectors (Please confirm date of installation if arranging yourself)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy Performance Certificate (EPC) (Please note it is a legal requirement that a property has a valid EPC before marketing can commence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legionella Risk Assessment (LRA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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12. Future Tests & Certificates

I authorise Property Pro Lettings to organise the following renewal tests/certificates going forward:

Gas Safety Certificates ☐

Portable Appliance Tests ☐

EICR ☐

Legionella Risk Assessment ☐

EPC ☐

13. Gas Service Contract

(Please note that we do not attend inspections carried out by third party gas service contract suppliers)

Do you have a gas service contract?

Yes ☐

No ☐

If you have any appliances or a central heating boiler under warranty please give details below

This will allow us to contact the right person if any appliances fail. You must contact the provider to confirm that Property Pro Letting is the managing agent for the property. Failure to supply appliance instructions could result in a callout charge to be paid by the landlord.

Appliance	Serial & Model No.	Warranty Company	Telephone	Expiry

14. Maintenance Preferences

I have my own preferred trades people that I would like to use for maintenance

Trade	Name and Telephone Number

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15. Garden

My property has a garden	Communal	<input type="checkbox"/>	Private	<input type="checkbox"/>	No	<input type="checkbox"/>
I expect the tenant to maintain the garden and I will provide the equipment to do this (Equipment must be provided even if the property is unfurnished)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
I will organise a gardener and pay them directly	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Gardener's Name/Tel	<input type="text"/>					

16. TV, Aerial, Satellite & Cable

	Yes	No
If you have left a TV in the property are you willing to repair or replace?	<input type="checkbox"/>	<input type="checkbox"/>
My property has a communal TV aerial	<input type="checkbox"/>	<input type="checkbox"/>
My property has a communal satellite aerial which can be activated	<input type="checkbox"/>	<input type="checkbox"/>
My property already has a cable TV feed installed	<input type="checkbox"/>	<input type="checkbox"/>
Cable TV can be installed in the property area	<input type="checkbox"/>	<input type="checkbox"/>

17. Marketing

I would like a 'To Let' board located at the front entrance or window at the property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please specify other location if required	<input type="text"/>			
The property should be marketed at a rental level of	£	<input type="text"/>		
I am willing to negotiate the rental level to	£	<input type="text"/>		
The property can be accessed for marketing photos (date)	<input type="text"/>			
The property can be advertised on the market from (date)	<input type="text"/>			
A new tenancy can begin from (date) (Please allow a minimum of 5 working days from the property being vacated and a new tenancy)	<input type="text"/>			

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18. House of Multiple Occupation (HMO) Properties

Please complete this section if you wish your property to be marketed to 3 or more unrelated individuals

My property is HMO compliant	Yes <input type="checkbox"/> No <input type="checkbox"/>
My property is unlicensed and I would request Property Pro Lettings to apply for an HMO licence	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have submitted a HMO licence application to the City of Edinburgh Council for this property (We can market the property but cannot let the property until a licence has been granted by the council)	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have asked a HMO company to carry out a survey for me	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, HMO company name	<input type="text"/>
I already have a licence for my property and a HMO company will be managing my renewals	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, HMO company name	<input type="text"/>
I would like Property Pro Lettings to manage future HMO licence renewals	Yes <input type="checkbox"/> No <input type="checkbox"/>
I would like Property Pro Lettings to make a new HMO licence application	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please complete the section below if you want Property Pro Lettings to renew your HMO licence, for new applications please contact to request.

Current licence number	<input type="text"/>		
Date of Property Registration of title	<input type="text"/>		
Maximum total number of occupants	<input type="text"/>	Maximum number of bedrooms	<input type="text"/>
Name(s) of joint property owner(s)	<input type="text"/>		
Applicant's full name	<input type="text"/>		
Maiden/previous name	<input type="text"/>		

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Date and town of birth	<input type="text"/>		
Applicant's home address (or registered office) including postcode			
<input type="text"/>			
If the applicant is a firm, partnership, company or trust please provide Directors'/Partners'/Trustees' details			
Name	<input type="text"/>		
Address	<input type="text"/>		
Date and town of birth	<input type="text"/>		
As per part 5 of the of HMO application form, it also requires the following information – Previous Convictions, subject to the Rehabilitation of Offenders Act 1974, if the application, the agent or any director/partner of them named in the application has been convicted of any crime or offence in any court in the UK, please provide details below or answer 'None' as applicable			
Date	Courts	Offence	Sentence
<input type="text"/>			

19. IMPORTANT – RESIDENCY DECLARATION:

Please also note that Landlord(s) are also required to confirm their residency.

I AM A UK RESIDENT

I/We, the undersigned owner(s) of the above property declare that we are resident in the UK and that I/We do not intend to relocate overseas. (Absences abroad of over six months would normally constitute "relocation").

I/We understand that this declaration is a legal obligation which must be complied with and that should there be any change in my/our residency status Property Pro Lettings will be informed immediately.

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Property Owner 1:		Property Owner 2:	
National Insurance No.		National Insurance No.	
Signature:		Signature:	
Print Name:		Print Name:	
Date:		Date:	

Additional information about the property or current tenancy

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Where did you hear about Property Pro Lettings?

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