

**CHARLES HARDING**

VALUERS AND ESTATE AGENTS

**PROPERTY MANAGEMENT AND LETTINGS**

**26 Commercial Road Swindon Wiltshire SN1 5NS**

**Tel: 01793430588**

**LANDLORD**

**&**

**PROPERTY DETAILS**

Please complete sections 1 and 2 - (plus section 3 if instructing Full Management Service) and sign on the last page

**LANDLORD DETAILS** (Section 1)

NAME OF LANDLORD(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

TELE NO \_\_\_\_\_ WORK NO \_\_\_\_\_ MOBILE \_\_\_\_\_

FAX NO \_\_\_\_\_ E-MAIL \_\_\_\_\_

**BANK DETAILS** (required for rental payment)

NAME OF ACCOUNT HOLDER(S) \_\_\_\_\_

BANK/ BUILDING SOCIETY \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ SORT CODE \_\_\_\_\_

**LANDLORDS RESIDING OVERSEAS - REPRESENTATIVE/POWER ATTORNEY**

NAME \_\_\_\_\_ TELE NO \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

DO YOU HAVE A CERTIFICATE TO RECEIVE RENTAL INCOME WITHOUT TAX DEDUCTION **YES / NO**  
(delete as appropriate)

IF YOU DO NOT PLEASE SUPPLY THE FOLLOWING

TAX OFFICE ADDRESS IN UK \_\_\_\_\_

\_\_\_\_\_

REFERENCE NO \_\_\_\_\_ N.I. NUMBER \_\_\_\_\_

ACCOUNTANT (if applicable) \_\_\_\_\_

ADDRESS \_\_\_\_\_

**MORTGAGE COMPANY** \_\_\_\_\_ ROLL/ACCOUNT NO \_\_\_\_\_

ADDRESS \_\_\_\_\_

HAVE YOU INFORMED YOUR MORTGAGE COMPANY THE PROPERTY IS TO BE LET **YES / NO**  
(delete as appropriate)

You must inform your mortgage lender and enclose a copy of approval and consent to let

**BUILDINGS INSURER** \_\_\_\_\_ POLICY NO \_\_\_\_\_

ADDRESS \_\_\_\_\_

**CONTENTS INSURER** \_\_\_\_\_ POLICY NO \_\_\_\_\_

ADDRESS \_\_\_\_\_

HAVE YOU INFORMED YOUR INSURANCE COMPANY THE PROPERTY IS TO BE LET **YES / NO**  
(delete as appropriate)

## PROPERTY DETAILS (section 2)

PROPERTY ADDRESS \_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

RENT AMOUNT £ \_\_\_\_\_ LENGTH OF INITIAL TENANCY \_\_\_\_\_  
(Per calendar month) (Usually six months)

FLATS: GROUND RENT £ \_\_\_\_\_ MANAGEMENT CHARGE £ \_\_\_\_\_

**HAS THE PROPERTY BEEN PREVIOUSLY TENANTED** YES / NO (delete as appropriate)

AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELE NO \_\_\_\_\_

**KEYS** ENCLOSED THREE SETS OF KEYS YES / NO (delete as appropriate)

**BURGLAR ALARM** YES / NO (delete as appropriate)

KEY NUMBER \_\_\_\_\_ LOCATION \_\_\_\_\_

**CENTRAL HEATING** GAS / ELECTRCITY / OIL / NIGHT / STORAGE

BOILER LOCATION \_\_\_\_\_ THERMOSTAT LOCATION \_\_\_\_\_

IMMERSION HEATER YES / NO (delete as appropriate) LOCATION \_\_\_\_\_

**GAS SAFETY CERTIFICATE** CURRENT CERTIFICATE WHICH IS ENCLOSED YES / NO  
Mandatory if gas appliances in property (delete as appropriate)

**ENERGY PERFORMANCE CERTIFICATE** CURRENT CERTIFICATE WHICH IS ENCLOSED YES / NO  
Mandatory (delete as appropriate)

**TELEPHONE** YES / NO (delete as appropriate)

SUPPLIER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

**TELEVISION AERIAL** YES / NO (delete as appropriate) **SATELITE/NTL** YES / NO (delete as appropriate)

IS APPROVAL GIVEN FOR THE TENANT TO INSTALL YES / NO (delete as appropriate)

**ATTIC** AVAILABLE TO BE USED BY TENANT YES / NO (delete as appropriate)

**FIREPLACE(S)** WORKING / NOT TO BE USED (delete as appropriate)

**BOUNDARIES** PLEASE STATE WHICH FENCES/WALLS/HEDGES ARE THE RESPONSIBILITY OF THE LANDLORD

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# **MANAGEMENT DETAILS** (To be completed for Full Management Service only)

## **UTILITIES AND LOCAL AUTHORITY**

ELECTRICITY SUPPLIER \_\_\_\_\_ REFERENCE \_\_\_\_\_

MAIN FUSE BOX LOCATION \_\_\_\_\_ METER LOCATION \_\_\_\_\_

GAS SUPPLIER \_\_\_\_\_ REFERENCE \_\_\_\_\_

METER LOCATION \_\_\_\_\_

OIL SUPPLIER \_\_\_\_\_ REFERENCE \_\_\_\_\_

WATER BOARD \_\_\_\_\_ REFERENCE \_\_\_\_\_

METERED **YES** / **NO** (delete as appropriate) LOCATION OF STOP COCK \_\_\_\_\_

COUNCIL TAX \_\_\_\_\_ REFERENCE \_\_\_\_\_

LOCAL AUTHORITY \_\_\_\_\_

## **LANDLORD'S OWN CONTRACTORS**

**ELECTRICIAN** \_\_\_\_\_ TELE NO \_\_\_\_\_

**PLUMBER** \_\_\_\_\_ TELE NO \_\_\_\_\_

**GENERAL BUILDER** \_\_\_\_\_ TELE NO \_\_\_\_\_

**DECORATOR** \_\_\_\_\_ TELE NO \_\_\_\_\_

**GARDENER** \_\_\_\_\_ TELE NO \_\_\_\_\_

**OTHER CONTRACTORS** \_\_\_\_\_ TELE NO \_\_\_\_\_

## **MAINTENANCE CONTRACTORS** **YES** / **NO** (delete as appropriate)

DETAILS \_\_\_\_\_

<b>APPLIANCES</b>	<b>REFER NO</b>	<b>MAKE MODEL</b>	<b>COMPANY</b>	<b>TELE NO</b>	<b>VALID UNTIL</b>
CENTRAL HEATING	_____	_____	_____	_____	_____
COOKER GAS/ ELECTRIC	_____	_____	_____	_____	_____
HOB GAS / ELECTRIC	_____	_____	_____	_____	_____
REFRIGERATOR	_____	_____	_____	_____	_____
DEEP FREEZER	_____	_____	_____	_____	_____
DISH WASHER	_____	_____	_____	_____	_____
WASHING MACHINE	_____	_____	_____	_____	_____
WASHER / DRYER	_____	_____	_____	_____	_____
VACUUM CLEANER	_____	_____	_____	_____	_____
MICROWAVE	_____	_____	_____	_____	_____

**SIGNED LANDLORD**

**DATE**