

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 _____

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

SIGNED LANDLORD

DATE