

To avoid any unnecessary delays, please complete in full, in **BLACK INK** using **BLOCK CAPITAL LETTERS**.

	Lead Landlord First						
1	First Landlord	Mr	Mrs	Miss	Other		
	First Name				Last Name		
	Address						
	Post Code				Email		
	Home Tel				Mob Tel		
2	Second Landlord	Mr	Mrs	Miss	Other		
	First Name				Last Name		
	Address						
	Post Code				Email		
	Home Tel				Mob Tel		
3	Property to be Let						
	Address						
	Post Code				Home Tel		
	Local Authority				Council Tax Ba	and	
	Property Type	Studio		Flat		House	
		Bungalow		Terraced		Other	
	Date the Property is Available	Takeover	/	/	Suggested Rer	ntal	£
	Length of Let	6 Months		12 Months		Indefinite	
		Other					
4	Property Details	Other Please tick	Yes	No		Additional I	nformation
4	Property Details Furnished		Yes	No		Additional I	nformation
4			Yes	No		Additional I	nformation
4	Furnished		Yes	No		Additional I	nformation
4	Furnished Unfurnished		Yes	No		Additional I	nformation
4	Furnished Unfurnished Part Furnished		Yes	No No		Additional I	nformation
4	Furnished Unfurnished Part Furnished Children Accepted		Yes	No No		Additional I	nformation
4	Furnished Unfurnished Part Furnished Children Accepted Pets Accepted		Yes	No No		Additional I	information
4	Furnished Unfurnished Part Furnished Children Accepted Pets Accepted Smoking Accepted		Yes	No No		Additional I	information
4	Furnished Unfurnished Part Furnished Children Accepted Pets Accepted Smoking Accepted Parking on-road		Yes	No No		Additional I	nformation
4	Furnished Unfurnished Part Furnished Children Accepted Pets Accepted Smoking Accepted Parking on-road Is a permit needed?		Yes	No No		Additional I	information
4	Furnished Unfurnished Part Furnished Children Accepted Pets Accepted Smoking Accepted Parking on-road Is a permit needed? Parking off-road		Yes	No No		Additional I	information
4	Furnished Unfurnished Part Furnished Children Accepted Pets Accepted Smoking Accepted Parking on-road Is a permit needed? Parking off-road Garage		Yes	No No		Additional I	nformation
4	Furnished Unfurnished Part Furnished Children Accepted Pets Accepted Smoking Accepted Parking on-road Is a permit needed? Parking off-road Garage Gardens		Yes	No No		Additional I	information
5	Furnished Unfurnished Part Furnished Children Accepted Pets Accepted Smoking Accepted Parking on-road Is a permit needed? Parking off-road Garage Gardens Students		Yes	No No		Additional I	information
	Furnished Unfurnished Part Furnished Children Accepted Pets Accepted Smoking Accepted Parking on-road Is a permit needed? Parking off-road Garage Gardens Students Housing Benefits		Yes	No No		Additional I	information
	Furnished Unfurnished Part Furnished Children Accepted Pets Accepted Smoking Accepted Parking on-road Is a permit needed? Parking off-road Garage Gardens Students Housing Benefits Building Information		Yes	No No		Additional I	information
	Furnished Unfurnished Part Furnished Children Accepted Pets Accepted Smoking Accepted Parking on-road Is a permit needed? Parking off-road Garage Gardens Students Housing Benefits Building Information Freehold		Yes	No No		Additional I	information
	Furnished Unfurnished Part Furnished Children Accepted Pets Accepted Smoking Accepted Parking on-road Is a permit needed? Parking off-road Garage Gardens Students Housing Benefits Building Information Freehold Leasehold		Yes	No Control Control		Additional I	information

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6	Utilities	Name of Company / Supplier	Location	of meter or where	e service en	ters property
	Gas					
	Electricity					
	Telephone					
	Satellite/ Cable					
	Water					
	Location of water stop cock ins	side property				
7	Burglar Alarm	Yes No If No go to	number 8			
	Alarm Code					
	Location of Control Panel					
	Linked to a third Party	Yes No				
	If Yes Name and Address					
	Post Code		Tel Number			
8	Viewings arrangements, Do	you want to be present at viewings	Yes		No	
9	Gas Safety	(in accordance with the Gas	Safety Installa	ition and Use Regu	lations 1998))
	Are there any gas appliances of	or a gas meter in the property	Yes	No	If No go	to number 10
	The gas appliances were last s	serviced on / /	and I enclose	the current safety	certificate.	
	I instruct Bartlettings to employ	y on my behalf a SAFE registered gas engineer to	o check all ga	s appliances and p	rovide	
	a Landlord Gas Safety Certifica	ate.	Yes		No	
10	Electrical Safety	(in accordance with the 1994 Electrical Re	egulations)			
	It is advisable that the property	has an Electrical Safety Inspection				
	The electric's were last checke	ed on / /	and I enclose	the current safety	certificate.	
	I instruct Bartlettings to employ	y on my behalf a qualified person to check the Ele	ectrics as indi	cated below.		
	Full inspection of fixed wire ins	stallation.	Yes		No	
	Portable Appliance Test (PAT)	ı	Yes		No	
11	Oil Heating					
	Are there any oil appliances or	an oil tank in the property	Yes	No	If No go	to number 12
	We recommend all Oil Heating	boilers and apparatus are serviced annually by	a qualified en	gineer		
	I instruct Bartlettings to employ	y on my behalf a qualified engineer to check the	Oil Heating Bo	pilers and apparatus	S .	
	Please confirm we can arrange	e this	Yes		No	
12	Open Fire & Wood Burning S	Stoves				
	Are there any open fires or wo	od burning stoves in the property	Yes	No	If No go	to number 13
	We recommend all Fires should	ld have the chimney swept 2 times a year and ins	spected by a	qualified HETAS en	gineer.	
	I instruct Bartlettings to employ	y on my behalf a qualified engineer to check / sw	eep the chimn	ney.		
	Please confirm we can arrange	e this	Yes		No	

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13	Energy Performance Certific	cate (EPC)							
	An EPC was last served on	/ /	and I enclose the current EP	C certificate.					
	I instruct Bartlettings to emplo	y on my behalf a qualified pers	son to supply this address with a	ın EPC.					
	Please confirm we can arrang	je this	Yes	No					
14	Bank / Building Society Deta	ails for Rental Payments mad	de by BACS (Banks Automated	d Clearing System)					
	Banks Name								
	Banks address								
	Post Code		Tel Number						
	Account Name								
	Account Number								
	Sort Code								
15	Mortgage	Does the property to be let hav	re a mortgage attached.	Yes No					
	Mortgage Lender								
	Lenders Address								
	Post Code		Tel Number						
16	Please Indicate Which Service Let Only Service Managed Rent Collection Fully Managed Service	on Service	One off % of rent payment % % %		Only go to number 24 only go to number 22				
17	Insurance, if you have your	own insurance in place, cor	mplete the details below.						
	Building Insured with								
	Telephone Number		Policy No						
	Contents Insured with								
	Telephone Number		Policy No						
18	Maintenance								
	Do you wish to use Bartlettings preferred contractors for everything?								
	Please confirm that you are ha	appy not to be contacted regar	ding any repair or maintenance	work to the value of £200 c	or less?				
	If no, please specify amount.	Yes	No	<u>f</u>					
19	Landlords preferred maintenance contractors								
	General Maintenance								
	Name								
	Address								
	Post Code		Email						
	Business / Home Tel		Mob Tel						

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	These contractors must also b	e avallable o	out or nours in emergency	situations.			
20	Plumber (preferred contracte	ors)	Do you wish to use	Bartlettings preferred con	tractors? Y	es	No
	Name						
	Address						
	Post Code			Email			
	Business / Home Tel			Mob Tel			
21	Electrician (preferred contra	ctors)	Do you wish to use	Bartlettings preferred con	tractors? Y	es	No
	Name						
	Address						
	Post Code			Email			
	Business / Home Tel			Mob Tel			
22	Emergency Contact (Relative	e or Friend \	who agrees to being co	ntacted in an emergenc	y & can act on you	behalf)	
		Mr	Mrs Miss	s Other			
	First Name			Last Name			
	Address				,		
	Post Code			Email			
	Home Tel			Mob Tel			
					-		_
23	Does the property currently	have tenant	s in place.	Yes		No	
24	I give permission to erect a l	letting board	d on my property	Yes		No	
25	Inventory & Schedule of Cor	nditions					
	I instruct Bartlettings to supply	on my beha	If a inventory & schedule	of conditions.			
	Please confirm we can arrange	e this		Yes		No	
	Unfurnished		Furnished	d	Fully Furn	ished	
26	Keys, please provide 3 sets of	f keys if seled	cting a managed service,	if let only then just one s	et is needed.		Sets
27	Other Services						
	If you would like a quote for ar	ny of the follo	wing services please ind	icate below.			
	Lawn and hedge cutting		Yes	No			
	Window and Gutter Cleaning		Yes	No No			
	Decorating		Yes	No No			
	Carpet cleaning		Yes	No No			
	General House cleaning		Yes	No No			
	Additional Notes						
28							
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Complaints

We are members of The Property Redress Scheme (PRS) and the Eastern Landlords Association (ELA). As members we follow a code of practice and rules of conduct. If you wish to make a complaint please refer to our in house complaints procedure. Should this fail to satisfy your complaint you can go direct to either of the above organisations.

Appointment of Letting Agent / Owners Declaration (Please delete as applicable) 30

- I/We confirm that I/We have read this advice notice and further declare that I am/ We are the owner/s of the above mentioned property а and have sole/joint authority to let the property.
- To my/our knowledge there is no reason why I/we should not proceed with the letting of this property. b
- C I/we further declare that I/we have gained consent from my/our mortgage company if required to let the property and have advised my/our insurance company if required.
- I/we hereby appoint Bartlettings Ltd as my/our agent to provide the services selected above in relation to the Letting and Management of d the above property being conducted according to Terms of Business.
- I/we understand that it is a criminal offence to attempt to let a property that does not belong to me/us without a legally sworn Power of
- I/we agree to indemnify Bartlettings Ltd (as agent) against any cost, expenses or liabilities incurred or imposed on Bartlettings Ltd provided

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	they were incurred on my/our behalf (as the landlord) in pursuit of their normal duties.							
g	I/we declare that for the duration of the letting of my/our property I/we shall be (please tick)							
	Resident in the UK for ta	ax purposes	Non-res	sident in the	UK for tax	purposes		
h	I/we further declare that should	d my/our status change during the	e tenancy I/we will	immediatel	y notify Bar	tlettings Ltd	of the cha	ange.
31	Signature Landlord 1			Date		/	/	
	Print Name							
	Signature Landlord 2			Date		/	/	
	Print Name							
32	Agents Signature			Date		/	/	

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Print Name