



PROPERTY

..... POST CODE:

ADDRESS :

.....
..... DATE AVAILABLE TO:

..... pcm
VIEWING ARRANGEMENTS:

DATE AVAILABLE FROM:

RENT £

SECURITY ALARM

Code: Location:

KEYS PROVIDED:

NUMBER OF SETS:

(Quantity of each)

MORTICE:..... YALE: SECURITY:

PROPERTY TYPE: (i.e. flat/villa etc) _____ FURNISHED: YES/NO

NUMBER OF BEDROOMS Double: Single:

(Please tick where appropriate)

Open Plan Living /Kitchen Lounge Dining Room

Kitchen Dining Kitchen Utility W.C

Study Bathroom En Suite Garden

Gas c/h Elec Heating Garage Parking available

PARKING: YES/NO LOCATION/SPACE NUMBER: _____ D/GLAZING: YES/NO

ADDITIONAL ROOMS/SPECIAL ARRANGEMENTS:
.....
.....

PHONE LINE: YES/NO	RESTRICTIONS DSS YES/NO STUDENT'S YES/NO SMOKERS YES/NO 3 MONTH LEASE YES/NO PETS YES/NO	(office use only) BOARD INSTRUCTION
PROVIDER:		GBOARD/TBOARD
PHONE NO:	

HMO LICENSE: YES/NO (only applicable for 3 or more bedroom properties)

LEGAL REQUIREMENTS/SAFETY INFORMATION

SMOKE ALARM: YES/NO MAINS/BATTERY

IF NO ALARM TO BE ARRANGED BY: HT HOMESS/LANDLORD

LANDLORD REGISTRATION: HT HOMESS/LANDLORD

ENERGY PERFORMANCE CERTIFICATE: HT HOMESS/LANDLORD

INVENTORY (One off charge £95) HT HOMESS/LANDLORD COUNCIL TAX BAND:
.....

Buildings Insurer:

Insurers Address:

Telephone number:

Policy Number:

Contents Insurer:

Insurers Address:

Telephone number:

Policy Number:

MAINTENANCE INSTRUCTIONS

GAS SAFETY TO BE ARRANGED BY:

HT HOMESS/LANDLORD

(must be Gas Safe registered engineer)

GAS SERVICE CONTRACT:

GENERAL MAINTENANCE:

HT HOMESS/LANDLORD PREFERRED

CONTRACTOR:

.....

.....

STOPCOCK LOCATION:

GUARANTEES:

FACTOR:

BOILER LOCATION:

Do you require a quote for insurance?

YES/NO

If YES, please specify:

Buildings/Contents/Both

UTILITIES

GAS SUPPLIER: ELEC SUPPLIER:.....

Powercard/Token meter: YES/NO Gas card/token meter: YES/NO

Reference number: Reference number:

Meter number: Meter number:.....

Location: Location:.....

MORTGAGE APPROVED: YES/NO

MORTGAGE PROVIDER:

PARTICIPATE IN RENT GUARANTEE SCHEME: YES/NO (optional 2.54%)

TAX INFORMATION

Are owners resident in UK/ABROAD

IF NON RESIDENT PLEASE COMPLETE BELOW

1. Date left of leaving U.K.

2. Tax forms left YES/NO

*****OFFICE USE ONLY *****

SPECIFICS

.....
.....
.....

FEES

MANAGEMENT FEE	MARKETING FEE	INVENTORY FEE
CHECK OUT FEE	RENT GUARANTEE	

.....

LANDLORDS DETAILS

Landlord(s) Name(s):

Landlords Forwarding Address:

Postcode:.....

Is the property jointly owned? YES/NO Power of attorney.....

Landlord Registration No.....

LANDLORD CONTACT DETAILS

Home Number: E-mail:

Business Number: Date of Birth:

Mobile Number: Occupation:

2nd Owner Details:

Home Number:..... Date of Birth:

Mobile Number: Occupation:.....

Previous Addresses (If less than 5 years at current address)

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.....
.....
.....

PAYMENT DETAILS

To (Bank/Building Society:.....

Address:

Name(s) of Account Holder:.....

Sort Code:

Account Number:

Additional Reference:

Where did you hear about Kingdom Estates?