

# Landlords Initial Contact Information Form

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| --- | --- |
| Landlord/Owners Name  |  |
| Landlords/Owners Address |  |
| Landlord/Owners email address |  |
| Landlord/Owners Telephone number |  |
| Property Address |  |
| Expected monthly/weekly rent |  |
| Property Type  | * Flat
* Maisonette
* House
* Bungalow
 |
| Number of reception rooms |  |
| Number of bedrooms | * Number of double bedrooms
* Number of single bedrooms
 |
| Does the property have a garden |  |

1. Furnished or Unfurnished?
2. What pets are you happy to accept cannot be no pets?
3. Does the property have valid Gas Safety Certificate?
* Yes
* No
1. Date Gas Safety Certificate expires?
2. Does the property have a valid electrical test certificate?
* Yes
* No
1. Date electrical test certificate expires
2. Does the property have a valid Energy Performance Certificate?
* Yes
* No
1. What is the current Energy Performance Certificate rating?
2. Is the property a house of multiple occupancy ?
3. Do you have a HMO Licence?
* Yes
* Applied
* No
1. Do you have any more property information that you would like to provide?