



30 Dale Road  
Mutley  
Plymouth  
PL4 6PD  
01752 317408

## Landlord Application Form

### Landlord

<b>Landlord Name</b>	Title:	Forenames:	Surname:
	Or Company:		

<b>Landlord Address</b>		
		Postcode:

<b>Residency</b>	<input type="checkbox"/> Landlord lives in the UK	<input type="checkbox"/> Landlord lives overseas • CNR No:
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NB. Landlords who live overseas are obliged to pay tax on income earned from letting their properties in the UK unless they have applied for and received a CNR certificate. Please contact agent for further details if necessary.

<b>Contact Numbers</b>	Home:	Work:
	Mobile:	Fax:

<b>E-mail</b>	
	CC:
	BCC:

<b>Statements</b>	Would the landlord prefer to receive statements: by <input type="checkbox"/> E-mail or by <input type="checkbox"/> post?
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<b>Copy each statement to</b>	Title:	Forenames:	Surname:
	Or Company:		
	Address:		
		Postcode:	
	<input type="checkbox"/> E-mail statements to:		

<b>Payment Method</b>	<input type="checkbox"/> Send a cheque to landlord	<input type="checkbox"/> Send cheque to bank	<input type="checkbox"/> Use BACS / AutoPay
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<b>Bank Details</b>	Branch Name:	Account Name:
	Branch Address:	Sort Code:
		Account Number:
	Postcode:	

## Landlord Preferences

### Repairs

Let us manage repairs
  I would prefer to pay invoices
  I will do the repairs myself

### Contact Information


NB. Are there any special arrangements we should make for contacting the landlord? For example, if the landlord lives overseas you might want to take a note of the time difference

### Preferred Contractors

Name:

Name:

Name:

## Property To Rent

### Property Details

Address:	Target Rent: £	pcw/pw
<b>Mortgaged Properties Only</b>		
Property is subject to a mortgage: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Mortgage provider:		
Mortgage provider informed of let: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Postcode:		

### Furnishing

Furnished: <input type="checkbox"/>	Part Furnished: <input type="checkbox"/>
Fully Furnished: <input type="checkbox"/>	Unfurnished: <input type="checkbox"/>
Note:	

### Alarm & Access

Property is alarmed:	Operated by key:	Operated by code:
We must contact landlord to gain access:		You have provided us with keys:
Security Response:	Security Company:	

### Utility Companies

Gas:	Gas Ref No:
Electricity:	Electricity Ref No:
Water:	Council:
Housing Benefit:	Sewage:
Phone:	Television:



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**Service Contracts**


**Insurance Policies**

- Buildings
- Contents
- Rent Protection
- Legal Expenses
- Repairs Insurance
- Gas Check
- Public Liability

Policy No	Company	Informed	Expiry Date

**Safety Inspections**

Gas Inspection Required:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Certificate Dated:
Need PAT Testing:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Certificate Dated:
Fixed Wire Check Required:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Certificate Dated:
Needs Fire Safety Check:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Certificate Dated:
Plugs And Fuses:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Certificate Dated:
Furnishings Meet Fire Regs:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Checked:
Chimney Needs sweeping:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Last Swept:
Needs Asbestos Check	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Checked:
H.M.O. Licence Required	<input type="checkbox"/> YES <input type="checkbox"/> NO	Renewal Due:

