



Property Cafe

Landlord Name(S):

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Property Address:

Postcode:

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Your bank details where to send the rent to:

Name on the account:	
Sort Code:	
Account Number:	

Tenant preferences:

Are pets permitted within the lease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Considered <input type="checkbox"/>
Are children welcome in the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Considered <input type="checkbox"/>
Do you permit Local housing allowance tenants? E.g Disability benefits, Universal credit, housing benefit.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Considered <input type="checkbox"/>
Are smokers allowed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Considered <input type="checkbox"/>
Are sharer's/Students allowed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Considered <input type="checkbox"/>

Compliance certificates:

Do you require a new energy performance certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you require a new landlord gas safety certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you require a new electrical safety certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Property Safety:

Do you require a new carbon monoxide alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you require a new smoke alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you require any Portable appliance testing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you require any legionella testing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Property features:

Is a satellite dish fitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a live broadband/ phone line?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are curtains poles/pictures allowed to be hung?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is anything else included in the rent? i.e. gardener, window cleaning.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
We require a set of keys for each tenant, do you have sufficient keys?	Yes <input type="checkbox"/> Please get keys cut <input type="checkbox"/>	No <input type="checkbox"/>
Please specify if there are any restrictions on the property:		
If applicable, Who is the block management company? Please supply contact information:		
Is anything else included in the rent, i.e. water?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Utilities:

Who is the Gas Supplier?		Where is the Gas meter located?	
Who is the Electric Supplier?		Where is the Electricity meter located?	
Who is the Water and sewage supplier?		Where is the water meter located?	

Who is responsible for the Council Tax?	Tenant <input type="checkbox"/>	Landlord <input type="checkbox"/>
Who is responsible for the Electricity Supply?	Tenant <input type="checkbox"/>	Landlord <input type="checkbox"/>
Who is responsible for the Gas Supply (Where applicable)	Tenant <input type="checkbox"/>	Landlord <input type="checkbox"/>
Who is responsible for the Water supply?	Tenant <input type="checkbox"/>	Landlord <input type="checkbox"/>

Property Maintenance:

Do you have any preferred contractors? *All contractors must supply a copy of their public liability insurance*	
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Declaration: I declare that the information I have provided above is, to the best of my knowledge, accurate and true.

Name:	Date:	Signature:
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