

Supplementary Property Information for HMO and Multi-Units

This form is to be completed by the applicant and forwarded to the surveyor prior to the valuation being instructed

Client name: _____

Property address: _____

	Answers (please tick)	Documents (please tick)
Title plan available	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Attached <input type="checkbox"/> To follow <input type="checkbox"/> Available on site visit <input type="checkbox"/>
Is there confirmation of planning permission and building regulations approvals for works of extension, alteration and conversion?	Yes* <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> * Detail existing use in additional information	Attached <input type="checkbox"/> To follow <input type="checkbox"/> Available on site visit <input type="checkbox"/>
Are there any estates or road charges payable?	Estate charges <input type="checkbox"/> Road charges <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
If HMO, is it registered?	Yes* <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> * Please provide licence	Attached <input type="checkbox"/> To follow <input type="checkbox"/> Available on site visit <input type="checkbox"/>
Is there a Fire Certificate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Attached <input type="checkbox"/> To follow <input type="checkbox"/> Available on site visit <input type="checkbox"/>
Is there as Asbestos Register Confirmation?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Attached <input type="checkbox"/> To follow <input type="checkbox"/> Available on site visit <input type="checkbox"/>
Has the property got valid Gas and Electrical safety check certificates? (annually renewable)	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Attached <input type="checkbox"/> To follow <input type="checkbox"/> Available on site visit <input type="checkbox"/>
Is there car parking (allocated and unallocated, off site or on site) &/or garage?	Parking <input type="checkbox"/> Garage <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is the outside amenity space shared or private?	Shared <input type="checkbox"/> Private <input type="checkbox"/> None <input type="checkbox"/> Don't know <input type="checkbox"/>	
Are there separate meters for each tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	

	Answers (please tick)	Documents (please tick)
Please provide details of any notices received regarding disrepair such as under Public Health or Housing Acts.		Attached <input type="checkbox"/> To follow <input type="checkbox"/> Available on site visit <input type="checkbox"/>
Is there a valid Energy Performance Certificate in place?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Attached <input type="checkbox"/> To follow <input type="checkbox"/> Available on site visit <input type="checkbox"/>
Is there / will there be a Standard Tenancy Agreement in place?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Attached <input type="checkbox"/> To follow <input type="checkbox"/> Available on site visit <input type="checkbox"/>
Schedule of tenancies and rents payable	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Attached <input type="checkbox"/> To follow <input type="checkbox"/> Available on site visit <input type="checkbox"/>
Or details of current tenants Name of tenants:	Monthly rental	AST renewal date
Please continue of a separate sheet if necessary		
Who is responsible for payment of the following bills: - Gas / electric / water / heating etc - Council tax and rates - Insurance - Management charges		
Any additional information (please continue on a separate sheet if necessary)		

Client name: _____

Client signature: _____

Date: _____