

propertymark

PROPERTY INFORMATION QUESTIONNAIRE
(LETTING)

ABOUT THIS FORM

To be completed by the landlord

The landlord may be the owner or owners; a representative with the necessary authority to rent the property for an owner who has died; a representative with the necessary authority to rent the property for a living owner (e.g. a Power of Attorney) or be renting in some other capacity. The form should be completed and read as though the questions were being answered by the owner.

If you are the landlord or agent, you should be aware that this form runs in line with the Consumer Protection from Unfair Trading Regulations 2008 and as such it must be completed as wholly and accurately as possible. Under the Consumer Protection from Unfair Trading Regulations 2008 both the landlord and agent must disclose anything, within their knowledge, that would affect the transactional decision of the average consumer.

The purpose of this form is to help landlords and agents to understand the types of details that should be disclosed should they be known. This form however should not be considered exhaustive and as such anything not included on the form that you feel would affect the decision of the average consumer should also be disclosed to potential tenants.

If you are found to be in breach of the Consumer Protection from Unfair Trading Regulations 2008 then you could face both an unlimited fine and/or imprisonment of up to two years.

The information provided within this form should only relate to the period during which you owned the property; should there be any material information prior to your ownership that you are aware of, there is an 'additional information' section at the end of the form you can utilise.

If you answered 'No' to question 5A please continue to 5G.

B	Was Building Control approval obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
C	Was planning permission obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
D	Was a completion certificate obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
E	Was listed building consent obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

F	If you answered 'No' to one or more of questions B to E please outline the reason(s) why.			

If you answered 'Yes' the relevant documents will need to be supplied to your letting agent prior to your property being marketed.

G	Has there been a major repair or replacement to any part of the roof since you purchased the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
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6. UTILITIES/SERVICES

A	Is there central/partial central heating in your property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If 'Yes' please give details of the type of central heating.				

If you answered 'No' to 6A please continue to 6E.

B	When was the central/partial central heating system installed?	Month:	Year:	
C	Is there a maintenance contract in place for the central/partial central heating system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

If 'Yes' please provide the month and year the contract was renewed and the expiry date, if known.

Renewed	<input type="text"/>	Expires	<input type="text"/>	Don't know <input type="checkbox"/>
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D	Has the primary heating system in your property been serviced?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If 'Yes' when was the heating system serviced?		Month:	Year:	
E	Do you have a valid Gas Safety Certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If 'Yes' when was the Gas Safety Certificate issued?		Month:	Year:	
F	Has a Legionella Risk Assessment been carried out at the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If 'Yes' when did the assessment take place?		Month:	Year:	
G	Has an 'electrical installation condition report' been carried out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If 'Yes' when was the electrical wiring checked?		Month:	Year:	

If you answered 'No' to 6E you will need to obtain a Gas Safety Certificate. If you answered 'No' to 6F an assessment will need to be carried out.

Please indicate which services are connected to the property.

H	Service	Connected (yes, no or date to be connected)	Supplier
	Electricity		
	Gas		
	Liquid Petroleum Gas (LPG)		
	Water main or private water supply		
	Drainage to public sewer		
	Septic tank		
	Cesspool		
	Telephone		
	Cable TV or Satellite		
	Broadband		
	Other:		
	Other:		

Other services includes renewable technologies.

I	If you have a septic tank or cesspool, do you have a maintenance contract in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
	If 'Yes' the company that the contract is with is:			

7. BOUNDARIES/ACCESS

A	Have you had a dispute with your neighbour at this property which has been resolved or is ongoing? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

B	Have any of the boundaries of your property been altered within your ownership or (if longer) the last 10 years? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

C	Is there a current application to alter the boundaries of your property? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

D	Do you have right of access through any neighbouring homes, buildings or land? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

E	Do any neighbours have right of access through any part of your house, buildings or land? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

F	Is there a public right of way through and/or across your house, buildings or land? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

8. ENERGY PERFORMANCE CERTIFICATE (EPC)

A	Does your property have an EPC, which has been undertaken within the last 10 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
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If you have an EPC you will need to give a copy to your letting agent. If you do not have an EPC you will need to get one for your property.

9. SPECIALIST ISSUES

A	Has there ever been any preventative work for dry rot, wet rot or damp carried out at your property? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

B	Has there ever been any treatment of dry rot, wet rot or damp carried out at your property? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

C	Does any part of your property contain Asbestos? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

D	Has Japanese Knotweed ever grown within the property boundary or close vicinity? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

E	Has the property ever been subject to subsidence? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

10. GUARANTEES

Are there any guarantees or warranties relating to this property?

A	Guarantee			
	National House Building Council (NHBC)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
	Roofing work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
	Damp/rot prevention or treatment work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
	Central heating and/or plumbing work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
	Electrical work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
	Preventative work/remedial action relating to subsidence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
	Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

B	Are there any outstanding claims or current applications relating to any of the above? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

11. NOTICES WHICH AFFECT THE PROPERTY

Have you received, within the last three years any of the following notices?

Notice	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
The owner of a neighbouring property has made a planning application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Any planning application, that could affect the property or the views?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Notice informing you that maintenance, repairs or improvements are required to your property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

You will need to provide details of any notices you are aware of to your letting agent.

12. OTHER ISSUES AFFECTING THE PROPERTY

A	Has the property been damaged as a result of a storm or fire since you have owned it? If 'Yes' please provide details and advise whether there are any outstanding claims.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

B	Has there been any flooding at the property since you have owned it? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

C	Have you checked the long term flood risk assessment on the gov.uk website? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

The tenant is advised to go to flood-warning-information.service.gov.uk/long-term-flood-risk for an indication of the area's flood risk.

D	Is this property subject to an excessive noise or disturbance that a potential tenant should be aware of? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

E	Is this property subject to a Green Deal loan or another financed home improvement scheme? If 'Yes' please provide details including any outstanding payments for the renewable devices and any feed in tariffs.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

13. RESTRICTIONS/CONSENTS

A	Is there currently a mortgage on the property? If 'Yes' please answer question 13B otherwise proceed to 13C.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Buy to Let <input type="checkbox"/>
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B	Have you obtained consent to rent from your mortgage lender? If 'Yes' please provide details and supply a copy to your letting agent. If 'No' you will need to obtain consent before your letting agent can market your property.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

C	Is there currently a head lessee? If 'Yes' please answer questions 13D and 13E otherwise proceed to 13F.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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D	Do you have a copy of the head lease? If 'Yes' you will need to supply a copy to your letting agent. If 'No' you will need to obtain a copy and forward it to your letting agent before the tenancy agreement can be signed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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E	Have you obtained consent to rent from any head lessee? If 'Yes' please provide details of any restrictions and supply a copy to your letting agent. If 'No' you will need to obtain consent before your agent is able to market your property.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

F	Are any tenants going to be restricted access to any parts of the house, or sub-buildings? (e.g. loft or detached garage) If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

G	Do you plan to or have you arranged for any works to be carried out which may affect the tenant's moving in date or living conditions? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

H	Are there any restrictions that would prevent a specific type of tenant (e.g pet owners or a smoker) being accepted? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please note that due to the Equality Act 2010 your letting agent would not be able to act on your behalf should you be seen to be discriminating against protected characteristics.

14. INSURANCES

A	Do you have Landlords Insurance? If 'Yes' please provide the insurer and policy number.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Insurer:	Policy no:	

If you answered 'No' to 14A please answer questions 14B and 14C otherwise proceed to 15A.

B	Do you have Buildings Insurance? If 'Yes' please provide the insurer and policy number.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Insurer:	Policy no:	

C	Do you have Contents Insurance for any contents that you own and will be providing during the tenancy? If 'Yes' please provide the insurer and policy number.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Insurer:	Policy no:	

16. ADDITIONAL INFORMATION

A	Are you aware of any covenants, which have not been covered within this form? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

A	Are you aware of any other material issues or information which relates to the property or has anything occurred which may affect the average consumer's transactional decision. Please describe this issue and any action that has been taken, if applicable. (Disclosure required under the Consumer Protection from Unfair Trading Regulations 2008).

I/we hereby declare that as the owner (or owner's representative) of this property, I/we have completed this form to the best of my/our knowledge and understand that if I/we have intentionally misled or omitted any information, which may affect the average consumer's transaction decision, I/we may be liable for prosecution under the Consumer Protection from Unfair Trading Regulations 2008.

Print
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Signed Date

Print
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Signed Date