

Landlord and Property action list



Property address:

Postcode:

Level of service:
 Let only Rent collection Part managed Fully managed

Level of furnishing:
 Fully furnished Part furnished ie white goods Un-furnished

If the Property is furnished, ensure the furnishings comply with fire safety regulations

Make sure you complete, sign and return:

Landlord and Property action list (this document)

Service agreement and schedule of fees

Below is a list of the actions we need to be carried out or advised that you want Us to arrange prior to marketing your Property.

Provide copies to Us in the office:	Overseas tax exemption (If applicable)	<input type="checkbox"/>
Proof of ID and proof of address <input type="checkbox"/>	Manuals for all appliances at Property	<input type="checkbox"/>
Proof of ownership of the Property / permission to let Property <input type="checkbox"/>	(If unable to provide, sign here to agree that you have been asked for them and not been able to provide)	
Landlords building insurance <input type="checkbox"/>		

Please advise Us of the following points by checking a box on each line:
 (Please note that we will be unable to market your Property without agreement of the below)

	Not applicable	Done – see attached	Landlord to action	CRL to action
Title deeds (fence / parking issues etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy Performance Certificate (EPC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Safety Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legionella risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Safety Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAT testing of any appliances left at Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In date, working smoke alarms on each floor and carbon monoxide alarm near each risk appliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fit for human habitation check (FFHH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing health and safety rating system check (HHSRS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property keys x3 full sets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendations to ensure a smooth start to the tenancy (please tick N/A if you do not want to do this.)

	Not applicable	Done – see attached	Landlord to action	CRL to action
Professional clean of the Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system recently serviced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garden cut back and trimmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise all utilities of closing readings and cancellation of service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail redirection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

Please sign to agree that the above is true to the best of your knowledge and to authorise Us to carry out the above works as per your instruction:

Signature of Landlord: _____ Name: _____ Date: _____