

# Winsor Lettings - New Property Details Form

Please complete this form and return to our offices.

Landlord Name(s):

Address:

Town:  Postcode:

Available From:

In order for Winsor Lettings to manage your property effectively, please provide the following information in as much detail as possible.

## Property Description

Delete or circle as appropriate.

Type	House	Flat	Maisonette	Shop	Office
Style	Terraced	Semi Detached	Detached	Ground Floor	Upper Floor
Furnished	Yes	No	Partly		
Double glazing	Yes	No	Partly		
Type of heating	GCH	Storage	Electric		
Other	Garden	Driveway	Garage	Alarm	Shower

Alarm number:

## Utility Providers

	Name of Service Provider	Account Number
Gas		
Electricity		
Water		
Council Tax		

Location of Stop Tap	
Location of Gas Meter	
Location of Electricity Meter	

Prior to letting your property, there must be a valid Gas Safety Inspection (GSI) and Energy Performance Certificate (EPC) carried out. Please provide the following details and enclose copies of any current certificates. Should they be required, we will arrange for these checks to be carried out.

Next GSI Certificate Due Date:  Enclosed

Has an EPC been carried out? Yes  No  Certificate No:  Enclosed

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No. of Bedrooms		No. of Receptions	
Asking Rent	£	Weekly / Monthly - circle as appropriate	

We offer various levels of service. Details of our services can be found in our landlord brochure or on our website at <http://www.winsorlettings.com/services/>

Please indicate which level of service you require for this property.

Gold  Silver  Bronze  Tenant Find

Is the property insured under a specific landlord's insurance policy?

Yes  Please provide details of the insurer  and policy no.

No  We can provide you with a competitive quotation. Please provide the following details:

Buildings sum to insure: £  Contents sum to insure: £

Has permission been granted by the mortgage provider to let the property? Yes  No

If the property is already tenanted, please complete the details below. Leave Blank if property vacant.

Tenant's Full Name			Title:	
Phone (daytime):		Phone (evening):		
Mobile:		E-mail:		
Tenancy Start Date	d d / m m / y y		Deposit Held	£

Deposit Protection Scheme:		Reference No:	
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Rent Amount	£	Per:	Arrears	£	To:
Housing Benefit	£	Per:	Top Up	£	Per:
Local Council			Claim Number:		

I / We hereby confirm that I am/we are the legal owner(s) of this property and that all the information provided above is accurate to the best of my/our knowledge.

Landlord's Signature

Landlord's Signature

Landlord's Name

Landlord's Name

Date

Date

For Office Use

LF	MF	CF	K	REC	Office