

Supplementary property information for HMOs and multi-units

This form is to be completed by the applicant and then uploaded by the broker to the case via the MyKeystone online portal.

Applicant name: _____

Property address: _____

	Answers (please tick)	Documents (please tick)
Has the property been extended, altered or converted? If yes please answer the question below.	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"/>
If HMO, is it registered, please provide date of last licence?	Yes* <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> * Date of last 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 an 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"/>
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"/>

		Answers (please tick)	Documents (please tick)
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		
Any additional information (please continue on a separate sheet if necessary)			

Applicant name: _____

Applicant signature: _____

Date: _____