

PRODUCT TRANSFER SUPPLEMENTARY PROPERTY INFORMATION FOR HMOs AND MULTI-UNITS

This form is to be completed by the applicants and uploaded to the case by the Broker on the My Keystone portal.

Client name:	
Company name:	
Property Address:	

	Answer (please tick)	Documents (please tick)
Has the property been extended, altered or converted?	Yes* No Don't know <small>*Detail existing use in additional info...</small>	Attached To follow Available on site visit
If HMO, is it registered? Please provide date of last licence.	Yes* No Don't know <small>*Date of most recent licence</small>	Attached To follow Available on site visit
Is there a Fire Certificate?	Yes No Don't know	Attached To follow Available on site visit
Is there an Asbestos Register Confirmation?	Yes No Don't know	Attached To follow Available on site visit
Has the property got valid Gas and Electrical safety check certificates? (Annually renewable)	Yes No Don't know	Attached To follow Available on site visit
Please provide details of any notices received regarding disrepair such as under Public Health or Housing Acts.		Attached To follow Available on site visit
Is there a valid Energy Performance Certificate in place?	Yes No Don't know	Attached To follow Available on site visit
Is there/ will there be an Assured Short Tenancy or Standard Occupation Contract in Wales in place?	Yes No Don't know	Attached To follow Available on site visit

Schedule of tenancies and rents payable, or detail below;	Yes No Don't know	Attached To follow Available on site visit
Name of tenant(s)		Monthly rental
Any additional information (please continue of a separate sheet is necessary)		

Client signature:	
Print name:	
Date:	