

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 ☐ *Detail existing use in additional information	Attached ☐ To follow ☐ Available on site visit ☐
If HMO, is it registered? Please provide date of last licence.	Yes* ☐ No ☐ Don't know ☐ *Date of most recent licence	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 ☐

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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 on a separate sheet if necessary).		

Client name:
Client signature:
Date: