 **Coventry City Council – Property Information Form**

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| **Address:** | | |  | | | | | | | | | | | | | | |
| **Postcode** | | | | | | | | | | | | | |  | | | |
| **Click & Select Single Household / HMO** | | | | | | | | | | | | | | **Click & Select No. of bedrooms** | | | |
| **Type of property: e.g** house, flat, house converted into self-contained flats, a purpose built block of flats or other (please specify) | | |  | | | | **How many storeys does the property have?** Include the ground floor, basements, attics | | | | | | |  | | | |
| **Has the property been converted: e.g** into self-contained flats. Please indicate Yes /No. If Yes please provide approximate date of conversion. | | |  | | | | **If Yes,** do you have documents which give evidence of planning permission and/  or building regulation approval of the conversion? Please indicate Yes/No. | | | | | | |  | | | |
| **Has the property had any recent work completed? e.g** This includes any renovation, decoration, new boiler system, maintenance work etc. Please indicate Yes / No and provide details and dates**.** | | |  | | | | **If Yes,** do you have documents which give evidence to relevant work? | | | | | | |  | | | |
| **Does this property satisfy the ‘Homes Fit for Human Habitation Act’ 2018?** Please see following website for full details: <http://www.legislation.gov.uk/ukpga/2018/34/enacted> | | |  | | | | **Do you agree to the property being let at Local Housing Allowance (LHA) rate?** Information on this can be found at <https://lha-direct.voa.gov.uk/> | | | | | | |  | | | |
| **LANDLORD DETAILS** | | | | | | | | | | | | | | | | | |
| **Name:** | | | |  | | | | | | | | | | | | | |
| **Address:** | | | |  | | | | | | | | | | | | | |
| **Contact details:** | | | |  | | | **Date of birth:** | | | | | |  | | | | |
| If the landlord is not the owner please provide full ownership details as listed above. | | | |  | | | | | | | | | | | | | |
| **Landlord ID Sent?** Please scan us a copy of your photo ID (passport/driving license). | | | |  | | | | | | | | | | | | | |
| **Proof of mortgage sent?** Please provide us with proof of your mortgage offer/documents. Scanned copies are acceptable. | | | |  | | | | | | | | | | | | | |
| **REQUIRED CERTIFICATES BEFORE INSPECTION** | | | | | | | | | | | | | | | | | |
| **(The following mandatory certificates will be required – scanned copies of all pages acceptable)** | | | | | | | | | | | | | | | | | |
| **Gas Safety Certificate:** Provide a certificate, issued by a competent person (i.e. a GAS SAFE registered gas installer), which confirms that the gas installation and supplied appliances are installed in accordance with the Gas Safety (Installation and Use) Regulations 1998 and that they are currently in safe and good working order. The gas safety certificate should cover all gas appliances within the property. | | | | | | | | | | | Expires: | | | | | | |
| **Energy Performance Certificate:** An Energy Performance Certificate is required for properties when constructed, sold or let. The Energy Performance Certificate provides details on the energy performance of the property and what you can do to improve it. | | | | | | | | | | | Expires: | | | | | | |
| **Portable Appliances Test:** If you supply portable appliances that are over 12 months old for example such as a microwave, kettle, television, table lamp etc that can be unplugged and moved to alternative location you are required to provide a PAT test. Please provide a certificate issued by a competent person which demonstrates that all portable electrical appliances provided by the landlord have been tested in accordance with the Electrical Equipment (Safety) Regulations act 1994 (This is sometimes called a "PAT test") and have been found safe for their intended use. This is also applies to white goods such as fridge freezers. | | | | | | | | | | | Expires: | | | | | | |
| **If HMO Property:** | | | | | | | | | | |  | | | | | | |
| **Periodic Inspection Report for Electrical Safety:** Provide a certificate, issued by a competent person in respect of electrical safety to cover electrical installations throughout the property. This should be inspected and tested to BS 7671. This report will identify any repairs that are required and a certificate issued stating that the electrical installation and equipment is safe for its intended use ensuring all remedial works are undertaken to current IEE Regulation standards. | | | | | | | | | | | Expires: (certificates can only be accepted for up to five years): | | | | | | |
| **Fire detection certificate** Provide a certificate issued by a competent person who confirms that the automatic fire detection and alarm installation is installed in accordance with the current relevant part of British Standard 5839 and that it is currently in proper working order. | | | | | | | | | | | Expires: | | | | | | |
| **FINDINGS FROM INSPECTION - Internal use only** | | | | | | | | | | | | | | | | | |
| **On completion of inspection, please send outcome to letsrentcoventry@coventry.gov.uk** | | | | | | | | | | | | | | | | | |
| **Officer:** |  | | | | **Date:** | | | |  | | | **Duration:** | | | |  | |
|  |  | | | |  | | | |  | | |  | | | |  | |
| **Category 1 Hazards Present?:** No Cat 1 found | | | | | **Details:** | | | | | | | | | | | | |
| **Other Disrepair:** | | | | | **Details:** | | | | | | | | | | | | |
| **Taking into account any deficiencies that may found, can the property be occupied immediately? Please state Yes / No.** | | | | | | | | | | | | | | | | |  |
| **Photos of property received and signed off?** | | | | | | | | | | | | | | | | |  |
| **PROPOSED MAXIMUM OCCUPATION LEVELS** | | | | | | | | | | | | | | | | | |
| Double Bedrooms | | Single Bedroom | | | | Room Standard | | | | Space Standard  in Sq ft. | | | | | Maximum occupation levels | | |
|  | |  | | | |  | | | |  | | | | |  | | |
| **RE-INSPECTION** | | | | | | | | | | | | | | | | | |
| **Only when Housing options confirm the following: receipt of all certificates and outstanding works completed – officer to re-inspect.** | | | | | | | | | | | | | | | | | |
| **Officer:** |  | | | | **Date:** | | | |  | | | **Duration:** | | | |  | |
| **Notes:** | | | | | | | | | | | | | | | | | |
| **Passed off by Inspecting officer:** | | | | | | | | |  | | | | | | | | |