



Abode

LETTING AND MANAGEMENT SERVICES

Landlord code: _____ **(Internal use)**

Landlord Name: _____

Landlord full address: _____

Thank you for selecting us to let and manage your property. We assure you that we have sufficient experience in the field of letting and management and shall be glad to offer these services, on the following terms:

TERMS AND CONDITIONS

1. This contract is binding from the date this agreement is signed until expressly agreed by one or both parties. In the event of written termination all fees for the relevant period must be paid in full.
2. Once having discussed the Landlord's individual requirements, we will market the property to find a tenant. References are usually taken, though, in the case of students, their union card or some proof of admission to a course is considered sufficient. From others, references are taken from previous landlords, or employers, or other suitable persons, as appropriate.
3. When a suitable tenant has been found, we will negotiate the terms of the tenancy between yourself and the tenant. As part of our service, we will secure the tenancy by taking an initial deposit, make every effort to notify service companies of the changes in tenancy, and prepare our standard Assured Shorthold Tenancy.
4. We shall make every effort to collect rent from the tenants, when it falls due. Statements of account shall be sent to your e-mail address only. All rents due will be sent to you along with the statement on 15th of the month following the month for which the rent is due.
5. The tenant will pay a refundable deposit as a security for the Landlord against any non-compliance by the tenant with any terms of the tenancy contract. This deposit will be held by Leeds Student Properties Limited t/a Abode, as stakeholders.
6. We shall endeavour to obtain your approval for carrying out all necessary repairs or renewals to the property, furniture, furnishings or equipment. However, it is agreed that we will be allowed to have emergency or urgent works carried out, without your permission, if it is deemed reasonable to do so. Please note that in these cases we will make an administration charge of 10% of the value of the works, which will cover our negotiations with builders, fixing of contracts, and supervision during construction and any subsequent works involved with enforcement of guarantee and deliveries, etc.
7. Our Commission will be determined by whichever product you choose with Abode. Please see our Landlord fees schedule at the end of this agreement.
8. You are strongly advised to keep your property fully insured at all times and account to the Inland Revenue, through your Accountants.



Abode

9. It is agreed that you appoint us as sole letting / managing agents for the property up to the expiry of the first tenancy negotiated by us, to be extended thereafter by mutual consent. Management encompasses collection of rents, advertising, and to arrange to carry out any works of normal maintenance.
10. If solicitors have to be employed to deal with any matter of management of your property this will be discussed with you. The solicitor's fees shall be paid by you.
11. In giving us the following properties for letting and management you do solemnly declare that the below properties are either fully owned by yourself or you have obtained permission from other owners, mortgage providers or other interested person to let the property through us.
12. In case the above terms are agreeable to you, please sign the agreement below and return to us as soon as possible.
13. Payments will be sent within one month of the rent being due from the tenant(s), unless it would be unreasonable to pass on the rent due to unforeseen difficulties.

The aforementioned terms and conditions are acceptable to me and I sign below in acceptance:

Signed

Date

Yours Sincerely,

Christopher Bridges
for Abode



Abode

Details of Landlord

Landlord full name:

Full UK address:

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Home Tel:

Mobile Tel:

E-mail:

Work Tel:

Bank details for rental payments

Bank name:

Bank address:

Bank Sort Code:

Bank Account no:

Bank Account name:

Please select your
chosen letting product:

Let only @ 6% (inc VAT)

Rent only @ 6% (inc VAT)

Full Managed @ 12% (inc VAT)

Please list all your "to-let" properties below:

LANDLORD FEES SCHEDULE

LEVELS OF SERVICE OFFERED:

LANDLORD FEES SCHEDULE

ADDITIONAL NON-OPTIONAL
FEES AND CHARGES

Please ask a member of staff if you have any questions about our fees.

CLIENT MONEY PROTECTION:
www.propertymark.co.uk

propertymark

INDEPENDENT REDRESS:

LANDLORD FEES SCHEDULE

ADDITIONAL NON-OPTIONAL FEES AND CHARGES

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propertymark

INDEPENDENT REDRESS:

PROPERTY TO BE RENTED

Throughout this form this property may be referred to as 'the property', 'this property' or 'your property'.

Address 1			
Address 2			
Town			
County		Postcode	

1. LENGTH OF OWNERSHIP

When did you become the legal owner of this property?	month:	year:
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2. TAX

Which Council Tax band does this property fall within?	
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3. PARKING

What parking arrangements are there?

Garage <input type="checkbox"/>	Allocated parking space <input type="checkbox"/>	Driveway <input type="checkbox"/>
On street <input type="checkbox"/>	Resident permit <input type="checkbox"/>	Metered parking <input type="checkbox"/>
Shared parking <input type="checkbox"/>	None <input type="checkbox"/>	Other: <input type="checkbox"/>

4. BUILDING RESTRICTIONS/CONDITIONS

A	Is your property a listed building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
	If 'Yes' please state the grade of the property			
B	Is your property in a designated conservation area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
C	Is the planned HS2 rail link or construction of any other major infrastructure to pass within one mile of this property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

5. CHANGES TO THE PROPERTY

A	Have there been any structural alterations; additions or extensions to the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
	If 'Yes' please outline the nature of the work.			

If you answered 'No' to question 5A please continue to 5G.

B	Was Building Control approval obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
C	Was planning permission obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
D	Was a completion certificate obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
E	Was listed building consent obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

F	If you answered 'No' to one or more of questions B to E please outline the reason(s) why.			

If you answered 'Yes' the relevant documents will need to be supplied to your letting agent prior to your property being marketed.

G	Has there been a major repair or replacement to any part of the roof since you purchased the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
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6. UTILITIES/SERVICES

A	Is there central/partial central heating in your property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If 'Yes' please give details of the type of central heating.				

If you answered 'No' to 6A please continue to 6E.

B	When was the central/partial central heating system installed?	Month:	Year:	
C	Is there a maintenance contract in place for the central/partial central heating system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

If 'Yes' please provide the month and year the contract was renewed and the expiry date, if known.

Renewed	<input type="text"/>	Expires	<input type="text"/>	Don't know <input type="checkbox"/>
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D	Has the primary heating system in your property been serviced?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If 'Yes' when was the heating system serviced?		Month:	Year:	
E	Do you have a valid Gas Safety Certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If 'Yes' when was the Gas Safety Certificate issued?		Month:	Year:	
F	Has a Legionella Risk Assessment been carried out at the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If 'Yes' when did the assessment take place?		Month:	Year:	
G	Has an 'electrical installation condition report' been carried out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If 'Yes' when was the electrical wiring checked?		Month:	Year:	

If you answered 'No' to 6E you will need to obtain a Gas Safety Certificate. If you answered 'No' to 6F an assessment will need to be carried out.

Please indicate which services are connected to the property.

H	Service	Connected (yes, no or date to be connected)	Supplier
	Electricity		
	Gas		
	Liquid Petroleum Gas (LPG)		
	Water main or private water supply		
	Drainage to public sewer		
	Septic tank		
	Cesspool		
	Telephone		
	Cable TV or Satellite		
	Broadband		
	Other:		
	Other:		

Other services includes renewable technologies.

I	If you have a septic tank or cesspool, do you have a maintenance contract in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
	If 'Yes' the company that the contract is with is:			

7. BOUNDARIES/ACCESS

A	Have you had a dispute with your neighbour at this property which has been resolved or is ongoing? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

B	Have any of the boundaries of your property been altered within your ownership or (if longer) the last 10 years? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

C	Is there a current application to alter the boundaries of your property? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

D	Do you have right of access through any neighbouring homes, buildings or land? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

E	Do any neighbours have right of access through any part of your house, buildings or land? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

F	Is there a public right of way through and/or across your house, buildings or land? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

8. ENERGY PERFORMANCE CERTIFICATE (EPC)

A	Does your property have an EPC, which has been undertaken within the last 10 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
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If you have an EPC you will need to give a copy to your letting agent. If you do not have an EPC you will need to get one for your property.

9. SPECIALIST ISSUES

A	Has there ever been any preventative work for dry rot, wet rot or damp carried out at your property? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

B	Has there ever been any treatment of dry rot, wet rot or damp carried out at your property? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

C	Does any part of your property contain Asbestos? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

D	Has Japanese Knotweed ever grown within the property boundary or close vicinity? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

E	Has the property ever been subject to subsidence? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

10. GUARANTEES

Are there any guarantees or warranties relating to this property?

A	Guarantee			
	National House Building Council (NHBC)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
	Roofing work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
	Damp/rot prevention or treatment work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
	Central heating and/or plumbing work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
	Electrical work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
	Preventative work/remedial action relating to subsidence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
	Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

B	Are there any outstanding claims or current applications relating to any of the above? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

11. NOTICES WHICH AFFECT THE PROPERTY

Have you received, within the last three years any of the following notices?

Notice	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
The owner of a neighbouring property has made a planning application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Any planning application, that could affect the property or the views?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Notice informing you that maintenance, repairs or improvements are required to your property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

You will need to provide details of any notices you are aware of to your letting agent.

12. OTHER ISSUES AFFECTING THE PROPERTY

A	Has the property been damaged as a result of a storm or fire since you have owned it? If 'Yes' please provide details and advise whether there are any outstanding claims.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

B	Has there been any flooding at the property since you have owned it? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

C	Have you checked the long term flood risk assessment on the gov.uk website? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

The tenant is advised to go to flood-warning-information.service.gov.uk/long-term-flood-risk for an indication of the area's flood risk.

D	Is this property subject to an excessive noise or disturbance that a potential tenant should be aware of? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

E	Is this property subject to a Green Deal loan or another financed home improvement scheme? If 'Yes' please provide details including any outstanding payments for the renewable devices and any feed in tariffs.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

13. RESTRICTIONS/CONSENTS

A	Is there currently a mortgage on the property? If 'Yes' please answer question 13B otherwise proceed to 13C.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Buy to Let <input type="checkbox"/>
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B	Have you obtained consent to rent from your mortgage lender? If 'Yes' please provide details and supply a copy to your letting agent. If 'No' you will need to obtain consent before your letting agent can market your property.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

C	Is there currently a head lessee? If 'Yes' please answer questions 13D and 13E otherwise proceed to 13F.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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D	Do you have a copy of the head lease? If 'Yes' you will need to supply a copy to your letting agent. If 'No' you will need to obtain a copy and forward it to your letting agent before the tenancy agreement can be signed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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E	Have you obtained consent to rent from any head lessee? If 'Yes' please provide details of any restrictions and supply a copy to your letting agent. If 'No' you will need to obtain consent before your agent is able to market your property.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

F	Are any tenants going to be restricted access to any parts of the house, or sub-buildings? (e.g. loft or detached garage) If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

G	Do you plan to or have you arranged for any works to be carried out which may affect the tenant's moving in date or living conditions? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

H	Are there any restrictions that would prevent a specific type of tenant (e.g pet owners or a smoker) being accepted? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please note that due to the Equality Act 2010 your letting agent would not be able to act on your behalf should you be seen to be discriminating against protected characteristics.

14. INSURANCES

A	Do you have Landlords Insurance? If 'Yes' please provide the insurer and policy number.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Insurer:	Policy no:	

If you answered 'No' to 14A please answer questions 14B and 14C otherwise proceed to 15A.

B	Do you have Buildings Insurance? If 'Yes' please provide the insurer and policy number.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Insurer:	Policy no:	

C	Do you have Contents Insurance for any contents that you own and will be providing during the tenancy? If 'Yes' please provide the insurer and policy number.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Insurer:	Policy no:	

15. FURNISHED STATE

Please advise what level of furnishing you are planning to rent the property in.

Unfurnished <input type="checkbox"/>	Part furnished <input type="checkbox"/>	Fully furnished <input type="checkbox"/>
Unfurnished does not mean leaving the property entirely empty. It is usually expected that curtains, carpets and certain white goods will be included such as a fridge and cooker.	Part furnished will usually include curtains, carpets, certain white goods and larger items such as wardrobes (if there isn't already built in storage space in the bedrooms) beds, dining table and chairs.	Renting a property fully furnished means that the property is ready to move in. The specifics of what will and will not be included would be down to you (as the landlord) and the tenant to negotiate.

A	If you are not renting the property 'fully furnished' please list what items you will be including:

16. ADDITIONAL INFORMATION

A	Are you aware of any covenants, which have not been covered within this form? If 'Yes' please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

A	Are you aware of any other material issues or information which relates to the property or has anything occurred which may affect the average consumer's transactional decision. Please describe this issue and any action that has been taken, if applicable. (Disclosure required under the Consumer Protection from Unfair Trading Regulations 2008).

I/we hereby declare that as the owner (or owner's representative) of this property, I/we have completed this form to the best of my/our knowledge and understand that if I/we have intentionally misled or omitted any information, which may affect the average consumer's transaction decision, I/we may be liable for prosecution under the Consumer Protection from Unfair Trading Regulations 2008.

Print
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Signed Date

Print
.....

Signed Date