

**PROPERTY MANAGEMENT
AGREEMENT**

Date.....

(1)

Let Us Let U Limited

6-8 Bridge Street

Boston

Lincolnshire

PE21 8QF

And

(2)

.....
.....

Relating to the property or Properties known as:

.....
.....
.....

(And any subsequent additions)

LET US LET U LIMITED

THE CARING LANDLORD

LET US LET U LIMITED-*The caring Landlords*

Please complete the following details;

Property:

.....

.....**Post Code**.....**Tel No**.....

Landlord: Full Name of Joint Owners *including titles and middle names* (Mr, Mrs Etc)

1.

2.

Address during Let:

.....

.....**Post Code**.....**Tel No**.....

Telephone No (During Let)

Day time: Mobile:

Email: Fax No:

UK Emergency Contact

Name:.....

Address:.....

.....Post Code:.....

Email: Tel No:

Is the property your main residence **YES** **NO**

Is the property subject to a mortgage **YES** **NO**

If yes-Name of Mortgage Co:

Address:

Mortgage Account No.:

Have you received permission to let from your Mortgage Co. **YES** **NO**

Property Availability:

Commencement Date: Minimum Length of tenancy

Rental:

Minimum rent acceptable: £ Per Week / Per Month or subsequently agreed

Tenant Preference

Company Let	YES	NO	AGENTS DISCRETION
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Property Couple/family	YES	NO	AGENTS DISCRETION
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Professional People Sharing	YES	NO	AGENTS DISCRETION
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Housing Benefit	YES	NO	AGENTS DISCRETION
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Children	YES	NO	AGENTS DISCRETION
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Pets	YES	NO	AGENTS DISCRETION
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Viewing

Prior Telephone Appointment	YES	NO	UNTIL:
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Key with Agent for Viewing	YES	NO	
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Number of Keys with Agent			
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Allow us to fit a To Let Board	Yes	No	
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Insurance	Do you wish us to arrange insurance?	YES	NO
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Insurance Company Name:Date in which the policy ends.....

Cost of the Insurance..... Tel No.

YOUR BANK/BUILDING SOCIETY-THIS IS FOR OUR REMITTANCE TO YOU

Name of Bank/Building Society

Address

.....

Account No.....(8 Digits) **Sort Code**/...../.....

Building Society Roll No You will need to give the Society's Bank details

Name of Account Holder

COUNCIL TAX

Authority Name

Address

Services in the Property

ELECTRICITY

Meter type Reference No

Meter Position

Name of current Supplier

Address of Supplier

.....

GAS

YES

NO

Meter type Reference No

Meter Position

Name of current Supplier

Address of Supplier

.....

OIL

YES

NO

Tank capacity Gallons/Litres

Name of Supplier

Address of Supplier

.....
WATER METER **YES** **NO**

Meter Position.....

STOP TAP POSITION **FUSE BOX POSITION**.....

BOUNDARY FENCES Please indicate your responsibilities

.....
CENTRAL HEATING-Serviced by

Contact Number..... Tel No.

Do you have a current Gas Safety Certificate? **YES** **NO**

If no, do you wish Let Us Let U Limited to arrange this on your behalf? **YES** **NO**

Do you have a current Electrical Safety Certificate? **YES** **NO**

If no, do you wish Let Us Let U Limited to arrange this on your behalf? **YES** **NO**

Do you have a current EPC Certificate? **YES** **NO**

If no, do you wish Let Us Let U Limited to arrange this on your behalf? **YES** **NO**

Do you have a Legionnaire Certificate? **YES** **NO**

If no, do you wish Let Us Let U Limited to arrange this on your behalf? **YES** **NO**

Fitted Smoke Alarm (one on each Level) / & Co2 Alarm **YES** **NO**

If no, do you wish Let Us Let U Limited to arrange this on your behalf? **YES** **NO**

ALARM CODE..... Service by

Contact No Tel No.

APPLIANCES UNDER GUARANTEE (Guarantee documents must be supplied for items listed)

1. Insurer Tel No.....

2. Insurer Tel No.....

3. Insurer Tel No.....

4.

PREFERRED TRADESMEN

Amount Per month

Gas Safety FitterTel No£.....

PlumberTel No£.....

ElectricianTel No£.....

BuilderTel No£.....

Roofer.....Tel No.....£.....

Other Tel No£.....

I/We confirm that information I/We have given is a true and accurate record

Signed by Landlord/ClientDate.....

Signed by Landlord/ClientDate.....