



APPLICATION FORM FOR THE HULL ACCREDITED LANDLORD SCHEME

Name _____

Address _____

_____ Post Code _____

Company Name _____

Company Address / Registered Office _____

Telephone Number _____ Fax Number _____ Mobile _____

E-Mail Address _____ Website Address _____

List of partners (if a partnership), please include full names and addresses,

Dwelling upgrade plan: If a minority of the dwellings you own / manage do not fully meet the standards required in the Hull Accredited Landlords Scheme guide then please list the addresses and the proposed timescales necessary to upgrade them (please use an additional sheet if necessary).



Please state below full address and details for each property which you own;

Property Address	Number of units of accommodation	Single House/HMO /Flats /Bedsits	Number of Occupants	Number of Storeys	Name of Owner or Manager
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

	Property Address	Number of units of accommodation	Single House/HMO Flats /Bedsits	Number of Occupants	Number of Storeys	Name of Owner or Manager
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

Please continue on a separate sheet if necessary.

DECLARATION

I undertake to abide by all the conditions of the Accreditation Scheme as detailed in the Hull Accredited Landlord Scheme guide and to furnish the local authority with any information that they may require in connection with the premises listed in this application.

I agree that my property details as indicated on this application may be forwarded to the Rent Service to be used only in connection with the operation of this scheme. The information contained in this application may be shared with other council departments for the purposes of operating this scheme.

I have had the premises as listed overleaf and the installations therein, checked for gas safety, fire safety, electrical safety and structural safety, repair and cleanliness as appropriate and as described in the Hull Accredited Landlord Scheme guide.

I agree for my name, contact address, e-mail address and telephone number to appear on the Council's website.

YES

NO

Have you, or, to your knowledge, any partner directors or other persons responsible for the activities of the company of partnership, which manages the premises listed on this application;

Been convicted of harassment or illegal eviction? **Yes** **No**

Been convicted of any offences relating to the maintenance and management of any residential premises? **Yes** **No**

Failed to comply with any statutory notice which has resulted in the Council carrying out works in default at any of your / their premises? **Yes** **No**

If you have answered yes to any of these questions please enclose details.

I agree to indemnify the council against any claims whatsoever made in connection with the accreditation scheme except for claims for death or personal injury attributable to the negligence of the Council or its Officers.

I warrant that all the information provided in connection with this application is true and accurate.

Signature _____ Date _____

Please return this form to Private Housing (Environmental Health), Housing and Well Being, Kingston upon Hull City Council, 6th floor, Kingston House, Kingston upon Hull, HU1 3ER