

Application Form

LANDLORD ACCREDITATION SCHEME

Please complete your details in BLOCK CAPITALS

Name: _____

Address for correspondence: _____

Daytime telephone number: _____

e-mail address: _____

Name & address of Agent
(if one is employed): _____

Please list all properties used for residential renting within the boundaries of North Dorset District Council including houses in multiple occupation (HMO) and single households.

Address	Single house or HMO	No. of storeys	No. of lettings	Total no. of occupants	Plan provided?*	Grey box ticked on checklist? (include section no.(s))

*The plans can be hand-drawn sketches (HMO plans may already exist with the Scheme Operator)

Address	Single house or HMO	No. of storeys	No. of lettings	Total no. of occupants	Plan provided?*	Grey box ticked on checklist? (include section no's)

*The plans can be hand-drawn sketches (HMO plans may already exist with the Scheme Operator)

Property Checklist

You should inspect each of your properties and complete a checklist for each one. Before answering each question you should read the associated Accreditation Standards. The Property Checklist is there to help you carry out a thorough inspection of your property and ensure that as many risks to the health and safety of your tenants are assessed. Completed checklists do not need to be returned but, if you tick any grey boxes for any property, then we may need further information from you or we may need to visit the property.

Please record any section number of any grey ticked boxes next to the property on the previous page of the application form.


Please note that the list of items is not exhaustive and care should be taken during your inspection to identify any items that may affect the safety or comfort of the occupants. In certain instances it may be necessary to obtain professional advice, eg on matters of structural stability, to determine compliance and/or corrective measures.

DECLARATION

This is to certify that I, as the owner/manager of the above properties, am eligible for Accreditation Status. I agree to abide by the terms and conditions of the North Dorset District Council Accreditation Scheme and National Landlords Association Code of Practice. I agree that representatives of this scheme will be allowed access to properties for the purposes of this scheme.

I am a member of the National Landlords Association. My Membership number is:

I am not a member of the National Landlords Association and request an application form



Data Protection Act 1998

In addition to contacting you about the Landlord Accreditation Scheme, from time to time North Dorset District Council may wish to inform you of information which we think will be of interest to you. For this purpose the information you provide on this form may be disclosed within the Council to other Departments.

If you do not want to receive this information please tick this box.

Information may also be disclosed to other government departments such as the Benefits Agency and Fire Authority.

If you would like more information about your rights under the Data Protection Act please contact the Councils Data Protection Officer.

Tick the box if you agree to your name being published when you become accredited:

Signature of the Landlord: _____ **Date:** _____

The provision of false information could result in the refusal or revocation of Accreditation.