



**WORKING TOGETHER**

## Student Accreditation Scheme Checklist

**Landlord/Agent Name:** \_\_\_\_\_

**Landlord/Agent Address:** \_\_\_\_\_

NLA membership no. (if applicable) \_\_\_\_\_ NLA expiry date: \_\_/\_\_/\_\_

**Property Address:** \_\_\_\_\_

House/Flat/Other: \_\_\_\_\_ No of Student Bedrooms: \_\_\_\_\_

*Please fully complete **Part 1** of the checklist and return with your application form and payment.*

### PART 1

#### Required Paperwork

	<b>Issue Date</b>		
Valid Gas Safety Cert. (within 12 months)	Y/N __/__/__	Portable Appliance Testing	Y/N __/__/__
Current Electrical Cert. (within last 5 years)	Y/N __/__/__	Energy Performance Cert.	Y/N __/__/__
HMO Licence (if applicable)	Y / N		
Deposit Protection Scheme Used	Y / N	Deposit Scheme Ref. No.	_____

#### Required Items for Accreditation Mark

(In addition to usual Housing Standards compliance)

##### Each Bedroom:

Single Bed	Y / N
Storage for clothing	Y / N
Desk & Chair	Y / N
Wireless Broadband	Y / N
Curtains/Blinds	Y / N
Sofa/Seating	Y / N

##### Each Property:

Ariel point/Cable provision	Y / N
Washing machine	Y / N
Cooking Facilities	Y / N
Fridge/Freezer	Y / N
Carbon Monoxide Detector	Y / N
No pre-payment meters in the property	<input type="checkbox"/>

## Additional Items (recommended)

The following items are not essential to gain the Accreditation Mark but are recommended for the benefit of both students and owners

Dining Table/Chairs	Y / N	Locks on Bedroom Doors	Y / N
TV Table/Cabinet	Y / N	Info on services e.g refuse	Y / N
Burglar Alarm	Y / N	Garden Maintenance	Y / N
Vacuum Cleaner	Y / N	Contract covering Noise/ASB	Y / N

Any other items provided (for marketing purposes)

---

---

---

---

## Other Facilities

No. of Bathrooms \_\_\_\_\_ No. of WCs \_\_\_\_\_ No. of Ensuites \_\_\_\_\_

Heating system: GCH / Electric / other \_\_\_\_\_ \*

Water Heating: Gas / Electric Immersion / other \_\_\_\_\_ \*

*\*Pre-payment meters are not acceptable for electrics due to impact on fire precautions*

## Tenancy Information:

Contract Type: Whole Property / Individual Rooms

Contract Length: \_\_\_\_\_ weeks / months

Rent: \_\_\_\_\_ per room / property per week / term / month

Deposit: \_\_\_\_\_ per room / property

Bills included: Y / N Additional costs: \_\_\_\_\_

Date Available From: \_\_\_ / \_\_\_ / \_\_\_\_

Contact details for enquiries: \_\_\_\_\_

---

---

**PART 2 (for office use)**

Property Address: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Officer: \_\_\_\_\_

Brief description of property \_\_\_\_\_

Actionable Hazards Present (Housing Act 2004)      Y / N (Hazard Bands A-D)

Fire Precautions satisfactory      Y / N

Complying with HMO Regulations      Y / N / NA

Complying with HMO Licence Conditions      Y / N / NA

Decent Homes Standard Met      Y / N

All paperwork present      Y / N

General Condition of Property: \_\_\_\_\_

Specific Issues: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HMO licence application required      Y / N

Other comments: \_\_\_\_\_

\_\_\_\_\_

**Accreditation Mark Achieved**

Initial Inspection      Y / N

Revisit Inspection      Y / N      Date \_\_ / \_\_ / \_\_\_\_