**Property check**

|  |  |
| --- | --- |
| **Sponsor Name:** |  |
| **Property address being checked:** |  |
| **Tel No:** |  |
| **Email:** |  |

|  |  |  |
| --- | --- | --- |
| **Accommodation provided** | Room/s within family home | Bedsit with shared facilities |
|  | Self-contained flat | House – exclusive occupation |

|  |  |  |
| --- | --- | --- |
| **Names of all other adults resident at this address** |  |  |
|  |  |  |

Note: Two people should not be in one room unless they are: adult cohabiting partners; a parent and child; two siblings of the same gender if aged over 10; two siblings regardless of gender if aged under 10.

Individuals who didn’t previously know each other should not be given the same room.

|  |  |  |
| --- | --- | --- |
| Number of bedrooms being provided to guests |  | |
| Number of guests to be accommodated |  | |
| Number of Adult/s |  | |
| Children over 10 | Male | Female |
| Children under 10 | Male | Female |

Heating

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of heating** | Gas central heating | | Oil fired Central heating |
| None | Electric – Economy 7 night storage heaters | | Electric - Wall mounted panel heaters |
| Other – | | | Open fire/wood or multi fuel stove |
| Is heating provided in every room? | | Yes No | |
| When was the boiler last serviced? | | Date | |
| Is there a landlord Gas safety certificate?  *(not required in all cases)* | | Yes No | |
| Is there a working carbon monoxide alarm in each room where there is a fuel burning appliance? | | Yes No | |

(Fuel burning appliances include open fires, wood burners, etc)

Fire

|  |  |
| --- | --- |
| Are there working smoke alarms on each floor of the property? | Yes No |
| Are these battery or mains wired? | Mains Battery |

Electrics

|  |  |
| --- | --- |
| Has the electrical installation been checked recently? | Yes No |
| Is there an Electrical Installation Condition Report (EICR)?  *(not required in all cases)* | Yes No |

Kitchen

|  |  |
| --- | --- |
| Do guests have access to kitchen facilities at all times? | Yes No |
| Are they able to cook and wash up? | Yes No |

Bathroom

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do guests have access to bathroom facilities at all times? | | Yes No | | |
| Are they sharing these facilities with others? | | Yes No | | |
| Bath | Shower | | Wash hand basin | Toilet |

Slips/Trips/Falls

|  |  |
| --- | --- |
| Do all stairs/steps have at least one handrail?  (internal and external) | Yes No |

|  |  |
| --- | --- |
| Would you like any further housing advice/guidance at this time. If Yes, please ensure that you provide us with your contact details on page 1. | Yes No |

**Please note this is not a pass or fail checklist.**