

# ASSESSMENT FORM FOR HOUSING ACT 2004 - HHSRS

Please fill in this form so that we can assess if your property is affected by the new legislation:

## A. Address of Property:

.....  
.....

## B. Landlord's/Owner's details:

Full name:

.....

Contact Address:

.....  
.....

Telephone No:

.....

Mobile No:

.....

## C. Premises

1.1 Please give approximate date of construction of the property:

- |           |                          |
|-----------|--------------------------|
| Pre 1919  | <input type="checkbox"/> |
| 1919-1945 | <input type="checkbox"/> |
| 1945-1964 | <input type="checkbox"/> |
| 1965-1980 | <input type="checkbox"/> |
| Post 1980 | <input type="checkbox"/> |

1.2 If converted, approximate date of conversion:

\_\_\_\_\_

**1.3** Please provide details of any building works carried out to the property. If works have been carried out copies of planning consents, building regulations approval or certificates issued on completion of works should be included.

Description of works	Date of completion

**1.3a** Does the property have planning consent for permitted change of use to allow multiple occupation? **YES/NO** (delete as appropriate)

If you have answered YES, please provide date of approval and reference number given by the Planning Department .....

**1.4** How many floors are there in the house, including basements and attic floors?: \_\_\_\_\_

**2. People Living In The House**

**2.1** How many households occupy the house? \_\_\_\_\_

**2.2** How many individual people occupy the house? \_\_\_\_\_

**2.3** Is there a resident landlord?  Y  N

**2.4** Number of people in resident landlord's household? \_\_\_\_\_

**2.5** Which rooms in the house are occupied by resident landlord's household?  
\_\_\_\_\_

3. Please complete the following table indicating the occupation of each unit or letting and whether facilities are shared or for sole use. Please indicate facilities (but not fire precautions) using the abbreviations given below. Children of whatever age, including babies, must be entered. Units occupied by leaseholders should be included

Letting number	Number of people in this letting	Number of rooms for sole use of this letting	Facilities provided for sole use of this letting	Facilities shared with other lettings <b>Abbreviations:</b> <b>SH</b> Shower <b>WC</b> Water Closet <b>WHB</b> Wash Hand Basin <b>S</b> Sink <b>F</b> Fridge <b>C</b> Cooker <b>B</b> Bath
<b>e.g.</b> <b>1</b>	<b>2</b>	<b>1</b>	<b>None</b>	<b>SH, W.C., WHB, S,F,C</b>

## D Property Details

Yes No Not  
Known

1. Do you have a schedule for

a) Planned maintenance?

b) Inspection of furniture/facilities/equipment?  
(please provide brief details)

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### 2. Fire Precautions (only complete if the accommodation is in multiple occupation)

2.1 a) Is there a system of smoke/heat detectors incorporating:     
- A fire alarm panel ?     
- Emergency lighting in the common hallways?     
- Mains powered smoke/heat detectors in kitchen/common  
rooms and hallways ?     
- Battery operated smoke detectors?     
- Sounders/alarms on all levels?

b) Is the main escape route protected by fire doors fitted with  
smoke seals, intumescent strips and self closers?

c) Is the escape route kept clear of flammable material and  
other obstructions?

d) Do you have a contractor to maintain and inspect your  
system?

e) Please state who \_\_\_\_\_

f) Is there a log book of inspection/testing?

g) Where is it kept? \_\_\_\_\_

h) Is there a current test certificate? (please provide copy)

i) Is there a current emergency lighting test certificate?  
(please provide copy)

j) Is there a service contract for the alarm and lighting systems?  
(please provide copy)

k) Are fire extinguishers provided?

l) Please state type and location  
\_\_\_\_\_

m) Have details of escape routes and other fire safety  
training been provided to occupiers?

**Yes   No   Not  
Known**

**3. Heating & Utilities**

**3.1** What form of heating does the property have?

Gas fired central heating

    

Off peak night storage heaters

    

Individual wall mounted gas heaters

    

Individual wall mounted electric heaters

    

Other (please specify):

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**3.2** If there is a gas supply to the property, please confirm that you have a current Gas Safety Certificate (required annually for the installation and equipment you provide) and enclose a copy

    

**3.3** Do you have an electrical safety certificate from a competent electrical engineer within the last 5 years to confirm that the electrical installation is safe? (This should be available at the inspection of the property or enclosed)

**4. Electrical Appliances and furniture**

Please indicate whether you provide:

Furniture?

    

Electrical Appliances?

    

**4.1** Is all furniture you provide compliant with current fire safety regulations?

    

**4.2** Are all the electrical appliances you provide compliant with current electrical safety regulations?

    

**Please return completed questionnaires to: Private Sector Renewal Team, Dartford Borough Council, Civic Centre, Home Gardens, Dartford, Kent, DA1 1DR.**

**THANK YOU FOR YOUR CO-OPERATION**