

# New home information form



Document date   /   /

Address or proposed address of the property

Postcode

Plot number

This form should be completed and read in conjunction with the explanatory notes available separately

## 1 For all properties

1. Please confirm that an Energy Performance Certificate will be provided as soon as the property is physically complete.  Yes

2. Please state the estimated dates for:

(a) physical completion of the property

(b) certification that the property is fit for occupation

3. Is the warranty of any professional consultant available in relation to the monitoring of the construction or conversion of the property?  Yes  No

If Yes, please give details:

4. Are all easements necessary for the enjoyment of the property fully available?  Yes  No

If No, please give details:

5. Is there any road or sewer abutting or serving the property that has not been adopted?

- Yes   
  No   
  Enclosed  
 To follow

If Yes, please give details and supply a copy of any adoption agreement and bond:

6. Please specify which of the following services are or will be connected to or at the property.

If the supplies will be connected in the future, please also give the proposed dates of connection if known.

	<b>Connected</b>
Electricity	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Will be    DD/MM/YY
Gas	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Will be    DD/MM/YY
Mains water	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Will be    DD/MM/YY
Private drains	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Will be    DD/MM/YY
Private water	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Will be    DD/MM/YY
Septic tank/Cesspit	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Will be    DD/MM/YY
Telephone	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Will be    DD/MM/YY

7. Which if any of the following services at the property are fully operational?

Boiler	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Space heating	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Water heating	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Lift	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

If No, for any of these services, please give details:

8. Please provide copies of any guarantees that are available or will be available at completion in relation to the following:

Damp	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Enclosed	<input checked="" type="checkbox"/> To follow
Double glazing, roof lights, roof windows, glazed doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Enclosed	<input type="checkbox"/> To follow
Electrical appliances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Enclosed	<input type="checkbox"/> To follow
Electrical work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Enclosed	<input type="checkbox"/> To follow
Heating systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Enclosed	<input type="checkbox"/> To follow
Hot water systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Enclosed	<input type="checkbox"/> To follow
New home warranty	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Enclosed	<input type="checkbox"/> To follow
Timber infestation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Enclosed	<input type="checkbox"/> To follow
Roofing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Enclosed	<input type="checkbox"/> To follow
Ventilation systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Enclosed	<input type="checkbox"/> To follow

9. Has any application been made for street naming and numbering and for allocation of a postcode?

Yes  No  Enclosed  
 To follow

If Yes, please provide copies of responses.

10. Please confirm whether the property has:

(a) been inspected by the valuation officer

Yes  No

If No, please give details:

or

(b) entered on the valuation list for council tax

Yes  No

If No, please give details:

11. Please state the council tax valuation band for the property and the amount of the annual payment.

Band A - H

Amount £  yearly

12. Has the billing authority issued any completion notice in respect of the property?

Yes  No

If No, please give details:

## 2 Leasehold

1. Please provide a copy of any budget or estimate for payments in the 12 months after completion in respect of service and maintenance charges, insurance and any reserve fund.

Enclosed  To follow

2. Have managing agents been appointed or is it intended that managing agents will be appointed?

Yes  No  
 To be appointed

If Yes, or to be appointed, please give contact details including name, address, telephone number, and email:

3. Has any management company been formed in respect of which any shares are to be issued to the buyer or any other occupier of a flat within the development?

Yes  No

If Yes, please give details:

4. Are there any communal or shared areas or other parts of the development that will remain to be completed after completion of the property?

Yes  No

If Yes, please give details:

5. Is there any contract or arrangement for the sale of the freehold reversion?

Yes  No

If Yes, please give details:

6. Are any negotiations in progress for the sale of the freehold reversion?

Yes  No

If Yes, please give details:

### 3 Commonhold

1. Please provide a copy of any budget or estimate for the commonhold assessment payments in the 12 months after completion in respect of maintenance charges, insurance and any reserve fund.

Enclosed  To follow

2. Please provide the contact details of the commonhold association:

3. Have managing agents been appointed or is it intended that managing agents will be appointed?

- Yes     No  
 To be appointed

If Yes, or to be appointed, please give contact details including name, address, telephone number, and email:

4. How many unit holders will there be?

5. Are there any communal or shared areas or other parts of the development that will remain to be completed after completion of the property?

- Yes     No

If Yes, please give details:

6. When will the transfer of the common parts take place?

D D / M M / Y Y

7. Does the commonhold community statement give 'development rights'?

- Yes     No

If Yes, please give details:

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The information in this form has been given by:

Name