



Rental Accommodation Scheme – Landlord Questionnaire

Contact Details

Name of Landlord:

Address of Landlord:

Telephone Numbers:

Home:

Office:

Mobile:

Email Address:

Property Details

Address:

Description: House Bungalow Dormer Apartment

Detached Semi-detached End-Terrace Mid-Terrace

No of Living Rooms_

No of Bedrooms _

No of Bathrooms _

No of Kitchens_

Dining Rooms _

Garage/Garden_

Any other Details:

Rental Charge:

Other Information

Is the Property vacant at present: Yes No

Name of Existing Tenant: _____

Date(s) of Lease: _____

Are you registered with Private Residential Tenancies Board: Yes No

If Yes Registration No.: _____

Do you have a Tax Clearance Certificate: Yes No

Other Comments and/ or details of other properties that the landlord may wish to have considered for the Rental Accommodation Scheme.

Signature of Landlord

Date

Signature of Official

Date