

Visit Warrenpoint Home-Owner Information Sheet

Name of House: _____

OWNERS DETAILS

Property Owner Name: _____

Landline Number: _____ Mobile Number: _____

Email Address: _____

Proximity of Owner to property: _____

Payment Details:

Account Holders Name:	_____
Bank Name:	_____
IBAN:	_____
BIC:	_____

CARETAKERS DETAILS

Caretaker of Property's Name: _____

Landline Number: _____ Mobile Number: _____

Email Address: _____

Proximity of Caretaker to property: _____

PROPERTY DETAILS

- Is the property registered with another letting agency? Yes ____ No ____

If yes, please state the agencies name/s and website address/es in the space below:

- Have you got Public Liability Insurance for your property to cover holiday lettings?
Yes ____ No ____
- Are you VAT registered? Yes ____ No ____ (if yes please provide VAT no): _____

- Directions To The Property (please provide directions to the property from the motorway):

Postcode of the property: _____

Sat Nav / GPS Coordinates for the property: _____

- Please make a note of any Warnings/Security Measures to alert Holiday Makers About, i.e. Balcony, Pond, etc.:

- In Case of Emergency:

First Contact Phone Number for Groups to call if a problem arises in relation to the property e.g. Landlords/Caretakers Mobile	Name:
	Number:
Alternative Contact Phone Number for Groups to call if the above number does not work e.g. Landlords/Caretakers Home Telephone	Name:
	Number:

- Authorised Parties

Please state which of the following groups you give permission to rent your property:

Families	
Couples	
Hen Parties	
Stag Parties	
Large Mixed Groups 8+	
Small Mixed Groups 3+	
Large Same-Sex Groups 8+	
Small Same-Sex Groups 3+	
Other	

INTERNAL PROPERTY DETAILS

- Sleeping Arrangements

How many people does your rental property sleep? _____

How many bedrooms are in the property? _____

How many beds are in the property? _____

Doubles: _____ Singles: _____ Other: _____

Do you have an additional blow-up bed/pull-out bed/sofa-bed, if required? _____

- Bedroom Layout

List the arrangement of beds in each room (e.g. Bedroom 1 = One Double Bed & One Single Bed)

	Beds	Upstairs/ Downstairs	Ensuite yes/no	Extras
Bedroom 1:				
Bedroom 2:				
Bedroom 3:				
Bedroom 4:				
Bedroom 5:				
Bedroom 6:				
Bedroom 7:				
Bedroom 8:				

- Bathrooms/Toilets

How many bathrooms/toilets are in your property?	
How many showers are in your property?	
How many baths are in your property?	

- Heating

How is the property heated? (Tick Boxes Accordingly): _____

Oil Fired Central Heating	Oil Fired Stove	Underfloor Heating	Storage Heating
Gas Fired Central	Solid Wood Stove	Aga Style Stove	Electric Heating
Electric Fire	Plug in radiators	Gas Fire	Other

- Will the heat be set on clock or does it need to be activated manually? _____
- Do you provide written information on how to operate the heat? _____
- How can customers avail of hot water? _____
- Is there any extra cost for heating/electric etc that customers need to be aware of before booking? _____

- Security

Does your property have a functioning Alarm System? YES/NO	
If Yes, would you like customers to use the alarm system? YES/NO	
Do all windows and doors in your property open and close easily? YES/NO	
Do all external doors lock? YES/NO	

- Keys

How many sets of keys do you provide customers with? (we advise that each group receives two sets)	
Do these include keys to the front door, back door & patio doors?	
Do you have an additional set of keys to the property that you keep in your possession at all times? (if not we recommend the landlord/caretaker always holds a spare set)	
How do you wish to check a group into your property? E.g. let them in yourself/leave the key out for them/give them the caretakers details etc.	

- Facilities

Please tick accordingly if your property provides the following facilities:

Utility

Washing Machine		Full Size Fridge Freezer	
Tumble Dryer		Chest Freezer	
Dish Washer		All Main Kitchen Utensils	
Microwave		Clock	
Oven		Bed Linen	
Grill		Towels	
Fire Alarms		Iron & Ironing Board	
Fire Extinguisher		Hairdryer	
Fire Blanket		Pull Out/Sofa Bed	
First Aid Kit		Mirrors (including full length)	

Entertainment

TV		CD Player	
DVD Player		Radio	
SKY		Ipod Docking Station	
USB Connection on TV		Internet Access/WIFI (Free/Charged)	
Games Console (Name Type)		Bicycles (Free/Charged)	
Playroom		Games Room	
Bar		Study Room	

Exterior

BBQ		Decked Area	
Garden Furniture		Patio Area	
Garden Seat		Back Garden	
Storage Shed for Customers Use		Front Garden	
Trampoline		Private off road parking/ For How Many Cars	
Swings		Off road parking/ For How Many Cars	
Slide		On Street Parking	
Outdoor Hot Tub/ Sauna		Are there steps to access the property? If so, how many?	

Child Friendly

Travel Cot		Top Stair Gate	
Timber Cot		Bottom Stair Gate	
High Chair		Babysitting Service	

Pet Friendly

- Do you permit pets on your property? _____
- If Yes, what type of pets do you allow? _____

Pets Allowed Inside & Outside Property		Kennel	
Pets Allowed Outside Property Only (Garden)		Enclosed Area for Pets	
Pets Allowed Outside Property on a leash only		No Pets Allowed	

- Is there sufficient seating in living areas for the full occupancy? (in other words, if your property sleeps 8, it must also allow 8 to dine and seat comfortably)

Yes/No: _____

- Is the property Certified Wheelchair Friendly: Yes/No _____

- Does your property provide: Ramp _____ Walk In Shower: _____ Wider Doors: _____

LETTING RATES

Please state below how much you wish to charge for your property at different times for different periods throughout the year.

Weekend Price (2 Nights)	(Oct– Jan)	€
Weekend Price (2 Nights)	(Feb – May)	€
Weekend Price (2 Nights)	(June – Sept)	€
If customers wish to add an additional one night to their weekend stay (e.g. 3 nights), how much would you charge for the extra night?	One Night Add-On Price	€
Weekly Price (7 Nights)	(Oct – Jan)	€
Weekly Price (7 Nights)	(Feb – May)	€
Weekly Price (7 Nights)	(June – Sept)	€
Are you willing to rent your house for one night only? E.g. Saturday Night	YES: NO:	
One Night	(Oct – Jan)	€
One Night	(Feb – May)	€
One Night	(June– Sept)	€
Would you like to offer a Sunday – Friday Midweek Deal for the Summer Months? Is so, for what cost?	YES: NO:	€
New Years Eve Stay (approximately 2 Nights)		€
Christmas Break (approximately 5 Nights)		€
Do you wish to charge extra for a bank holiday weekend? If so, how much extra?	YES: NO:	€

OTHER

If there's anything else you think we should be aware of in relation to your rental property please fill in details below:

Thank-You for taking the time to fill in your Information Sheet.

We look forward to working with you in the year ahead.

If you agree to the Terms and Conditions and agree that all of the information you have provided is accurate please sign below and return with your Information Sheet before we can proceed to the next stage.

Signed: _____

Return To:

Richard Brennan,
Visit Us Ltd.,
Market Square,
Carlingford,
Co. Louth.