



# Edinburgh Landlord Accreditation

## Application form

Edinburgh Landlord Accreditation  
Chesser House  
500 Gorgie Road  
Edinburgh EH11 3YJ

Tel No: 0131 529 7278  
E-mail: [ela@edinburgh.gov.uk](mailto:ela@edinburgh.gov.uk)  
[www.edinburgh.gov.uk/ela](http://www.edinburgh.gov.uk/ela)

Please fill the following details in BLOCK CAPITALS

MR/MRS/MISS/OTHER TITLE.....  
FIRST NAME.....  
SURNAME.....  
COMPANY/TRADING NAME (IF APPLICABLE).....  
ADDRESS.....  
.....POSTCODE.....

<i>Registration Number</i>	
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DAYTIME PHONE NO.....  
MOBILE NO.....  
E-MAIL.....  
WEB.....

TYPE OF PROPERTY       HMO       OTHER       BOTH HMO & OTHER

Please make a complete list of properties you manage on page 2, including postcodes and indicating any HMO property. If you need more space please attach further sheets as required

Tick box if you wish to receive information of other services which are available from The City of Edinburgh Council

Please return this form to the address at the top of the page



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## Declaration

I have read and understood the Edinburgh Landlord Accreditation Code of Standards. While I hold membership of Edinburgh Landlord Accreditation Code of Standards I agree to meet the conditions of the code. I further declare that my conduct will be in accord with the provisions of the code and I will recognise the authority of the review panel. I acknowledge and authorise the public disclosure of details relating to my membership of the scheme.

I understand the Accreditation Scheme may carry out ad hoc inspections of my properties or seek to interview me to ensure compliance with the Code of Standards.

I understand that acceptance to the Accreditation Scheme is at the discretion of the accrediting body and can be revoked if I fail to comply with the Code of Standards.

I enclose a complete list of the properties I currently manage with addresses including postcodes and will provide updated lists as appropriate.

I confirm that I am a registered landlord or agent and that all the information contained in the application is true to the best of my knowledge at the time of completion.

Signature(s).....

LANDLORD/MANAGING AGENT (delete as applicable)

DATE.....

No.	Flat	Street	City	Postcode	HMO?
			Edinburgh		
			Edinburgh		
			Edinburgh		
			Edinburgh		
			Edinburgh		
			Edinburgh		
			Edinburgh		
			Edinburgh		