

Accommodation Advertisement Form

Please complete one form per property unit

Contact Details		
Agent/Landlord Name:	Company	
Home / Business Address:		
		Postcode
Mobile No:	Email:	Telephone No:
Website:		

Property Address
Address of Property to be advertised:
Post Code:

Type of property: <i>(please tick)</i>		
Bedsit <input type="checkbox"/>	Flat <input type="checkbox"/>	Private Hall Room <input type="checkbox"/>
House <input type="checkbox"/>	Room <input type="checkbox"/>	University Hall Room <input type="checkbox"/>
Size of property <i>(No. bedrooms)</i> :		
	Number of beds to let:	Habitable Floors:
Description of Property <i>(Optional - Max 15 words)</i>		

Shared Facilities: <i>(For use by all tenants)(please tick)</i>			
Bathroom <input type="checkbox"/>	Bicycle Storage <input type="checkbox"/>	Burglar Alarm <input type="checkbox"/>	
Cooking Facilities <input type="checkbox"/>	Dishwasher <input type="checkbox"/>	Double Glazing <input type="checkbox"/>	
Fridge Freezer <input type="checkbox"/>	Garden <input type="checkbox"/>	Ground Floor Bathroom <input type="checkbox"/>	
Ground Floor Bedroom <input type="checkbox"/>	Lounge <input type="checkbox"/>	Microwave <input type="checkbox"/>	
Off Road Parking <input type="checkbox"/>	Parking <input type="checkbox"/>	Permit Parking <input type="checkbox"/>	
Satellite/Cable TV <input type="checkbox"/>	Seperate WC <input type="checkbox"/>	Shower <input type="checkbox"/>	
Smoke Alarm(s) <input type="checkbox"/>	Sofa <input type="checkbox"/>	Telephone <input type="checkbox"/>	
Tumble Dryer <input type="checkbox"/>	Washer Dryer <input type="checkbox"/>	Washing Machine <input type="checkbox"/>	

Private Facilities: <i>(please tick)</i>			
Bed <input type="checkbox"/>	Chair <input type="checkbox"/>	Dead-Lock <input type="checkbox"/>	
Desk <input type="checkbox"/>	Drawers <input type="checkbox"/>	En-Suite <input type="checkbox"/>	
Shelves <input type="checkbox"/>	Television <input type="checkbox"/>	Wardrobe <input type="checkbox"/>	

Number of Facilities: <i>(please enter a number)</i>	
Bathrooms: <input type="text"/>	Toilets: <input type="text"/>

Suitable For: <i>(please tick)</i>			
Children <input type="checkbox"/>	Couples <input type="checkbox"/>	Disabled <input type="checkbox"/>	
Family <input type="checkbox"/>	Females <input type="checkbox"/>	Males <input type="checkbox"/>	
Mixed Group <input type="checkbox"/>	Pets <input type="checkbox"/>	Postgraduates <input type="checkbox"/>	
Smokers <input type="checkbox"/>	Staff <input type="checkbox"/>	Undergraduates <input type="checkbox"/>	

Other Facilities

Other Facilities

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Heating:

Type of Heating: _____

Certification:Gas Certificate: _____ Expiry Date: *(please enclose a copy)* _____HMO Certificate: _____ Expiry Date: *(please enclose a copy)* _____EPC Reference: _____ Expiry Date: *(please enclose a copy)* _____

Energy Efficiency: _____ Potential Energy Efficiency Rating: _____

Environmental Impact: _____ Potential Environmental Impact: _____

Tenancy Deposit Protection Scheme: _____

Adverts Section *(Please complete those that are applicable)*

Price per Person: From £ _____ To £ _____

Price per Room: From £ _____ To £ _____

Whole Property Rent: Week £ _____ Month £ _____

Deposit (per person / room / property)(£): _____ Let Property to: Individuals/Groups/Both _____

Is this inclusive of:	Water: Yes/No	Gas: Yes/No	Electricity: Yes/No
	TV Licence: Yes/No	Internet: Yes/No	Cleaning: Yes/No
	Telephone: Yes/No		

Property Available From: _____ Contract Length: _____

Please ensure you have completed the entire application

- I confirm that the information supplied on this application is true to the best of my knowledge and belief.

- I agree to indemnify and Studentpad in respect of any loss arising from inaccurate misleading or incomplete information in this application.

- I agree to any and all advertising conditions listed below.

I am the Landlord / Landlady / Agent for this property *(delete as appropriate)*

Print Name: _____ Date: _____ Signed: _____

For Office Use Only

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