

Contact Details

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr Other _____	
Surname	First Name
Home/Business address (both if Necessary)	
Postcode:	
Telephone Daytime:	Telephone other:
Fax. Number	
Email:	

Property Details

Address of property to be advertised:	
Area:	Postcode:
Which campus? <input type="checkbox"/> Chichester <input type="checkbox"/> Bognor Regis Distance to BOC _____ Distance to BRC _____	

Main Property Details

Type of property to be advertised (please tick)	
<input type="checkbox"/> Bedsit	<input type="checkbox"/> Family/Post Grad
<input type="checkbox"/> Homestay(Lodgings)	<input type="checkbox"/> Staff Accommodation
<input type="checkbox"/> Homestay (Private Home)	
Type of Student (please tick)	
International <input type="checkbox"/>	UK/International <input type="checkbox"/> UK <input type="checkbox"/>
Gender Preferred <input type="checkbox"/> Any	<input type="checkbox"/> Male <input type="checkbox"/> Female
Total Number of Bedrooms: _____	
Number of Bedrooms to let: _____	
Property to be let as a Whole <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Habitable Floors: _____	
Description: _____	
Catered Accommodation YES/NO	
Host Family YES/NO	
No <input type="checkbox"/>	Yes, Half Board <input type="checkbox"/> Yes, Breakfast <input type="checkbox"/> Yes, Full Board <input type="checkbox"/>

Property Occupants

Male Adults (No.) _____	Male Children (No.) _____	Female Adults (No.) _____	Female Children (No.) _____
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Bedroom Information

Bedroom 1	Occupants No. _____	Size - Double <input type="checkbox"/> Single <input type="checkbox"/>
Bedroom 2	Occupants No. _____	Size - Double <input type="checkbox"/> Single <input type="checkbox"/>
Bedroom 3	Occupants No. _____	Size - Double <input type="checkbox"/> Single <input type="checkbox"/>
Bedroom 4	Occupants No. _____	Size - Double <input type="checkbox"/> Single <input type="checkbox"/>
Bedroom 5	Occupants No. _____	Size - Double <input type="checkbox"/> Single <input type="checkbox"/>
Bedroom 6	Occupants No. _____	Size - Double <input type="checkbox"/> Single <input type="checkbox"/>
Bedroom 7	Occupants No. _____	Size - Double <input type="checkbox"/> Single <input type="checkbox"/>
Bedroom 8	Occupants No. _____	Size - Double <input type="checkbox"/> Single <input type="checkbox"/>

Prices

Rent per week per person £ _____ to £ _____ or Rent per calendar month per person £ _____ to £ _____ Rent for whole property (per month) £ _____
Does the rent include (please tick)
Electricity - Yes <input type="checkbox"/> No <input type="checkbox"/> Gas - Yes <input type="checkbox"/> No <input type="checkbox"/> Water- Yes <input type="checkbox"/> No <input type="checkbox"/>
Deposit per person per year £ _____
How are Bill paid? _____

Facilities (Please tick)

Washing Machine	<input type="checkbox"/>	Fridge/Freezer	<input type="checkbox"/>
Double Glazing	<input type="checkbox"/>	Microwave	<input type="checkbox"/>
Smoke Alarm	<input type="checkbox"/>	Sole use of Lounge	<input type="checkbox"/>
Shower	<input type="checkbox"/>	Burglar Alarm	<input type="checkbox"/>
Telephone Point in Communal Area	<input type="checkbox"/>	Television Point in Communal Area	<input type="checkbox"/>
Broadband Access	<input type="checkbox"/>	Garage/Off Street Parking	<input type="checkbox"/>
Fully Furnished	<input type="checkbox"/>	Sole use of Dining Room	<input type="checkbox"/>
Kitchen/Diner	<input type="checkbox"/>	Garden	<input type="checkbox"/>
Bike Storage	<input type="checkbox"/>	Near Bus Stop	<input type="checkbox"/>
Sole use of Kitchen	<input type="checkbox"/>	Sole use of Bathroom	<input type="checkbox"/>
Landlord Smokes	<input type="checkbox"/>		

Number of Showers: _____ Number of Bathrooms: _____
 Number of Separate Toilets: _____ Number of Kitchens: _____

Bus Stop Number: _____

Other Facilities: _____

Type of Heating: _____

Number of Appliances:

Cookers:	_____	Freezers:	_____
Fridges:	_____	Fridge/Freezers:	_____
Microwaves:	_____	Washing Machines:	_____
Tumble Driers:	_____	Dishwashers:	_____

Pets living in Property None Cats Dogs Other _____

Suitable For:

Students with a Family Students with special housing needs Students with Pets Post Graduates Smokers

Safety

HMO Certified Yes No

Electrical Safety Certificate Inspection due date : (DD/MM/YYYY)

Accreditation Expiry: (DD/MM/YYYY)

Inspection Due: (DD/MM/YY)

Gas Safety Certificate Issue Date: (DD/MM/YYYY)

24 digit EPC reference number:

EPC Certificate Expiry Date: (DD/MM/YYYY)

Tenancy Deposit Protection Scheme

Have you registered with one of the Tenancy Deposit Protection Scheme (TDPS) providers? Yes No

With which provider are you registered with?

Availability

Currently available to students YES/NO

Available for Summer Winter Both

Please ensure that you have fully completed all relevant sections of the application form.

- I confirm that the information supplied on this application is true and to the best of my knowledge and belief
- I agree to indemnify the University of Chichester and studentpad.co.uk in respect of any loss arising from inaccurate, misleading or incomplete information in this application
- I am the legal owner of the property
- I am the Landlord/Agent for this property (delete as appropriate)

Print Name:

Signed:

Date:

Please forward to:

Accommodation Officer (Off Campus)
 University of Chichester
 Upper Bognor Road
 Bognor Regis
 West Sussex
 PO21 1HR
 Telephone: 01243 812120
 Email address: accommodation@chi.ac.uk

Notes – Office use Only