

| 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 up to two types) |
| <input type="checkbox"/> House <input type="checkbox"/> Bedsit <input type="checkbox"/> Maisonette <input type="checkbox"/> Flat <input type="checkbox"/> Bungalow <input type="checkbox"/> |
| 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: |

| Prices |
|---|
| Rent per week per person £ _____ to £ _____ |
| Rent per calendar month per person £ _____ to £ _____ |
| Rent for whole property (per month) £ _____ |
| Individual Licenses Yes/No |
| Reduced Rent in the Summer £ _____ (if different to term rent) |
| 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 | | | | | | | | | | | | |
|--|-------------------|-----------|--|----------|------------------|--|-------------|-------------------|--|----------------|--------------|--|
| Property has the following (please tick) | | | | | | | | | | | | |
| <input type="checkbox"/> Washing Machine <input type="checkbox"/> Fridge/Freezer <input type="checkbox"/> Double Glazing <input type="checkbox"/> Microwave <input type="checkbox"/> Smoke Alarm <input type="checkbox"/> 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"/> Dining Room <input type="checkbox"/> Kitchen/Diner <input type="checkbox"/> Garden <input type="checkbox"/> Bike Storage | | | | | | | | | | | | |
| Number of Showers: _____ Number of Bathrooms: _____ | | | | | | | | | | | | |
| Number of Separate Toilets: _____ Number of Kitchens: _____ | | | | | | | | | | | | |
| Bus Stop Number: _____ | | | | | | | | | | | | |
| Other facilities: _____ | | | | | | | | | | | | |
| Type of heating (e.g. gas central, electric): _____ | | | | | | | | | | | | |
| Number of Appliances | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Cookers:</td> <td>Freezers:</td> <td></td> </tr> <tr> <td>Fridges:</td> <td>Fridge/Freezers:</td> <td></td> </tr> <tr> <td>Microwaves:</td> <td>Washing Machines:</td> <td></td> </tr> <tr> <td>Tumble Driers:</td> <td>Dishwashers:</td> <td></td> </tr> </table> | Cookers: | Freezers: | | Fridges: | Fridge/Freezers: | | Microwaves: | Washing Machines: | | Tumble Driers: | Dishwashers: | |
| Cookers: | Freezers: | | | | | | | | | | | |
| Fridges: | Fridge/Freezers: | | | | | | | | | | | |
| Microwaves: | Washing Machines: | | | | | | | | | | | |
| Tumble Driers: | Dishwashers: | | | | | | | | | | | |

| Suitable For |
|---|
| <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Couples <input type="checkbox"/> Family/Post Graduates <input type="checkbox"/> Mature Students <input type="checkbox"/> Students with Special Housing Needs <input type="checkbox"/> International Students <input type="checkbox"/> Students <input type="checkbox"/> Smokers <input type="checkbox"/> Staff <input type="checkbox"/> Students with Pets <input type="checkbox"/> |

Agency Information

The University does not permit managing agents to advertise on the website. If you use the services of a managing agent, please provide:
Agency Name and address: _____

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

Property is available to rent from

Certificates – please forward the following certificates (Copies are sufficient)

Gas Safety Certificate? Yes No

Electrical Safety Certificate Yes No

Energy Performance Certificate Yes No

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

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