

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>			
Flat	<input type="checkbox"/>	House	<input type="checkbox"/>
Studio	<input type="checkbox"/>	University Hall Room	<input type="checkbox"/>
Private Hall Room	<input type="checkbox"/>	Room	<input type="checkbox"/>
		Bedsit	<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"/>
Dishwasher	<input type="checkbox"/>	Double Glazing	<input type="checkbox"/>
Garage	<input type="checkbox"/>	Garden	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	Off Road Parking	<input type="checkbox"/>
On Street Parking (permit)	<input type="checkbox"/>	Oven	<input type="checkbox"/>
Shower	<input type="checkbox"/>	Sofa(s)	<input type="checkbox"/>
Tumble Dryer	<input type="checkbox"/>	Washer Dryer	<input type="checkbox"/>
		Broadband Internet	<input type="checkbox"/>
		Fridge Freezer	<input type="checkbox"/>
		Lounge	<input type="checkbox"/>
		On Street Parking (no-permit)	<input type="checkbox"/>
		Seperate WC	<input type="checkbox"/>
		Telephone	<input type="checkbox"/>
		Washing Machine	<input type="checkbox"/>

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

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

Safety & Security: <i>(please tick)</i>	
Smoke Alarm(s)	<input type="checkbox"/>

Suitable For: *(please tick)*

Children	<input type="checkbox"/>	Couples	<input type="checkbox"/>	Families	<input type="checkbox"/>
Females	<input type="checkbox"/>	Individuals	<input type="checkbox"/>	Males	<input type="checkbox"/>
Mixed Group	<input type="checkbox"/>	Pets	<input type="checkbox"/>	Postgraduates	<input type="checkbox"/>
Staff	<input type="checkbox"/>	Undergraduates	<input type="checkbox"/>	Wheelchair Users	<input type="checkbox"/>

Heating: *(please tick)*

Central Heating	<input type="checkbox"/>	Combi Boiler	<input type="checkbox"/>	Communal Heating System	<input type="checkbox"/>
Convactor Heating	<input type="checkbox"/>	Electric Central	<input type="checkbox"/>	Electric Fire	<input type="checkbox"/>
Electric Heaters	<input type="checkbox"/>	Electric Immersion	<input type="checkbox"/>	Electric Under Floor	<input type="checkbox"/>
Electric Warm Air	<input type="checkbox"/>	Gas and Electric	<input type="checkbox"/>	Gas Central	<input type="checkbox"/>
Gas Combi Boiler	<input type="checkbox"/>	Gas Fire	<input type="checkbox"/>	Gas Heating	<input type="checkbox"/>
Gas in Tank	<input type="checkbox"/>	Gas Radiator	<input type="checkbox"/>	Instant Hot Water	<input type="checkbox"/>
Night Storage Heaters	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Total Control Heating	<input type="checkbox"/>
Wall Heaters	<input type="checkbox"/>				

Other Facilities**Certification:**

Gas Certificate: _____ Expiry Date: *(please enclose a copy if applicable)* _____

HMO Licence: _____ Expiry Date: *(please enclose a copy if applicable)* _____

EPC Reference: _____ Expiry Date: *(please enclose a copy if applicable)* _____

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: _____

Request Start Date: _____ Admin Fee: _____

Retainer: _____

Contract Type: *(please tick)*

Long Let	<input type="checkbox"/>	Short / Long Let	<input type="checkbox"/>	Short Lets	<input type="checkbox"/>
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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 University of Winchester and Studentpad Limited 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

Advertising Conditions