

## 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: _____

Suitable Campuses: <i>(please tick)</i>			
Aylesbury Campus	<input type="checkbox"/>	Bedford Campus	<input type="checkbox"/>
Milton Keynes Campus	<input type="checkbox"/>	Luton Campus	<input type="checkbox"/>

Type of property: <i>(please tick)</i>			
Bedsit	<input type="checkbox"/>	Flat	<input type="checkbox"/>
House	<input type="checkbox"/>	Studio	<input type="checkbox"/>
University Owned House	<input type="checkbox"/>	Private Hall 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>	
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Shared Facilities: <i>(For use by all tenants)(please tick)</i>			
Bicycle Storage	<input type="checkbox"/>	Broadband Internet	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	Double Glazing	<input type="checkbox"/>
Garage	<input type="checkbox"/>	Garden	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	Permit Parking	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	Television	<input type="checkbox"/>
Washing Machine	<input type="checkbox"/>	Cooking Facilities	<input type="checkbox"/>
		Fridge Freezer	<input type="checkbox"/>
		Lounge	<input type="checkbox"/>
		Shower	<input type="checkbox"/>
		Tumble Dryer	<input type="checkbox"/>

Private Facilities: <i>(please tick)</i>			
Cooking Facilities	<input type="checkbox"/>	Dead-Lock	<input type="checkbox"/>
En-Suite	<input type="checkbox"/>	Garage	<input type="checkbox"/>
Off Road Parking	<input type="checkbox"/>	Television	<input type="checkbox"/>
		Double Bed	<input type="checkbox"/>
		Garden	<input type="checkbox"/>

Number of Facilities: <i>(please enter a number)</i>			
Bathrooms	<input type="checkbox"/>	En-Suite	<input type="checkbox"/>
Parking Spaces	<input type="checkbox"/>	Showers	<input type="checkbox"/>
		Fridge Freezers	<input type="checkbox"/>
		Toilets	<input type="checkbox"/>

**Safety & Security:** *(please tick)*

Bolts on Front Door	<input type="checkbox"/>	Burglar Alarm	<input type="checkbox"/>	Carbon Monoxide Alarm	<input type="checkbox"/>
CCTV	<input type="checkbox"/>	Door Chain	<input type="checkbox"/>	Fire Alarm System	<input type="checkbox"/>
Fire Blanket	<input type="checkbox"/>	Fire Extinguisher	<input type="checkbox"/>	First Floor Window Locks	<input type="checkbox"/>
Front Door Dead Lock	<input type="checkbox"/>	Ground Floor Window Locks	<input type="checkbox"/>	Key Code Entry System	<input type="checkbox"/>
Security Lighting	<input type="checkbox"/>	Smoke Alarm(s)	<input type="checkbox"/>		

**Suitable For:** *(please tick)*

Children	<input type="checkbox"/>	Couples	<input type="checkbox"/>	Disabled	<input type="checkbox"/>
Family	<input type="checkbox"/>	Females	<input type="checkbox"/>	Individuals	<input type="checkbox"/>
International Students	<input type="checkbox"/>	Mixed Group	<input type="checkbox"/>	Pets	<input type="checkbox"/>
Postgraduates	<input type="checkbox"/>	Professionals	<input type="checkbox"/>	Smokers	<input type="checkbox"/>
Staff	<input type="checkbox"/>	Undergraduates	<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)* \_\_\_\_\_  
 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  
 Internet: Yes/No Cleaning: Yes/No Telephone: Yes/No  
 Property Available From: \_\_\_\_\_ Contract Length: \_\_\_\_\_  
 Request Start Date: \_\_\_\_\_

**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 Bedfordshire 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**