

## 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>	
Avenue Campus <input type="checkbox"/>	Park Campus <input type="checkbox"/>

Type of property: <i>(please tick)</i>			
Bedsit <input type="checkbox"/>	Private Hall Room <input type="checkbox"/>	University Hall Room <input type="checkbox"/>	
University Owned House <input type="checkbox"/>	University Managed House <input type="checkbox"/>	House <input type="checkbox"/>	
Flat <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>			
Bath <input type="checkbox"/>	Broadband Internet <input type="checkbox"/>	Cellar <input type="checkbox"/>	
Communal Room <input type="checkbox"/>	Conservatory <input type="checkbox"/>	Dishwasher <input type="checkbox"/>	
Electric Oven/Hob <input type="checkbox"/>	Electric Shower <input type="checkbox"/>	Freezer <input type="checkbox"/>	
Fridge <input type="checkbox"/>	Fridge Freezer <input type="checkbox"/>	Full Double Glazing <input type="checkbox"/>	
Garage <input type="checkbox"/>	Garden <input type="checkbox"/>	Gas Oven/Hob <input type="checkbox"/>	
Kitchen/Diner <input type="checkbox"/>	Microwave <input type="checkbox"/>	Parking <input type="checkbox"/>	
Partial Double Glazing <input type="checkbox"/>	Seperate WC <input type="checkbox"/>	Shower Cubicle <input type="checkbox"/>	
Shower Room <input type="checkbox"/>	Telephone <input type="checkbox"/>	Tumble Dryer <input type="checkbox"/>	
Washing Machine <input type="checkbox"/>			

Private Facilities: <i>(please tick)</i>	
En-Suite <input type="checkbox"/>	Separate Freezer <input type="checkbox"/> Separate Fridge <input type="checkbox"/>

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

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

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

Academic	<input type="checkbox"/>	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"/>	Males	<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)* \_\_\_\_\_

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  
Internet: 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 Northampton 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**