

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: (please tick)

University Halls of Residence Private Sector Accommodation
Size of property (No. bedrooms): _____ Number of beds to let: _____ Habitable Floors: _____

Description of Property
(Optional - Max 15 words)

Shared Facilities: (For use by all tenants)(please tick)

Bicycle Storage	<input type="checkbox"/>	Broadband Internet	<input type="checkbox"/>	Cooking Facilities	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	Fridge Freezer	<input type="checkbox"/>	Full Double Glazing	<input type="checkbox"/>
Garage	<input type="checkbox"/>	Garden	<input type="checkbox"/>	Lounge	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	Onsite Launderette	<input type="checkbox"/>	Permit Parking	<input type="checkbox"/>
Shower	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	Television	<input type="checkbox"/>
Tumble Dryer	<input type="checkbox"/>	Washing Machine	<input type="checkbox"/>		

Private Facilities: (please tick)

Cooking Facilities	<input type="checkbox"/>	Dead-Lock	<input type="checkbox"/>	Double Bed	<input type="checkbox"/>
En-Suite	<input type="checkbox"/>	Garage	<input type="checkbox"/>	Garden	<input type="checkbox"/>
Off Road Parking	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	Television	<input type="checkbox"/>

Number of Facilities: (please enter a number)

Bathrooms	<input type="checkbox"/>	En-Suite	<input type="checkbox"/>	Fridge Freezers	<input type="checkbox"/>
Parking Spaces	<input type="checkbox"/>	Showers	<input type="checkbox"/>	Toilets	<input type="checkbox"/>

Safety & Security: *(please tick)*

Bolts on Front Door	<input type="checkbox"/>	Burglar Alarm	<input type="checkbox"/>	CCTV	<input type="checkbox"/>
Door Chain	<input type="checkbox"/>	Dusk to Dawn Security Light in the Yard	<input type="checkbox"/>	Fire Alarm System	<input type="checkbox"/>
Fire Blanket in the Kitchen	<input type="checkbox"/>	Fire Extinguisher Near Exit Door (Either AFFF type or Multi Purpose)	<input type="checkbox"/>	First Floor Window Locks	<input type="checkbox"/>
Key Code Entry System	<input type="checkbox"/>	Mains Linked Carbon Monoxide Detector	<input type="checkbox"/>	Smoke Alarm(s)	<input type="checkbox"/>
Thumb Turn Locks on All External Doors (locks that can be opened without a key from the inside, yale not acceptable)	<input type="checkbox"/>	Windows Locks on Ground Floor and Accessible First Floor Windows	<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"/>		

Mobility: *(please tick)*

Adapted Bathroom	<input type="checkbox"/>	Adapted Kitchen	<input type="checkbox"/>	Adapted Toilet	<input type="checkbox"/>
Disabled Parking	<input type="checkbox"/>	Ground Floor Bathroom	<input type="checkbox"/>	Ground Floor Bathroom with Wheelchair Access	<input type="checkbox"/>
Ground Floor Bedroom	<input type="checkbox"/>	Ground Floor Bedroom with Wheelchair Access	<input type="checkbox"/>	Ground Floor Toilet	<input type="checkbox"/>
Ground Floor Toilet with Wheelchair Access	<input type="checkbox"/>	No Difficult Outside Steps	<input type="checkbox"/>	Permanant Access Ramp	<input type="checkbox"/>
Shower / Wet Room	<input type="checkbox"/>	Visual / Vibrating Fire Alarm	<input type="checkbox"/>	Wheelchair Friendly Doors	<input type="checkbox"/>

** Mobility Compliant Facilities

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 Cleaning: Yes/No Telephone: Yes/No
 Property Available From: _____ Contract Length: _____
 Request Start Date: _____
 Retainer: _____

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 Aberystwyth University 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**