

Contact Details	
Landlord/lady/agent Surname: _____ Home/Business Address (both if necessary) _____	Mr/Mrs/Miss/Ms/Dr First Name: _____ _____
Post Code: _____	Telephone Daytime: _____ Other: _____
Email Address: _____	Web site: _____
Property Address	
Address of property to be advertised: _____	
Post Code: _____ Campus: Canterbury / Broadstairs / Medway / Folkestone	
Distance from campus _____	
Property Details	
Type of property to be advertised (please tick) House <input type="checkbox"/> Bedsit <input type="checkbox"/> Flat <input type="checkbox"/> Post Grad/Family <input type="checkbox"/> Lodgings <input type="checkbox"/> Total Number of Single bedrooms: _____ Total Number of Double Bedrooms: _____ Number of Single Bedrooms to let: _____ Number of Double Bedrooms to let: _____ Property to be let only as a whole YES/NO Number of habitable floors: _____ Prefer Male <input type="checkbox"/> Prefer Female <input type="checkbox"/> Either <input type="checkbox"/> Smokers Allowed YES / NO	Property Description (No more than 15 words) <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Prices	Facilities
Single Room £ _____ Per Week <input type="checkbox"/> Per Month <input type="checkbox"/> Double Room £ _____ Per Week <input type="checkbox"/> Per Month <input type="checkbox"/> Rent for Whole Property £ _____ Per Week <input type="checkbox"/> Per Month <input type="checkbox"/> Vacation Rent(per person per week) £ _____ Rent includes: Gas YES / NO Electricity YES / No Water YES/NO Deposit per person per year: £ _____ to £ _____	Property has the following (please tick) 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 <input type="checkbox"/> Broadband Access <input type="checkbox"/> Disabled Access <input type="checkbox"/> Smoking Allowed <input type="checkbox"/> Bath <input type="checkbox"/> Dishwasher <input type="checkbox"/> Garage <input type="checkbox"/> Tumble Dryer <input type="checkbox"/> Garden <input type="checkbox"/> Kitchen Heat Detector <input type="checkbox"/> Bed and Breakfast (if lodgings) <input type="checkbox"/> Rooms with use of kitchen (if lodgings) <input type="checkbox"/> Other Facilities (Please state) _____ Type of Heating (E.g. Gas Central,Electric) _____

Other Details

Details and cost of public transport if known :

Will you allow tenants to bring pets? YES / NO

Safety

Is the property HMO certified Yes/No

NICEIC/Electrical - Expiry date : _____ (Please enclose copy)

CCC Housing Accreditation Number: _____

Gas Safe Certificate Certificate issue date

Please provide your Energy Performance Certificate Report Reference Number

Please give details of the Tenancy Deposit Scheme used

Availability

Property is available to rent from _____