

## Homestay - Accommodation Advertisement Form

Contact Details	
<input type="checkbox"/> Landlord <input type="checkbox"/> Agent	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr   Other _____
Surname _____	First Name _____
Home/Business address (both if Necessary) _____	
Postcode: _____	
Telephone Daytime: _____	Telephone other: _____
Fax. Number _____	
Email: _____	
Property Details	
Address of property to be advertised: _____	
Area: _____	Postcode: _____
Which campus? <input type="checkbox"/> Chichester <input type="checkbox"/> Bognor Regis	
Distance to BOC _____ Distance to BRC _____	
Main Property Details	
Type of property to be advertised (please tick)	
<input type="checkbox"/> Bedsit	<input type="checkbox"/> Family/Post Grad
<input type="checkbox"/> Homestay(Lodgings)	<input type="checkbox"/> Staff Accommodation
<input type="checkbox"/> Homestay (Private Home)	
Type of Student (please tick)	
International <input type="checkbox"/>	UK/International <input type="checkbox"/> UK <input type="checkbox"/>
Gender Preferred <input type="checkbox"/> Any <input type="checkbox"/> Male <input type="checkbox"/> Female	
Total Number of Bedrooms: _____	
Number of Bedrooms to let: _____	
Property to be let as a Whole <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Habitable Floors: _____	
Description: _____	
Catered Accommodation YES/NO _____	
Host Family YES/NO _____	
No <input type="checkbox"/>	Yes, Half Board <input type="checkbox"/> Yes, Breakfast <input type="checkbox"/> Yes, Full Board <input type="checkbox"/>
Property Occupants	
Male Adults (No.) _____	Male Children ( No.) _____    Female Adults ( No.) _____    Female Children ( No.) _____
Bedroom Information	
<b>Bedroom 1</b>	Occupants No.    ___    Size -    Double <input type="checkbox"/> Single <input type="checkbox"/>
<b>Bedroom 2</b>	Occupants No.    ___    Size -    Double <input type="checkbox"/> Single <input type="checkbox"/>
<b>Bedroom 3</b>	Occupants No.    ___    Size -    Double <input type="checkbox"/> Single <input type="checkbox"/>
<b>Bedroom 4</b>	Occupants No.    ___    Size -    Double <input type="checkbox"/> Single <input type="checkbox"/>
<b>Bedroom 5</b>	Occupants No.    ___    Size -    Double <input type="checkbox"/> Single <input type="checkbox"/>
<b>Bedroom 6</b>	Occupants No.    ___    Size -    Double <input type="checkbox"/> Single <input type="checkbox"/>
<b>Bedroom 7</b>	Occupants No.    ___    Size -    Double <input type="checkbox"/> Single <input type="checkbox"/>
<b>Bedroom 8</b>	Occupants No.    ___    Size -    Double <input type="checkbox"/> Single <input type="checkbox"/>
Prices	
Rent per week per person £ _____ to £ _____	
or Rent per calendar month per person £ _____ to £ _____	
Rent for whole property (per month) £ _____	
Does the rent include (please tick)	
Electricity - Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas - Yes <input type="checkbox"/> No <input type="checkbox"/> Water- Yes <input type="checkbox"/> No <input type="checkbox"/>
Deposit per person per year £ _____	
How are Bill paid? _____	

**Facilities (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"/>	Sole use of Lounge	<input type="checkbox"/>
Shower	<input type="checkbox"/>	Burglar Alarm	<input type="checkbox"/>
Telephone Point in Communal Area	<input type="checkbox"/>	Television Point in Communal Area	<input type="checkbox"/>
Broadband Access	<input type="checkbox"/>	Garage/Off Street Parking	<input type="checkbox"/>
Fully Furnished	<input type="checkbox"/>	Sole use of Dining Room	<input type="checkbox"/>
Kitchen/Diner	<input type="checkbox"/>	Garden	<input type="checkbox"/>
Bike Storage	<input type="checkbox"/>	Near Bus Stop	<input type="checkbox"/>
Sole use of Kitchen	<input type="checkbox"/>	Sole use of Bathroom	<input type="checkbox"/>
Landlord Smokes	<input type="checkbox"/>		

Number of Showers: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_  
 Number of Separate Toilets: \_\_\_\_\_ Number of Kitchens: \_\_\_\_\_

Bus Stop Number: \_\_\_\_\_

Other Facilities: \_\_\_\_\_

Type of Heating: \_\_\_\_\_

Number of Appliances

Cookers:	_____	Freezers:	_____
Fridges:	_____	Fridge/Freezers:	_____
Microwaves:	_____	Washing Machines:	_____
Tumble Driers:	_____	Dishwashers:	_____

Pets living in Property None  Cats  Dogs  Other \_\_\_\_\_

**Suitable For:**

Students with a Family  Students with Disabilities  Students with Pets

**Safety**

HMO Certified  Yes  No

Electrical Safety Certificate Inspection due date : (DD/MM/YYYY)

Accreditation Expiry: (DD/MM/YYYY)

Inspection Due: (DD/MM/YY)

Gas Safety Certificate Issue Date: (DD/MM/YYYY)

24 digit EPC reference number:

EPC Certificate Expiry Date: (DD/MM/YYYY)

**Tenancy Deposit Protection Scheme**

Have you registered with one of the Tenancy Deposit Protection Scheme (TDPS) providers?  Yes  No

With which provider are you registered with?

**Availability**

Currently available to students YES/NO

Available for Summer  Winter  Both

**Please ensure that you have fully completed all relevant sections of the application form.**

- I confirm that the information supplied on this application is true and to the best of my knowledge and belief
- I agree to indemnify the University of Chichester and studentpad.co.uk in respect of any loss arising from inaccurate, misleading or incomplete information in this application
- I am the legal owner of the property
- I am the Landlord/Agent for this property (delete as appropriate)

**Print Name:**

**Signed:**

**Date:**

**Please forward to:**

Accommodation Officer (off campus)

Business Services

University of Chichester

Otter Campus

College Lane

Chichester

West Sussex PO19 6PE

Telephone number: 01243 816069 Email address: [accommodation@chi.ac.uk](mailto:accommodation@chi.ac.uk)

Notes – Office use Only