



Staffordshire University Property Registration Form

Contact Details	
<i>Delete as appropriate:</i>	
Landlord/lady/agent Surname: _____	Mr/Mrs/Miss/Ms/Dr First Name: _____
Home/Business Address (both if necessary) _____	
_____ Post Code: _____	
Telephone Daytime: _____	Other: _____
Fax. Number: _____	
Email Address: _____	Web site: _____

Property Details	
Address of property to be advertised: _____	
Area: _____	Post Code: _____ Campus _____
Type of property to be advertised <i>(please tick)</i> Bedsit <input type="checkbox"/> Staff Accommodation <input type="checkbox"/> Family/post grad <input type="checkbox"/> Lodgings <input type="checkbox"/> Shared house or flat <input type="checkbox"/>	Property Description (No more than 15 words) <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Size of property (Number of bedrooms) _____ Number of tenants required: _____	
Prices	Facilities
Rent per week per person: £ _____ to _____ Retainer: £ _____ Property to be let only as a whole YES/NO Does the rent include: Gas YES/NO Electricity YES/NO Water YES/NO Deposit per person per year: £ _____ Deposits will be paid into the following scheme: Deposit Protection Service*/ mydeposits*/ Tenancy Deposit Scheme* * delete as appropriate Rent Payable Monthly <input type="checkbox"/> <i>(please tick)</i> Rent Payable Termly <input type="checkbox"/> Individual Tenancy <input type="checkbox"/> Joint Tenancy <input type="checkbox"/>	Property has the following <i>(please tick)</i> 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"/> Broadband <input type="checkbox"/> Telephone <input type="checkbox"/> Tumble Dryer <input type="checkbox"/> Disabled Access <input type="checkbox"/> Other Facilities (Please state) _____ Type of Heating (E.g. Gas central, Electric) _____ Energy Performance Certificate YES/NO <i>(please enclose a copy)</i> HMO Licence YES/NO <i>(please enclose a copy)</i>

Safety

Date Corgi Certificate issued _____ <i>(please enclose copy)</i>	NICEIC/ECA/NAPIT/ELECSA Electrical Report YES/NO <i>(please enclose copy)</i>
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Availability

Property is available to rent from: _____

Registration fees

- 1-30 rooms £60
- 31-60 rooms £120
- 61+ rooms £225

Please ensure that you have fully completed the entire application.

- I agree that this information is accurate
- I agree that the property/ies meets all statutory and legal requirements
- I enclose a valid landlord Gas Safety Certificate (GasSafe)
- I enclose a valid NICEIC/ECA/NAPIT/ELECSA Electrical Periodic inspection report
- I enclose a copy of the HMO Licence (if Applicable)
- I enclose a copy of the EPC certificate (if Applicable)

I am the Landlord/lady/Agent for this property *(delete as appropriate)*

Print Name: _____ Signed: _____ Date _____

Cheques should be payable to Staffordshire University

Please return this form and remittance to:

The Accommodation Office
Staffordshire University
College Road
Stoke-on-Trent
ST4 2DE