



Landlord Tenant Find Instruction Form 2013- 2014

Rental Property Address			
Postcode			
Number Of Bedrooms		Double	Single
Number Of Kitchens			
Number Of Bathrooms			
Lounge?			
Monthly Rent (Total)			
Bond (Total)			
Contract Length			

What does your rent include?

(Tick Where Appropriate)

- Water Gas Electric

Tenancy Type

(Please tick **one**)

- Joint Contracts Single Contracts with Guarantor

Please indicate whether your property contains the following features;

(Tick Where Appropriate)

- | | | |
|--|---|--|
| <input type="checkbox"/> Washing machine | <input type="checkbox"/> Microwave | <input type="checkbox"/> Shower |
| <input type="checkbox"/> Double Glazing | <input type="checkbox"/> Smoke Detectors | <input type="checkbox"/> Burglar Alarm |
| <input type="checkbox"/> Fridge Freezer | <input type="checkbox"/> Lounge | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Broadband Internet | <input type="checkbox"/> Furnished | <input type="checkbox"/> Tumble Dryer |
| <input type="checkbox"/> Television | <input type="checkbox"/> Gas Hob | <input type="checkbox"/> Electric Hob |
| <input type="checkbox"/> Gas Cooker | <input type="checkbox"/> Electric Cooker | <input type="checkbox"/> Fire Extinguisher |
| <input type="checkbox"/> Fire Blanket | <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> Ground Floor |
| <input type="checkbox"/> First Floor Window Lock | <input type="checkbox"/> Front Door Dead Lock | <input type="checkbox"/> Window Locks |
| <input type="checkbox"/> Bolts on Back Door | <input type="checkbox"/> Bolts on Front Door | <input type="checkbox"/> Door Chain |

Suitable For:

(Tick Where Appropriate)

- Couples Post-Graduate Under-Graduate
 Staff Family

Landlord Contact Details:
Email
Work Phone
Home Phone
Mobile Phone
Fax Number
Correspondence Address
Postcode

Current Tenants

Please provide us with all the names and contact details of the current tenants so we can arrange access for viewings.

Tenant	Mobile number

Safety Certificates Attached

Please use this checklist to ensure you have provided us with copies of all current safety certificates.

Certificate	Type	Expiry Date	Provided
HMO Licence	Mandatory		Yes/No
Fire Alarm (Annual)	Mandatory		Yes/No
Fire Equipment (Annual)	Mandatory		Yes/No
Gas Safety (Annual)	Mandatory		Yes/No
Periodic Electrical (5 yearly)	Mandatory		Yes/No
Energy Performance (10 yearly)	Optional		Yes/No
Portable Appliance (Annual)	Optional		Yes/No

Disclaimer:

I the Landlord agree to manage my property myself and will not use another agent for management purposes. I have read and understood that if I do I will be removed from the Universities website and all advertising for the foreseeable future, signed.....

Authorisation To Let:

I authorise Student Accommodation Services to advertise, find tenants, and let this property on my behalf.

Signature _____ Print Name _____

Date _____