

APPLICATION FOR STUDENT ACCOMMODATION

139 South Street ST ANDREWS KY16 9UN

Tel: 01334 479479

Property Address	
Monthly Rental (payable quarterly in advance)	
Term of Lease	
Applicant 1	LEAD TENANT
Name	
Home Address	
Mobile	
E-mail Address	
Course & Year	
Date of Birth	
Matriculation No	
Applicant 2	
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Mobile	
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Applicant 4			
Name			
Home Address			
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E-mail Address			
Course & Year			
Date of Birth			
Mariculation No			
Applicant 5			
Name			
Home Address			
Mobile			
E-mail Address			
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Date of Birth			
Matriculation No.			
Applicant 6			
Name			
Home Address			
Mobile			
E-mail Address			
Course & Year Date of Birth			
Matriculation No			
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PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN ALONG WITH THE FOLLOWING:- Current Landlord / warden reference Character Reference			
Proof of current address - (Utility bill/ bank statement/ credit card statement dated within the last three months) Copy of Matriculation Card Copy of ID (passport / driving licence)			
Only full and complete applications will be considered. Deposit, equivalent to one month's rent, will be payable within 7 days of receipt of the lease.			
Applications accepted following viewing of property only.			
Signature	Date		