

139 South Street ST ANDREWS KY16 9UN

APPLICATION FOR STUDENT ACCOMMODATION

Tel: 01334 479479

Term of Lease Applicant 1 LEAD TENANT Name Home Address Mobile E-mail Address Course & Year Date of Birth Matriculation No Applicant 2 Name Home Address Mobile E-mail Address Course & Year Date of Birth Matriculation No Applicant 2 Name Home Address Mobile E-mail Address Course & Year Date of Birth Matriculation No Applicant 3 Name Home Address Mobile	Property Address		
Applicant 1 LEAD TENANT Name Home Address Mobile E-mail Address Course & Year Date of Birth Matriculation No Applicant 2 Name Home Address Mobile E-mail Address Course & Year Date of Birth Matriculation No Applicant 3 Name Home Address Mobile E-mail Address Mobile E-mail Address	Monthly Rental (payable quarterly in advance)		
Name Home Address Mobile E-mail Address Course & Year Date of Birth Matriculation No Applicant 2 Name Home Address Mobile E-mail Address Course & Year Date of Birth Matriculation No Applicant 3 Name Home Address Mobile E-mail Address Mobile E-mail Address	Term of Lease		
Name Home Address Mobile E-mail Address Course & Year Date of Birth Matriculation No Applicant 2 Name Home Address Mobile E-mail Address Course & Year Date of Birth Matriculation No Applicant 3 Name Home Address Mobile E-mail Address Mobile E-mail Address			
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Home Address Mobile E-mail Address Course & Year Date of Birth Matriculation No Applicant 3 Name Home Address Mobile E-mail Address	Applicant 2		
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Course & Year Date of Birth Matriculation No Applicant 3 Name Home Address Mobile E-mail Address	Mobile		
Date of Birth Matriculation No Applicant 3 Name Home Address Mobile E-mail Address	E-mail Address		
Applicant 3 Name Home Address Mobile E-mail Address	Course & Year		
Applicant 3 Name Home Address Mobile E-mail Address	Date of Birth		
Name Home Address Mobile E-mail Address	Matriculation No		
Home Address Mobile E-mail Address	Applicant 3		
	Name		
E-mail Address	Home Address		
	Mobile		
Course & Year	E-mail Address		
	Course & Year		
Date of Birth	Date of Birth		
Matriculation No	Matriculation No		

Applicant 4			
Name			
Home Address			
Mobile			
E-mail Address			
Course & Year			
Date of Birth			
Matriculation No			
Applicant 5			
Name			
Home Address			
Mobile			
E-mail Address			
Course & Year			
Date of Birth			
Matriculation No			
Applicant 6			
Name			
Home Address			
Mobile			
E-mail Address			
Course & Year			
Date of Birth			
Matriculation No			
PLEASE COMPLETE IN BLOC Current Landlord / warden ref Character Reference	EK CAPITALS AND RETURN ALONG WITH	THE FOLLO	<u>DWING:-</u>
Proof of current address - (Uti Copy of Matriculation Card Copy of ID (passport / driving li	lity bill/ bank statement/ credit card statement	nt dated withi	n the last three months)
Only full and complete application Deposit, equivalent to one mo	ations will be considered. onth's rent, will be payable within 7 days o	of receipt of	the lease.
Viewings will be arranged after	er applications are received.		
Signature		Date	