

139 South Street ST ANDREWS KY16 9UN

# **APPLICATION FOR STUDENT ACCOMMODATION**

Tel: 01334 479479

Property Address	1st Choice	2nd Choice
<b>Monthly Rental</b> (payable quarterly in advance)		

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	
Course & Year	
Date of Birth	
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 BLOCK CAPITALS AND RETURN BY HAND 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.

Viewings will be arranged after applications are received.

Signature	Date	
Signature	Date	
Signature	Date	