

139 South Street ST ANDREWS KY16 9UN

APPLICATION FOR STUDENT ACCOMMODATION

Tel: 01334 479479

	1st Choice	2nd Choice	
Property Address			
Monthly Rental (payable quarterly in advance)			
	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	T		
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.					
Signature			Date		
Signature			Date		
Signature			Date		
Signature			Date		
Signature			Date		
Signature			Date		