

139 South Street ST ANDREWS KY16 9UN

APPLICATION FOR STUDENT ACCOMMODATION

Tel: 01334 479479

Property Address	
Monthly Rental (payable quarterly in advance)	

Applicant 2

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Name	
Preferred Name	
Home Address	
Mobile	
E-mail Address	
Course & Year	
Date of Birth	
Matriculation No	

Applicant 3

Name	
Preferred Name	
Home Address	
Mobile	
E-mail Address	
Course & Year	
Date of Birth	
Matriculation No	

Applicant 4

Name	
Preferred Name	
Home Address	
Mobile	
E-mail Address	
Course & Year	
Date of Birth	
Matriculation No	

Applicant 5

Name	
Preferred Name	
Home Address	
Mobile	
E-mail Address	
Course & Year	
Date of Birth	
Matriculation No	

Applicant 6

Name	
Preferred 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 (Home 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