

The application will be returned to the wellbeing services county or to the municipality or city or housing company from which the residence is being applied for.

APPLICATION FOR HOUSING

☐ Rental flat

☐ Change of rental flat

Number	Year
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APPLICANT INFORMATION

Surname		First and middle name(s)		Entries made by the tenant selector
Personal identity code	Place of residence	as of		
Current address	Post code and city/town	Telephone		
Email address	Would you also like to be notified by email? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Title or occupation	Place of employment/business	as of	Work telephone	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Engaged <input type="checkbox"/> Cohabiting <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/widower				
SPOUSE INFORMATION (only fill in if the spouse will be moving into the residence being applied for)				

Surname		First and middle name(s)	
Personal identity code	Place of residence	as of	
Email address	Telephone		
Title or occupation	Place of employment/business	as of	Work telephone
Lives with the applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Address	Post code and city/town	

OTHER TENANTS (If necessary, use appendices)

Proof of pregnancy ☐ Yes ☐ No

Name	Personal identity code	Total
		over 18 years old
		under 18 years old

FLAT BEING APPLIED FOR

Municipality	City/Municipality/Town (stated area)	All areas <input type="checkbox"/>
Building name or address (if known)		
Type of residence being applied for <input type="checkbox"/> Standard rental flat <input type="checkbox"/> Company-owned residence <input type="checkbox"/> Housing for the elderly <input type="checkbox"/> Service housing <input type="checkbox"/> Supported housing <input type="checkbox"/> Student housing <input type="checkbox"/> Collective residence <input type="checkbox"/> Other (what?)		
Building <input type="checkbox"/> under construction <input type="checkbox"/> old <input type="checkbox"/> either		
Type of building <input type="checkbox"/> block of flats <input type="checkbox"/> row house <input type="checkbox"/> detached house <input type="checkbox"/> any		
Type of flat <input type="checkbox"/> 1 br + kitchenette/bathroom <input type="checkbox"/> 2 br + kitchenette/bathroom <input type="checkbox"/> 3 br + bathroom <input type="checkbox"/> 4 br + bathroom <input type="checkbox"/> 5 br + bathroom <input type="checkbox"/> larger <input type="checkbox"/> any		
Size of flat m ² - m ²		
Other wishes (e.g. amount of rent)		

NEED FOR HOUSING (items 1–3 are to be filled according to need)

1. HOMELESSNESS

<input type="checkbox"/> Homeless	as of	Current place of residence	Entries made by the tenant selector
<input type="checkbox"/> Residence uninhabitable	Reason (if a residence is uninhabitable, please attach an official (e.g. health inspector) or other similar report)		

2. EVICTION FROM THE CURRENT RESIDENCE (please attach decisions)

<input type="checkbox"/> Court decision	<input type="checkbox"/> Separation in effect
<input type="checkbox"/> Possessory relationship of the residence terminated/to be terminated	<input type="checkbox"/> Residence to be demolished
<input type="checkbox"/> Divorced	<input type="checkbox"/> Residence to be renovated
<input type="checkbox"/> Court-ordered separation	<input type="checkbox"/> Residence not to be used for habitation
Occupants must move out by no later than	

3. MOVING TO A CITY/TOWN FOR EMPLOYMENT OR OTHER REASON

Employer	Employment start date
Job address	
Owner-occupied residence will remain in the city/town <input type="checkbox"/> Yes <input type="checkbox"/> No	
The owner-occupied residence remaining in the city/town	
<input type="checkbox"/> will be rented (rent) _____ for EUR /month	<input type="checkbox"/> will be sold
Other reason (what?)	

4. INFORMATION ON THE CURRENT RESIDENCE AND NEED FOR HOUSING

Housing space	Number of residents	Area of flat (m ²)	Current household residence <input type="checkbox"/> yes <input type="checkbox"/> no Arava residence <input type="checkbox"/> yes <input type="checkbox"/> no interest subsidy <input type="checkbox"/> yes <input type="checkbox"/> no available <input type="checkbox"/> yes <input type="checkbox"/> no Other certification <input type="checkbox"/> yes <input type="checkbox"/> no
Type of building	<input type="checkbox"/> block of flats <input type="checkbox"/> row house <input type="checkbox"/> single-family house <input type="checkbox"/> other (what?)		
Type of flat	<input type="checkbox"/> 1 br+kitchenette / bathroom <input type="checkbox"/> 2 br+kitchenette / bathroom <input type="checkbox"/> 3 br + bathroom <input type="checkbox"/> 4 br + bathroom <input type="checkbox"/> 5 br + bathroom		
Utilities and amenities	<input type="checkbox"/> sewer <input type="checkbox"/> water supply <input type="checkbox"/> hot water <input type="checkbox"/> central/electric heat <input type="checkbox"/> indoor WC <input type="checkbox"/> bath or shower room <input type="checkbox"/> private sauna <input type="checkbox"/> balcony <input type="checkbox"/> lift (in the building)		
Condition of the residence	<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> satisfactory <input type="checkbox"/> poor		
Possessory relationship	<input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> subtenant <input type="checkbox"/> subletter <input type="checkbox"/> company-owned residence <input type="checkbox"/> dormitory <input type="checkbox"/> right-of-occupancy residence <input type="checkbox"/> collective residence <input type="checkbox"/> I live with my parents <input type="checkbox"/> other (what?)		
Housing costs	Rent/right-of-occupancy residence charge/housing company charge _____ €/month Separate heating charges _____ €/month and separate water charges _____ €/month Year moved in _____		
Other factors affecting the need for housing	<input type="checkbox"/> Family member's chronic illness or injury requires a healthier or more suitable residence (please attach a medical certificate) <input type="checkbox"/> Other reason (what?)		

5. INCOME AND ASSETS

Please enter your income or assets in the fields. If you have multiple sums under the same heading, please enter the combined total and provide an itemisation of your income or assets under Additional information (8) or in a separate account.

	Applicant		Spouse		Other		Entries made by the tenant selector
	To be filled out by the applicant	Entries by decision-maker	To be filled out by the applicant	Entries by decision-maker	To be filled out by the applicant	Entries by decision-maker	
Current gross monthly income (EUR)							
Unrealised capital gain (per annum)							
Other income							
Income to be included (Total)							
Assets, fair value of property (EUR)							
Student loan							
Mortgage							
Other loans							
Assets to be taken into account (Total)							

6. INFORMATION ON THE OWNER-OCCUPIED RESIDENCE/PROPERTY

The applicant and/or spouse or other person to live in the residence has full or partial ownership of

<input type="checkbox"/> a condominium	<input type="checkbox"/> a single-family house	<input type="checkbox"/> a holding (e.g. 1/2 or 25%)	
<input type="checkbox"/> another residential building	<input type="checkbox"/> another property	<input type="checkbox"/> none of the above	
Owner name			
Property name and Reg. No./Company name			
Property address			
Location (municipality) of the property/Company and date of acquisition			
Property size, residence size			
Residence use			
<input type="checkbox"/> applicant's own residence	<input type="checkbox"/> rented	<input type="checkbox"/> second home/holiday home	<input type="checkbox"/> for sale <input type="checkbox"/> other (what?)
Other use of the residence			
Current sale value of the condominium/property			

7. INFORMATION ON OTHER ASSETS

<input type="checkbox"/> Listed shares (Total)	EUR
Other (what?)	

8. ADDITIONAL INFORMATION

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9. SIGNATURE

I hereby certify that the above information is true and correct.

Place and date	
Signature	Name (in block letters)

APPLICATION APPENDICES (Must be submitted before making any rental agreement; exceptions to this are made by the tenant selector)

<input type="checkbox"/> Salary certificates from the employer stating the gross monthly income of all employed persons moving into the flat <input type="checkbox"/> Tax certificates of all persons under 18 years of age moving into the flat (most recent pre-completed tax return, a property tax card for property) <input type="checkbox"/> Certificate stating the pension amount (gross EUR/month) <input type="checkbox"/> Proof of pregnancy <input type="checkbox"/> Student certificate of all persons under 18 years of age moving into the flat <input type="checkbox"/> Account on the fair value of property <input type="checkbox"/> Creditor certificate of debts <input type="checkbox"/> For immigrants: proof of the right to reside in Finland (photocopy of a copy of a residence permit card, an EU citizen's registration certificate or a passport) <input type="checkbox"/> Certificate of unemployment allowance <input type="checkbox"/> Other appendices (what?)	Entries made by the tenant selector
<p>Note!</p> <p>The applicant must provide a separate account concerning the uninhabitability of a residence, eviction from the current residence and receiving a job in the area. If the eviction has been ordered by a court, a copy of the court order must be attached to this application.</p> <p>If your residence is uninhabitable, the reason must be explained in a separate account provided by a health or building inspector.</p> <p>Unrealised capital gains are income subject to capital tax, such as rental income, income from shares, taxable interest income, and appear on the tax statement.</p> <p>An estimate made by a building inspector or similar official on the fair value of a single-family house or other residential property, or an estimate of the fair value of a condominium given by a property manager or other reliable source as well as creditor certificates concerning debts incurred by the property in question must be attached to this application. If the property has already been transferred, a copy of the contract of sale or other document stating the transfer price must be attached to this application.</p> <p>If there are or were multiple condominiums or properties, they must be itemised in an appendix. Joint ownership must be explained in a separate account, which specifies the names of the owners and holding amounts.</p> <p>If you would like to explain your need for housing using other points, please attach a separate appendix (e.g. medical certificate or agreement on child custody/visitation rights) to your application.</p> <p>Should any circumstances change, you must update your application.</p> <p>It is advisable to select all the residential areas in the city/municipality or wellbeing services county to which you are addressing the application.</p>	

FOR OFFICIAL USE

Household size	
Gross monthly income to be taken into account	
Assets to be taken into account	Asset limit
Proposed decision	<input type="checkbox"/> Approved <input type="checkbox"/> Approved on the basis of special provisions, grounds
	<input type="checkbox"/> Approval pending residence availability or completion <input type="checkbox"/> Denied, grounds

Selected residence at address: