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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | |
| **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?  Yes  No | | | | | | | | | | | | | | | | | | | | | | |
| Title or occupation | | | | | | | Place of employment/business | | | | | | | | | | | | | | as of | | | | | | | | | | Work telephone | | | | | | |
|  | | | | | | | | | |  | | | | | | |
| Marital status  Unmarried  Engaged  Cohabiting  Married  Separated  Divorced  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  Yes  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 | |
| Building name or address (if known) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of residence being applied for  Standard rental flat  Supported housing | | | | | | | Company-owned residence  Student housing | | | | | | | | | | | Housing for the elderly  Collective residence | | | | | | | | | | | | | Service housing  Other (what?) | | | | | | |
| Building  under construction | | | | | | | old | | | | | | | | | | | either | | | | | | | | | | | | | | | | | | | |
| Type of building  block of flats | | | | | | | row house | | | | | | | | | | | detached house | | | | | | | | | | | | | any | | | | | | |
| Type of flat  1 br + kitchenette/ bathroom | 2 br + kitchenette/ bathroom | | | | | | 3 br + bathroom | | | | 4 br + bathroom | | | | | | | 5 br + bathroom | | | | | | | larger | | | | | | any | | | | | | |
| Size of flat | |  | | | | | m2 - |  | | | | | m2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Other wishes (e.g. amount of rent) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NEED FOR HOUSING** (items 1–3 are to be filled according to need)  **1. HOMELESSNESS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Homeless | | | | | | as of | | | | | | | | | | Current place of residence | | | | | | | | | | | | | | | | | | | | | | Entries made by the tenant selector | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Residence uninhabitable | | | | | | Reason (if a residence is uninhabitable, please attach an official (e.g. health inspector) or other similar report) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. EVICITION FROM THE CURRENT RESIDENCE** (please attach decisions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Court decision  Possessory relationship of the residence terminated/to be terminated  Divorced  Court-ordered separation | | | | | | | | | | | | | | | | | | | | | | | | Separation in effect  Residence to be demolished  Residence to be renovated  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  Yes  No  The owner-occupied residence remaining in the city/town | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| will be rented (rent) | | | | |  | | | for EUR /month | | | | | | | | | | | | | will be sold | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other reason (what?) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4. INFORMATION ON THE CURRENT RESIDENCE AND NEED FOR HOUSING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Housing space** | | | Number of residents | | | | | | | | | | | | | | | | | | | | Area of flat (m2) | | | | | | | | | | | | | | |
| **Type of building** | | | block of flats | | | | | | row house | | | | | | | | | | single-family  house | | | | | | | | | other (what?) | | | | | |  | | | |
| **Type of flat** | | | 1 br+kitchenette / bathroom | | | | | | 2 br+kitchenet-te / bathroom | | | | | | | | | | 3 br +  bathroom | | | | | | | | | 4 br +  bathroom | | | | | | | 5 br + bathroom | | |
| **Utilities and amenities** | | | sewer | | | | | | water supply | | | | | | | | | | hot water | | | | | | | | |  | central/  electric heat | | | | | | indoor WC | | |
|  | bath or shower room | | | | |  | | | private sauna | | | | | | | balcony | | | | | | | | | lift (in the building) | | | | | | | | | |
| **Condition of the residence** | | | excellent | | | | | | good | | | | | | | | | | satisfactory | | | | | | | | | poor | | | | | | | | | | Current household residence | | | | |
| **Possessory relationship** | | | owner | | | | | | tenant | | | | | | | | | | subtenant | | | | | | | | | subletter | | | | | | | | | |
|  | yes | |  | no |
| company-owned residence | | | | | | | dormitory | | | | | | | | |  | right-of-occupancy residence | | | | | | | | | | collective residence | | | | | | | | Arava residence | | | | |
|  | yes | |  | no |
| I live with my parents | | | | | | | | | | | | | | | | other (what?) | | | | | | | | |  | | | | | | | | | | interest subsidy | | | | |
|  | yes | |  | no |
| **Housing costs** | | | Rent/right-of-occupancy residence charge/housing company charge | | | | | | | | | | | | | |  | | | | | | | | | €/month | | | | | | | | | | | | available | | | | |
|  | yes | |  | no |
| Separate heating charges | | | | | | | | | | | | | |  | | | | | | | €/month and separate water charges | | | | | | | | |  | | | | €/month | Other certification | | | | |
|  | yes | |  | no |
| Year moved in | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Other factors affecting the need for housing** | | | Family member's chronic illness or injury requires a healthier or more suitable residence  (please attach a medical certificate)  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 | | | | | | | | | | | | | | | | | | | | |
| a condominium | a single-family house | | | | | | | | a holding (e.g. 1/2 or 25%) | | | | | | | | |  | | |
| another residential building | | | | another property | | | | | | | | | 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  applicant's own residence | | | rented | | | |  | second home/ holiday home | | | | for sale | | | | other (what?) | | |  | |
| Other use of the residence | | | | | | | | | | | | | | | | | | | | |
| Current sale value of the condominium/property | | | | | | | | | | | | | | | | | | | | |
| **7. INFORMATION ON OTHER ASSETS** | | | | | | | | | | | | | | | | | | | | |
| Listed shares (Total) | | | | | |  | | | | | EUR | | | | | | | | | |
| Other (what?) | | | | | | | | | | | | | | | | | | | | |
| **8. ADDITIONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **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)

|  |  |  |  |
| --- | --- | --- | --- |
| Salary certificates from the employer stating the gross monthly income of all employed persons moving into the flat  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)  Certificate stating the pension amount (gross EUR/month)  Proof of pregnancy  Student certificate of all persons under 18 years of age moving into the flat  Account on the fair value of property  Creditor certificate of debts  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)  Certificate of unemployment allowance  Other appendices (what?) | | | Entries made by the tenant selector |
|  | | |
| **Note!**  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.  If your residence is uninhabitable, the reason must be explained in a separate account provided by a health or building inspector.  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.  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.  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.  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.  Should any circumstances change, you must update your application.  It is advisable to select all the residential areas in the city/municipality or wellbeing services county to which you are addressing the application. | | |
| **FOR OFFICIAL USE** | | | |
| Household size | | | |
| Gross monthly income to be taken into account | | | |
| Assets to be taken into account | | Asset limit | |
| **Proposed decision** | Approved  Approved on the basis of special provisions, grounds | | |
| Approval pending residence availability or completion  Denied, grounds | | |

Selected residence at address: