



ACCOMODATION APPLICATION FORM

Address of the property : _____

Rooms nr : 1 1 ½ 2 2 ½ 3 3 ½ 4 4 ½ 5 5 ½ 6 6 ½ Floor : _____

Wished entry date : _____ Maximum price : _____

Number of persons : Adult(s) : _____ Children(s) : _____ Age of children(s) : _____

Property will be used as family accomodation ? yes no

Candidat(s) :

APPLICANT : <input type="checkbox"/> Madam <input type="checkbox"/> Sir	CO-APPLICANT : <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Colocataire <input type="checkbox"/> Garant
Last name	Last name
First name	First name
Street	Street
Postcode / City	Postcode / City
Date of birth	Date of birth
E-mail	E-mail
Phone number	Phone number
Nationality	Nationality
Establishment permis <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Establishment permis <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Occupation	Occupation
Employer (address, phone nr)	Employer (address, phone nr)
Gross monthly income	Gross monthly income

Individual information :

Musical instrument, kind : _____ Pet(s), kind : _____

Vehicle, type : _____ Would like : parking space garage

Current accomodation :

Since when do you live in your current accomodation ? : _____ Reason of moving : _____

Current owner or agent (address, phone nr) : _____

References :

Name : _____ Phone : _____

Name : _____ Phone : _____

Please attach copies of your ID card or passport, a salary certificate or your last three pay slips, a recent debt status form

Observations : A guarantee deposit shall be paid into a bank account upon signing of the contract. This inscription is valid six months. The intermediate rental remains reserved.

Lieu et date : _____ Signature du demandeur _____ Signature du co-demandeur _____