

Application for living space

Leased property

* Need only be specified upon conclusion of the contract.

Address, postcode, city

____-room flat

Single family home Underground parking space Parking space Garage Hobby room Other:

Rent incl. additional expenses

Deposit

Move-in date

Reference no.

Particulars

Prospective tenant

Name

First name

Date of birth

Civil status*

Home town

Nationality*

Non-citizen identification*

B C F G L N

(B = Residence permit C = Settlement permit F = Provisionally admitted foreigners G = Cross-border commuter permit
L = Short-term residence permit N = Permit for asylum-seekers)

Address

Postcode / city

Home phone / cell phone

Business phone

Email

Occupation

Status: Self-employed Employee

Employer (optional)

Annual earnings (in CHF thousands)

< 20 40–50 70–80 100–120 >160

20–30 50–60 80–90 120–140

30–40 60–70 90–100 140–160

Spouse or co-tenant

Name

First name

Date of birth

Civil status*

Home town

Nationality*

Non-citizen identification*

B C F G L N

Address

Postcode / city

Home phone / cell phone

Business phone

Email

Occupation

Status: Self-employed Employee

Employer (optional)

< 20 40–50 70–80 100–120 >160

20–30 50–60 80–90 120–140

30–40 60–70 90–100 140–160

Have you had any prosecutions during the last three years?

Yes No Yes No

A copy of the current prosecution extract must be attached to the application.

Information

Do you plan to use the leased property as a family dwelling? (Married couple / registered partnership)

Yes No

Number of family members _____ Adult _____ Children

Age of children

Do you intend to sublease the leased property (or a portion of it)?

Yes No

Do you plan to make music in the leased property or carry on any noise-producing activities?

Yes No If yes, what type of activity?

Do you have pets?

Yes No If yes, what kind of pets do you have and how many?

Do you need a parking area or car parking place?

Yes No

Do you have personal liability insurance?

Yes No

Do you have household contents insurance?

Yes No

Name and phone of previous landlord (optional)

How long have you lived at your last address?

Was your last lease agreement terminated?

Yes No If yes, what was the reason for termination?

Employer references (optional)

Name and phone

Comments (max. 800 characters)

The undersigned confirms that the above information complies with actual facts in all instances.

Place / date

Signature

SAVE

PRINT