*An incompletely filled application will delay the processing.*

**The application is valid for six (6) months**
Application received on: Application number:

|  |
| --- |
| **PERSONAL INFORMATION** |
| Primary applicant |
| Family name | First name(s) |
| Social security number |
| E-mail | Phone number |
| Current address | Postcode & City |
| Occupation/Profession | Working place | From (year) |
| Other applicant |
| Family name | First name(s) |
| Social security number |
| E-mail  | Phone number |
| Current address | Postcode & City |
| Occupation/Profession | Working place | From (year) |
| Other persons moving in with the tenant |
| Name | Social security number |
|  |  |
|  |  |
|  |  |
| *Medical certificate on pregnancy:* ☐ *Estimate time of delivery:* |
| **FLAT TO BE APPLIED FOR** |
| District |
| ☐ Hukanhauta ☐ Iiksenvaara☐ Karsikko☐ Keskusta | ☐ Marjala☐ Mutala☐ Niinivaara ☐ Noljakka | ☐ Penttilä ☐ Pilkko☐ Rantakylä ☐ Utra | ☐ Eno☐ Hammaslahti☐ Heinävaara ☐ Kiihtelysvaara | ☐ Niittylahti☐ Reijola☐ Tuupovaara☐ Uimaharju  |
| Type of building | Number of rooms | Area of the flat | Amount of rent |
| ☐ Block of flats ☐ Terraced house☐ Two-storey semi-detached house☐ Loft house ☐ Other:  | and kitchen/kitchenette | approx:\_\_\_\_\_\_\_\_\_\_m2 | max\_\_\_\_\_\_\_\_\_\_\_€/month |
| **CURRENT FLAT** |
| Current lessor (name and phone number) | Number of rooms | Area of the flat | Amount of rent |
|  | and kitchen/kitchenette | \_\_\_\_\_\_\_\_m2 | \_\_\_\_\_\_€/month |
| **REASON FOR MOVING** |
| ☐ No current address ☐ New work position in Joensuu as of: ☐ Other reason(s)/further information: ☐ Starting a family \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/20\_\_\_\_\_\_\_☐ Separation/divorce ☐ Changes in the family size ☐ Current tenancy agreement expires on: ☐ Moving from parents’ house \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/20\_\_\_\_\_\_\_   |
| **INCOME, ASSETS AND LIABILITIES** |
|  | Monthly gross income (with an accuracy of one euro) | Declared value of assets ( € ) | Debts |
| Applicant |  |  |  |
| Spouse |  |  |  |
| Others |  |  |  |
| Total amount |  |  |  |
| **DECLARATION OF PROPERTY** |
| Does the applicant and/or wife/husband/spouse or others moving in with the tenant own or have they previously owned partly or entirely share of stocks in a housing corporation, residental house or any other housing estates? |
| ☐ No  | ☐ Yes: | ☐ Flat in a housing corporation owned house | ☐ Detached house | ☐ Right-of-occupancy dwelling | ☐ Other housing estate |
| Name of the owner | Has the owner transferred the property?☐ Yes: \_\_\_\_\_\_\_\_\_\_/20\_\_\_\_\_\_ ☐ No |
| Declared value of the above mentioned property |
| **SIGNATURE**  |
| By signing below, I affirm that all the information provided is true and I hereby give permission for my information (e.g. credit information) to be checked. |
| Date and place | Signature (applicant) |
| Signature (spouse) |

**PLEASE RETURN APPLICATION WITH THE APPROPRIATE APPENDICES TO:**

**Joensuun Ellin Kodit Oy,PL 242, Merimiehenkatu 30 80101 Joensuu.**

Inguiries about the applications: tel. +358 13 337 7800 or e-mail: asiakaspalvelu@ellinkodit.fi

**Appendices:**

* Statement of one’s monthly gross income, if over 18 years of age (for example, a copy of wage slip, decision on unemployment allowance or any other daily allowances or equilevant)
* Statement of one’s latest tax assesment, if over 18 years of age
* Certificate of enrollment to the place of study
* Statement of declared value of assets
* Statement of debts
* Statement of the reason for moving, such as eviction order, decree absolute or other written statement

**Other appendices:**

* Medical certificate on pregnancy
* Other medical certificate(s)
* Statement on child maintenance support
* Permit of residence

**Please note that the appendices should be copies of the original documents.** Any of the documents received will not be returned to the applicant. The appendices must be enclosed with the application.

The deposit will be the amount of the month’s rent and it must be paid prior to the signing of the tenancy agreement.