

SAVUT, SAO
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HOUSING APPLICATION
 This application is valid for 3 months.
 Apartment Change apartment

APPLICANT INFORMATION

Last name:		First names:	
Date of birth / social security number:	Nationality:	Gender:	
Address:			
Profession:	Employer or place of study:	Starting from:	
Phone number:	Email address:		

SPOUSE INFORMATION

Last name:		First names:	
Date of birth / social security number:	Nationality:	Gender:	
Address:		Address:	
Profession:	Employer or place of study:	Starting from:	
Phone number:	Email address:		

CHILDREN'S INFORMATION

Last name and first names:	Nationality:	Date of birth / social security number and gender:

INCOME, ASSETS AND DEBTS

	Income € / month	Payable alimony € / month	Value of assets, total €	Debts to assets, total €	Student loans, total €
Applicant					
Spouse					
Other income earners in the family					

CURRENT APARTMENT

	Number of residents:	Set of rooms: ____ r+k	Area (m2):
House type:			
<input type="checkbox"/> apartment building <input type="checkbox"/> terraced house <input type="checkbox"/> detached house <input type="checkbox"/> other, what:			
Right of possession:			
<input type="checkbox"/> owner <input type="checkbox"/> main tenant <input type="checkbox"/> subtenant <input type="checkbox"/> I live with my parents <input type="checkbox"/> company apartment			
Landlord's name:			
Monthly rent:			
Date of moving into the apartment:			
Are there unpaid, overdue rents for the current apartment?			
<input type="checkbox"/> no <input type="checkbox"/> yes, amount:			

CRITERIA FOR A NEW APARTMENT

District:	Name or address of the building (optional):		
House type <input type="checkbox"/> apartment building <input type="checkbox"/> terraced house			
Apartment type <input type="checkbox"/> studio <input type="checkbox"/> two-room apartment <input type="checkbox"/> three-room apartment <input type="checkbox"/> four-room apartment or bigger			
Area (m2):			
Other criteria:			

REASONS FOR NEEDING AN APARTMENT

1. HOMELESSNESS	
<input type="checkbox"/> Homeless, since:	<input type="checkbox"/> Current apartment in poor condition or uninhabitable
<input type="checkbox"/> The end of rental contract	<input type="checkbox"/> Current apartment for sale, have to move out at the latest:
<input type="checkbox"/> Divorce or separation	<input type="checkbox"/> Location of current apartment
<input type="checkbox"/> Eviction from the current apartment	<input type="checkbox"/> Rent
<input type="checkbox"/> Termination of rental contract	<input type="checkbox"/> Current apartment too small
<input type="checkbox"/> Moving together / marriage / cohabitation	<input type="checkbox"/> Current apartment too big
<input type="checkbox"/> Health reasons	<input type="checkbox"/> Act of becoming independent
<input type="checkbox"/> Other reason, what:	

2. MOVING TO SAVONLINNNA BECAUSE OF WORK OR STUDY

Employer or place of study:	Starting from:
Address of employment or studying:	

STATEMENT OF ASSETS

<input type="checkbox"/> condominium <input type="checkbox"/> detached house <input type="checkbox"/> summerhouse <input type="checkbox"/> estate
Current selling value: Debts related to the apartment or estate:

SIGNATURE

I confirm that the information I have given is correct.	
Time and place:	Signature:

I confirm that the information I have given is correct. If the information I have given turns out to be even partially incorrect or misleading, I give up the apartment that may have been given to me without compensation or refund. At the same time I give my consent that the personal information or personal credit information I have given to the landlord in this form or later will be processed by the landlord in the manner referred to in the Personal Registration Act.

No attachments required. We ask for attachments separately if they are needed.

Online version: <https://hakemus.tampuuri.fi/savut/>