

Housing association	Name:		Org no:
Tenant/ applicant	Name:		SSN/org no:
	Name:		SSN/org no:
	Address:		
Address of the apartment	Street address:		
	Postal code:	City:	Apartment no (n-nnnn):
Proposed tenant	Name:		SSN/org no:
	Current address:		Phone:
	Provided reference:		Phone:
Reasons for application and other information	<p>Valid reasons are usually studies or work far off, long-term hospitalisation or to try out cohabitation.</p>		
Documents supporting the application	<input type="checkbox"/>		ATCH:
Rental period	Starting date:	Ending date:	
Address of the owner of the property during the rental period	Address:		Phone:
	E-mail:		
Application	The tenant hereby applies for permission to lease the apartment to the proposed tenant.		
	The tenant is responsible for informing the tenant about the rules and regulations of the housing association.		
	City/date:	Tenant owner:	
City/date:	Tenant owner:		
Version 1.1 EN	Sign		Sign



APPLICATION FOR AUTHORISATION TO SUBLETTING OF TENANTED OWNED APARTMENT

No: _____

Decision of the housing association	<input type="checkbox"/> Application granted for period	<input type="checkbox"/> Application rejected
	<input type="checkbox"/> The following conditions apply to the authorisation granted:	
	<input type="checkbox"/> Reason for application rejected:	
	<input type="checkbox"/> Information to the proposed secondary tenant on the processing of personal data, see attachment:	ATCH:
	City/date:	
Housing association signatories:		
Housing association signatories:		