

Page 1 | 2

Application form for prospective tenants

Apartment

Street, No., Zip, City					
No. of rooms	Floor				
Rental start	Request for move-in date				
Net rent CHF	Utility costs CHF		Gross rent CHF		
Deposit CHF	Family's apartment	☐ yes	□ no		
Parking space: ☐ yes ☐ no CHF		Parking Gara	age: 🗖 yes 🗖 no CHF		
License plate					
Personal data of prospective te	nant				
Name	First name		Date of birth		
Street, No., Zip, City			Marital status		
Since when living here?					
Phone	Email				
Remarks availability					
Home town / Nationality		Reside	ence permit ¹		
Profession		Incom	ne/month. (approx.) CHF*		
Employer*		Since	when working here?*		
Dept enforcements ² (in past 3 year	s) 🗖 yes 🗖 no				
Previous landlord*		Phor	ne *		
Reason for change of residence*					
Contract terminated by the landlord	d?* □ yes □ no				
Personal data of second prospe	ctive tenant				
Name	First name		Date of birth		
Street, No., Zip, City			Marital status		
Since when living here?					
Phone	Email				
Remarks availability					
Home town / Nationality		Reside	ence permit ¹		
Profession		Incom	ne/month. (approx.) CHF*		
Employer*		Since	when working here?*		



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Dept enforcements ² (in	past 3 years) 🔲 yes 🗖	Ino	
Previous landlord*		Phone*	•
Reason for change of re	sidence*		
Contract terminated by	the landlord?* 🗖 yes 🗖	no	
* This is optional informat	tion.		
¹ Please add a copy of you	ur residence permit.		
² It's generally required to	add an original excerpt from	the debt enforcement	register which is not older than 3 months.
Other people living in	the household		
Name	First name		Date of birth
Name	First name		Date of birth
- Is a household insuran - Do you permit to cont - Do you permit to cont Remarks I/we hereby confirm that	the household? no available for all people in the lace available? yes no eact your employer to get reference to your landlord to get reference.	rence?	no no
Place, date:		Signature(s):	

All answers will be treated confidentially. Thank you for your interest in this apartment.



Page 2 | 2 PROFESSIONELL INDIVIDUELL FAIR