ANSØGNING

Horsens Boligudlejning Krudthusvej 1 8700 Horsens

Signature

DATO:

Tlf. 75 60 19 11

NAME:	CPR-NR.:
COHABITANT:	CPR-NR.:
CHILDS NAME:	CPR-NR.:
CHILDS NAME:	CPR-NR.:
WHERE DO YOU LIVE TODAY/STREET:	NATIONALITY:
POSTEL CODE/CITY:	MAIL ADR.:
MOBIL/TELEPHONE:	WHAT TIME IS BEST TO CALL:
I WANT TO APPLY FOR THESE APPARTMENTS:	How much rent:
HOW MANY PEOPLE IS GOING TO LIVE AT THE APPARTMENT:	
DO YOU HAVE PETS:	
DO YOU HAVE THE MONEY FOR THE DEPOSIT: YES:	NO:
WHEN DO YOU WISH TO MOVE IN:	
WHERE DO YOU WORK:	
WHO OWNS YOUR CURRENT APPARTMENT: (NAME + ADR.)	
WHY DO YOU WISH TO MOVE FROM YOUR CURRENT APPARTMENT:	
IF you get an apartment, you agree on, that we sign you up/of to NRGI Horsens (flex-electricity) Need to be accepted in order to apply for apartment.	
SPECIAL NOTES:	