



Kiinteistö Oy Sotkanmaa  
Keskuskatu 12  
88600 Sotkamo  
044-7502732

# APARTMENT APPLICATION

New applicant  Change

## APPLICANT'S DETAILS

Last name and other last names		First names	
Identity number		Place of registration	Since (year)
Address, postal code and town			telephone
Profession	Employer		E-mail
Marital status			
<input type="checkbox"/> single <input type="checkbox"/> living together <input type="checkbox"/> married <input type="checkbox"/> .period <input type="checkbox"/> divorced <input type="checkbox"/> widow(er)			

## CO-APPLICANT'S DETAILS

Last name and other last names		First names	
Identity number		Place of registration	Since (year)
Profession		Employer	telephone
Living with applicant <input type="checkbox"/> yes <input type="checkbox"/> No →	Address, postal code and town		

## OTHER PERSONS

Name	Identity number
Unborn baby <input type="checkbox"/>	Time of birth

## APARTMENT APPLIED FOR

Part of town <input type="checkbox"/> All areas <input type="checkbox"/> Sotkamo <input type="checkbox"/> Vuokatti		Address	
House type <input type="checkbox"/> any <input type="checkbox"/> block <input type="checkbox"/> row house		maximum rent	
Apartment type <input type="checkbox"/> 1h+kk/k <input type="checkbox"/> 2h+kk/k <input type="checkbox"/> 3h+kk/k <input type="checkbox"/> 4h+kk/k <input type="checkbox"/> Other		size m <sup>2</sup> - m <sup>2</sup>	
<b>Matters affecting the need for housing</b>			
Need apartment <input type="checkbox"/> Now                      date:			

**MATTERS AFFECTING THE NEED FOR HOUSING**

<input type="checkbox"/> No apartment	since	current place of staying
<input type="checkbox"/> Eviction	Removal at leastest	Reason
<input type="checkbox"/> Work/studies in Sotkamo	since	Employer/place of studies
<input type="checkbox"/> Want to move in a own apartment		
<b>CURRENT APARTMENT</b>		
<input type="checkbox"/> owner <input type="checkbox"/> principal tenant <input type="checkbox"/> live with family <input type="checkbox"/> other		
House type <input type="checkbox"/> House <input type="checkbox"/> block <input type="checkbox"/> row house <input type="checkbox"/> other,		
Apartment type <input type="checkbox"/> 1h+kk/k <input type="checkbox"/> 2h+kk/k <input type="checkbox"/> 3h+kk/k <input type="checkbox"/> 4h+kk/k <input type="checkbox"/> other		size m <sup>2</sup>
House condition <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> medium <input type="checkbox"/> bad		rent €/month
<b>Other matters</b>		

**HAS ANYONE OF THE APPLICANTS EARLIER LIVED IN A STATE-SUBSIDISED APARTMENT**

<input type="checkbox"/> yes	Address
<input type="checkbox"/> no	Year

**The application is valid for 3 months from the date of filing/renewal, the applicant must inform possible changes in the circumstances mentioned in the application**

**Please return the application to:** Kiinteistö Oy Sotkanmaa, Keskuskatu 12, 88600 Sotkamo.

**contact information:** chief executive Ilpo Antikainen 044 750 2503, ilpo.antikainen@sotkanmaa.fi  
secretary Tarja Falin 044 7502732, tarja.falin@sotkanmaa.fi

**collateral**

- The collateral is one month's rent
- We're going to check everyone's credit reference

**I CONFIRMED THAT ALL THE INFORMATION IS TRUE AND CORRECT**

Place and time	Signature
	Name