

APPLICATION

Horsens Boligudlejning
Krudthusvej 1
8700 Horsens

Tlf. 75 60 19 11

DATO:

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 MANY PEOPLE IS GOING TO LIVE AT THE APPARTMENT:
DO YOU HAVE PETS:
DO YOU HAVE THE MONEY FOR THE DEPOSIT: YES: NO:
WHERE DO YOU WORK: JOB TITLE:
WHO OWNS YOUR CURRENT APARTMENT: (NAME + ADR.)
WHY DO YOU WISH TO MOVE FROM YOUR CURRENT APARTMENT:
I/we gives consent, that Horsens Boligudlejning, must register and unsubscribe to "Bevar-Mig-EL" at NRGi
Do you consent to the processing and storage of personal information about you

SPECIAL NOTES: _____

Signature: _____