

## Rental Application Form

### Rental property

House     Apartment     Business premises    Others:

Street/No.:     City:

Rooms:     Floor:

Garage:  Yes     No    Parking:  Yes     No    Desired Amount:

Car number plate:     Gross monthly rent CHF:

Rental deposit CHF:     Desired move-in date:

### Personal information

	Tenant 1 <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	Tenant 2 <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.
Last Name:	<input type="text"/>	<input type="text"/>
First Name:	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>
Street/No.:	<input type="text"/>	<input type="text"/>
Zip Code/City:	<input type="text"/>	<input type="text"/>
Living since:	<input type="text"/>	<input type="text"/>
Work phone :	<input type="text"/>	<input type="text"/>
Mobile phone:	<input type="text"/>	<input type="text"/>
E-Mail:	<input type="text"/>	<input type="text"/>
Civil status:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/>	<input type="text"/>
Citizenship:	<input type="text"/>	<input type="text"/>
Foreigner ID:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Others	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Others
Employer:	<input type="text"/>	<input type="text"/>
Zip Code/City:	<input type="text"/>	<input type="text"/>
Annual net salary:	<input type="text"/>	<input type="text"/>

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## Information on number of people / General information

Adults:  Children:  Year of birth:

Do you have any pets?  Yes  No How many and breed:

Do you or any of your family members play an instrument?  Yes  No Instrument:

Type of living:  Family house  Single living  Flat sharing community

In the last 2 years, have you ever been pursued by debt collectors?  Yes  No

## Current living

Landlord / Management:  Street/City:

Gross monthly rent CHF:  Rooms:

Termination by Landlord:  Yes  No Reason for leaving:

## References

### Tenant 1

Employer:  Phone:  Contact person:

Landlord:  Phone:  Contact person:

### Tenant 2

Employer:  Phone:  Contact person:

Landlord:  Phone:  Contact person:

Comments:

**We request to send us your current extract from the debt collection register.**

I/We confirm that all questions has been answered truthfully and accurately. MLL Real Estate Management AG reserves the right to terminate the contract instantaneously if the tenant has provided false informations.

By signing this application form you entitle MLL Real Estate Management AG to obtain informations from your employer and your current landlord. All informations will be kept confidentially.

City / Date

Signature **Tenant 1** \_\_\_\_\_

Signature **Tenant 2** \_\_\_\_\_

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