

Tenancy application for renting residential property

Ref. No_

For a -room apartment on the floor Duplex ☐ Attic flat ☐ Roof flat ☐

Property / Street No. City

Moving-in date Gross rent CHF/month

☐ Family apartment ☐ Second home ☐ Apartment for single persons ☐ Apartment for registered partners

Covered parking space ☐ Yes ☐ No Number _____ Motorcycle parking space ☐ Yes ☐ No Number _____
 Open parking space ☐ Yes ☐ No Number _____ Hobby room ☐ Yes ☐ No Number _____

INTERESTED PARTY DETAILS

Interested party	Mr <input type="checkbox"/> Ms <input type="checkbox"/>	Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Joint tenant <input type="checkbox"/>	Mr <input type="checkbox"/> Ms <input type="checkbox"/>
Surname		Surname	
First name		First name	
Street / No.		Street / No.	
Postcode / City		Postcode / City	
Home tel. no.		Home tel. no.	
Work tel. no.		Work tel. no.	
Mobile no.		Mobile no.	
E-mail		E-mail	
Date of birth		Date of birth	
Place of origin/Nationality		Place of origin/Nationality	
Civil status		Civil status	
Occupation		Occupation	
Total number of occupants	Adults Children (age)		
Pets: Cat <input type="checkbox"/> House cat <input type="checkbox"/> Dog <input type="checkbox"/> Breed		Aquarium <input type="checkbox"/> Terrarium <input type="checkbox"/> Other	
Do you play an instrument? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes – which one?	
Have you had any debt enforcements within the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you had any debt enforcements within the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please enclose copy of current debt collection report		Please enclose copy of current debt collection report	
Foreign nationals: In Switzerland since		Foreign nationals: In Switzerland since	
Please enclose copy of residence permit <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Other		Please enclose copy of residence permit <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Other	

REFERENCES

Employer

Contact person

Tel.

Employed since

Income (optional)

Current landlord

Contact person

Tel.

Tenant since

Current rent

Reason for moving

REFERENCES

Employer

Contact person

Tel.

Employed since

Income (optional)

Current landlord

Contact person

Tel.

Tenant since

Current rent

Reason for moving

Date Signatures

Applicant

Spouse / Partner/ Joint tenant

