

## Application form / Information for prospective clients

Rental Property: \_\_\_\_\_

Start of rental period: \_\_\_\_\_

1. First Name / Surname	2. First Name / Surname
Address:	Address
Postcode/City	Postcode/City
Place of birth/date.:	Place of birth/date.:
Nationaliity:	Nationality:
Marital Status:	Marital Status:
Phone/Mobile Phone:	Phone/Mobile Phone:
Fax:	Fax:
E-Mail:	E-Mail:
Profession:	Profession:
Employer:	Employer:
Net income/Month:	Net income/Month:
ID-/Passport-Nr.:	ID-/Passport-Nr.:

The following persons also belong to the household: First- and. Surname / Date of Birth  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

Previous Place of Stay (Address): \_\_\_\_\_  
 Moved in since: \_\_\_\_\_ Actual rent incl. living expenses: EUR \_\_\_\_\_ Tenant/Sub-tenant/or: \_\_\_\_\_  
 Name/ Previous landlord's address: \_\_\_\_\_

The actual rental agreement was terminated by  Tenant  Landlord  
 In case of a termination by the landlord please briefly clarify reason:

Has the rent been paid on time within the last 12 months?  yes  no

Do you intend to engage in any commercial or freelance activity in the apartment?  yes  no

Do you intend to have a pet inside the premises?  yes  no

Smoker  Non-Smoker

Do you have a home insurance?  yes  no  
 Do you have a liability insurance?  yes  no

Are you subjected to any obligations from current or previous tenancies or other private or business obligations that are overdue ?  yes  no

**Please complete you application by providing the following required documents:**

- X Passport copy (Both sides)
- x Proof of income covering last 3 months or a salary certificate or a bank statement with account balance
- x Confirmation letter from the previous landlord, that there is no overdue payments in relation to the rental agreement
- x SCHUFA-certificate (to be requested under: schufa.de)

I / we declare expressly the correctness of the above information. I / we understand that I / we expose myself/ourselves to a criminal prosecution under § 263 of the Criminal Code by proving false information. I/we agree that the owner obtains information about me/us and I/ we agree hereby that the the prescribed notification pursuant to § 26 Federal Data Protection Act is fulfilled. The owner is obliged to treat the information confidentially as required from his side.

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Applicant's signature (1)

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Applicant's signature (2)