

Tenancy application for renting residential property

Ref. No. _____

For a _____-room apartment on the _____ floor Duplex Attic flat Roof flat Other _____, _____
 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"/>
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 _____

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City / Date _____

Livit Ltd. is authorised to gather information on the aforementioned persons. All data is treated confidentially. I/we confirm that we have answered all questions truthfully.
 Should the applicant withdraw the application after the execution of an agreed lease, an administration fee of CHF 100.00 (plus VAT) is payable to Livit Ltd.

How did you find out about this offer?
 Newspaper Internet Rental billboard
 Telephone Other – which? _____

Signatures

Applicant _____
 Spouse / Partner/ Joint tenant _____

