

## APPLICATION FOR ACCOMMODATION IN LINE WITH THE MUNICIPAL MODEL

Please note: this notification only includes the contact information of the customer, not the party providing accommodation. If the application involves a couple or a family, the customer numbers and contact information of all persons are written down.

Please also note that accommodation may entail rooms in shared apartments or other types of shared housing. A fee may also be charged for the accommodation in accordance with the law (2011/746, section 32).

Applicants who are allocated accommodation will be notified within one month from submitting the application.

| Name(s) of the applicant(s):   |  |  |  |
|--|--|--|--|
|  |  |  |  |
| Telephone number(s) of the applicant(s). (Personal telephone/mobile phone number of each applicant): |  |  |  |
| Customer number(s):  |  |  |  |
| Finnish personal identity code(s):   |  |  |  |
| Email address(es):   |  |  |  |
|  |  |  |  |
| The reception centre where the applicant(s) is/are currently registered:                             |  |  |  |
| Address of private accommodation (incl. c/o):  |  |  |  |
| The private accommodation address has been valid since:  |  |  |  |
| Grounds for applying for accommodation in line with the municipal model:                             |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



| Restrictions of mobility, if  |                              |                |  |
|---|------------------------------|----------------|--|
|   |                              |                |  |
| Pet(s):   |                              |                |  |
|   |                              |                |  |
| Attachments   |                              |                |  |
| ☐ Employment contrac  | t                            |                |  |
| ☐ Bank statement  |                              |                |  |
| $\square$ Certificate of studies (degree programme, programme leading to a qualification)   |                              |                |  |
| ☐ Certificate of child's  | school placement             |                |  |
| ☐ Certificate of treatme  | ent contact (medical, psycho | logical)       |  |
| ☐ Other clarification   |                              |                |  |
|   |                              |                |  |
| $\Box$ I consent to the benefit officer at the reception centre printing out my bank statement from the MACP system/payment card system to be used as an attachment to the application. |                              |                |  |
| By signing this notification, you confirm that the information stated above is accurate:  |                              |                |  |
| Signature   | Name in block capitals       | Place and date |  |

## Please send the application following address:

Itäkeskus private accommodation service unit, municipal model Asiakkaankatu 3 A, 2nd floor, 00930 Helsinki

or via email kuntamalli.helsinki@luona.fi