



Family Single Inner

Information in internet: www.psoas.fi

APPLICANT

Last name and first name

Other names

ID-number or Date of birth

Address

Gender (male/female)

Zip code

City

Telephone number

E-mail address

Place of study

Enrollment year

Graduation year

SPOUSE

Last name and first name

Other names

ID-number or Date of birth

Address

Gender (male/female)

Zip code

City

Telephone number

E-mail address

Place of study

Enrollment year

Graduation year

Number of children

Number of children _____ The application includes a pregnancy certificate

Information about accompanying children

Last name and first name

Other names

ID-number or Date of birth

Last name and first name

Other names

ID-number or Date of birth

Last name and first name

Other names

ID-number or Date of birth

I APPLY FOR THE ACCOMODATION

Immediately

In beginning of _____ (month)

EXPLANATION FOR HOUSING NEED

Studies

Eviction notice

Notice given for present accommodation

Practical work training

Family separation

Poor accommodation

Work

DESIRED HOUSING AREA AND APARTMENT TYPE**1. Housing area/District**

Peltola Jurvelius (Rantakatu 6) Linnanmaa
Valkkylä Toppila Kaijonharju
Höyhtyä Alppila (Pohjankaleva) Rajakylä
Nuottasaari Syynimaa Keskusta (Albertinkatu 6)
Etappi (Rautatienkatu 8) Virkailijakylä

2. Type of apartment

Single Family
Shared flat 2 h + k 2 h + kk / k
Shared flat 3 h + k 3 h + kk / k
Shared flat 4-5 h + k
Shared flat 7-8 h + k
Single room with kitchen and toilet

MORE INFORMATION

Date nad signature

To be filled in by a parent or other caretaker if applicant under 18 years oldName ID-number or Date of birth Address Zip code and town Telephone home Telephone work Signature **Please, observe**

1. Enclose your certificate of stady.
2. Application is valid 90 days. Remember to renew application
3. If you do not need accommodation, remember to cancel your application.

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