

LEASIN APPLICATION

Leave blank (to be completed by management)

Building owned by _____ Previous tenant : _____

Annual net rent Fr. Monthly net rent Fr.

Heating and hot water Fr. Fr.

Total Fr. Fr.

Parking place N° _____ / Garage N° _____ Fr.

Lease term : _____ From _____ to _____

Term of termination : _____ Renewal: _____ (except for january 1st)

The person (s) below wishes to submit their application to the apartment located at the following address:
 _____ Floor : _____ n° _____,

Number of rooms _____

INTERESTED PARTY

OTHER PARTY/PARTIES

Surname : _____

Name : _____

Date of birth: _____

Nationality for foreigners, (type of residence permit): _____

Civil status : _____

Street : _____

Postal zip code/City : _____

Phone number : _____

Professionnal phone number. _____

E-mail adress : _____

Profession : _____

Employer : _____

Salary : _____

Curent landlord / since... _____

Références _____

Number of adults : _____ Number of the children : _____ Pets : _____

Desired parking place : Yes No

In the case of admission, you must establish a guarantee equivalent to three months of net monthly rent : Fr . _____

How do you wish to conclude this guarantee? Bank Swisscaution Firstcaution

Should the lease be in the name of both spouses or roommates? : oui non

Notes : _____

The Manager reserves the right to refuse or accept this proposal within ten days from today. If, despite the affirmative decision of the manager, the undersigned refuses to act on his proposal, he will be required to pay immediately to cover his expenses and disturbances an amount equal to 1% of the annual rent.

Date: _____ Signatures interested party/parties _____