

Registration form Etzbergpark Winterthur Seen



Wishes	Etzbergweg Nr.: Nr. Wohnung:		Move-in date: Rent maximum:	
	Size <input type="checkbox"/> 2.5 <input type="checkbox"/> 3.5 <input type="checkbox"/> 4.5 <input type="checkbox"/> 5.5			
	Number of persons: Adults: Children: Age of children:		Anzahl Fahrzeuge: Auto <input type="checkbox"/> Motorrad <input type="checkbox"/> Abstellplatz in TG <input type="checkbox"/> Ja <input type="checkbox"/> Nein	
Particulars	<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Spouse <input type="checkbox"/> Candidate <input type="checkbox"/> male <input type="checkbox"/> female	
	Surname:		Surname:	
	First name:		First name:	
	Street:		Street:	
	Place:		Place:	
	Telephone:		Telephone:	
	E-Mail-Adress:		E-Mail-Adress:	
	Date of birth:	civil status:	Date of birth:	Civil status:
	Hometown:		Hometown:	
	alien ID card (copie):		Alien ID Card (copie):	
	Job:		Beruf:	
	Employer with adress and telephone-number:		Employer with adress and telephone-number:	
	Monthly income brutto in CHF: <input type="checkbox"/> to 3'000 <input type="checkbox"/> to 4'000 <input type="checkbox"/> to 5'000 <input type="checkbox"/> to 6'000 <input type="checkbox"/> to 7'000 <input type="checkbox"/> to 8'000 <input type="checkbox"/> to 9'000 <input type="checkbox"/> to 9'000		Monthly income brutto in CHF <input type="checkbox"/> to 3'000 <input type="checkbox"/> to 4'000 <input type="checkbox"/> to 5'000 <input type="checkbox"/> to 6'000 <input type="checkbox"/> to 7'000 <input type="checkbox"/> to 8'000 <input type="checkbox"/> to 9'000 <input type="checkbox"/> to 9'000	
	Previous residence	Since when are you living at the current address?		Since when are you living at the current address?
Landlord with adress and Telephone number:		Landlord with adress and Telephone number:		
reason of the change of residence		reason of the change of residence		
More informations	Do you have any pets? <input type="checkbox"/> no <input type="checkbox"/> yes Art:		Do you have any pets? <input type="checkbox"/> no <input type="checkbox"/> yes Art:	
	Do you play an instrument? <input type="checkbox"/> no <input type="checkbox"/> yes Art:		Do you play an instrument? <input type="checkbox"/> no <input type="checkbox"/> yes Art:	
	liability insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Household insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	liability insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Household insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		
reference	employer <input type="checkbox"/> Yes <input type="checkbox"/> No Landlord <input type="checkbox"/> Yes <input type="checkbox"/> No	employer <input type="checkbox"/> Yes <input type="checkbox"/> No Landlord <input type="checkbox"/> Yes <input type="checkbox"/> No		
	comment			
	Pon conclusion of the contract, a deposit of 3 gross monthly rent will be charged. Please enclose original debt collection information (not older than 3 months) for this application. By signing, you declare that all information provided is true. This application is pending for a maximum of 6 months.			
	Place, Date, signature:		Place, Date, signature:	

