HSB’s notes

**APPLICATION** Reapplication

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Applicant’s Personal Identity Number (obligatory)

Applicant’s first and surname (obligatory)

Applicant’s first and surname (obligatory)

Applicant’s postcode and town/city (obligatory)

Applicant’s telephone/mobile daytime (obligatory)



Email address

Current employer and tel. no. (obligatory) Pensioner Student

Applicant’ annual income (obligatory)

Current landlord and tel. no. (obligatory)



Co-applicant, Personal Identity Number, first and surname

1st choice district

2nd choice district

3rd choice district

Desired number of rooms (obligatory)

Desired moving-in date (obligatory)

Other

Return to: HSB Karlskoga-Degerfors, Box 191, 691 24 Karlskoga PTO

By completing this application, I give my full consent and approval in accordance with the Swedish Personal Data Act (PUL) for HSB to obtain a credit check and collect any information required to assess my application for rental objects. I am well aware that HSB reserve the right to freely make offers to and choose their tenants.

This application is valid for six (6) months, after which a reapplication must be submitted.