Kanton Zürich
Baudirektion
Immobilienamt
Propertymanagement

Application for living space 01

8090 Zürich
Telefon 043 259 21 75
Fax 043 259 21 74
vermietung@bd.zh.ch
www.immobilienamt.zh.ch

Please check all items that apply.
* Need only be specified upon conclusion of the contract.

LEASED PROPERTY

Address, postcode, city

☐ -room flat | ☐ Single family home | ☐ Underground parking space | ☐ Parking space | ☐ Garage | ☐ Hobby room
☐ Other:

Rent incl. additional expenses | Deposit

Move-in date

Comments

PARTICULARS

PROSPECTIVE TENANT	SPOUSE OR CO-TENANT
Name	
First name	
Date of birth	
Civil status*	
Home town / nationality*	
Non-citizen identification* ☐ B ☐ C ☐ F ☐ G ☐ L ☐ N	☐ B ☐ C ☐ F ☐ G ☐ L ☐ N
(B = Residence permit C = Settlement permit F = Provisionally admitted foreigners G = Cross-border commuter permit L = Short-term residence permit N = Permit for asylum-seekers)	
Address	
Postcode / city	
Home phone / cell phone	
Business phone	
Email	
Occupation	
Status ☐ Self-employed ☐ Employee	☐ Self-employed ☐ Employee
Employer (optional)	
Annual earnings (in CHF thousands) ☐ < 20 ☐ 40–50 ☐ 70–80 ☐ 100–120 ☐ >160 ☐ 20–30 ☐ 50–60 ☐ 80–90 ☐ 120–140 ☐ 30–40 ☐ 60–70 ☐ 90–100 ☐ 140–160	☐ < 20 ☐ 40–50 ☐ 70–80 ☐ 100–120 ☐ > 160 ☐ 20–30 ☐ 50–60 ☐ 80–90 ☐ 120–140 ☐ 30–40 ☐ 60–70 ☐ 90–100 ☐ 140–160

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PROSPECTIVE TENANT	SPOUSE OR CO-TENANT

Have you had any prosecutions during the last two years? A copy of the current prosecution extract must be attached to the application.

☐ Yes | ☐ No ☐ Yes | ☐ No

INFORMATION

Do you plan to use the leased property as a family dwelling? (Married couple / registered partnership) ☐ Yes | ☐ No

Number of family members ☐ Adult | ☐ Children | Age of children:

Do you intend to sublease the leased property (or a portion of it)? ☐ Yes | ☐ No

Do you plan to make music in the leased property or carry on any noise-producing activities? ☐ Yes | ☐ No

If yes, what type of activity?

Do you have pets? ☐ Yes | ☐ No

If yes, what kind of pets do you have and how many?

Do you have a car? ☐ Yes | ☐ No

If yes, do you need a parking area or car parking place? ☐ Yes | ☐ No

Do you have personal liability insurance? ☐ Yes | ☐ No

Do you have household contents insurance? ☐ Yes | ☐ No

Name and phone of previous landlord (optional)

How long have you lived at your last address?

Was your last lease agreement terminated? ☐ Yes | ☐ No

If yes, what was the reason for termination?

Employer references (optional)

Name and phone

Comments (max. 200 characters)

The undersigned confirms that the above information complies with actual facts in all instances.

Place / date

Signature

You can find our Privacy Policy on our website at:
http://www.zh.ch/immobilien-vermietung

DRUCKEN SPEICHERN