

## **Housing confirmation**

To be completed and signed by landlord:	
Owner Shareholder of co-	op Tenant Housing association Tenant Private housing
Full name(Landlor	d)
I hereby confirm that the following people:	
Full name	
live(s) and can be registered at my residen  from dd/mm/yyyy  to dd/mm/yyyy	ce
Address:	
StreetNo	
Zip Code City	
Municipality	
Date and signature	Phone number
(Landlord)	<del></del>

In accordance with the CPR-Law §57 section 1, subsection 5, you are legally bound to provide correct information about the occupants at your residency. Providing incorrect or false information will make you liable for a fine.