CITY OF COPENHAGEN
CPR REGISTRATION

Housing confirmation

As the landlord, I confirm that I am the:

☐ Owner ☐ Shareholder of co-op (Andelshaver) ☐ Tenant (Housing association) ☐ Tenant (Private housing)

of the following address:

Street_____ No._____Floor_____ Door_____

Zip Code_____ City_____ Municipality_____

and that the following person(s)currently living or intend to live at the residence and will register for CPR:

Applicant(s) full name	Move-In date	Move-out date	Address used only for post/mail purposes (does not sleep at the address) Yes/No

and additionally, the following person(s) currently living at the address are listed below.

** Ensure that the list of people currently living at the address includes your own name, if you live at the address*

Resident's full name	Moved-in date

The rental unit is:

☐ a flat ☐ a single room ☐ other _____

The rental unit area:

The rental property consists of _____ rooms and is ____ m2.

Payment of rent:

The monthly rent amount is _____ DK

By signing below, I confirm that the information stated above is true and accurate.

Landlord's full name: _____

Date and signature _____Phone number _____

According to CPR-Law §57, section 1, subsection 5, you are legally required to provide accurate information about the residents at your address. Submitting false or incorrect information to the municipality may result in a fine.