



### 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 \_\_\_\_ m<sup>2</sup>.

### 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.**