

# Leasing Application for renting residential property



**Novac-Solutions GmbH**  
 Streulistrasse 66  
 CH-8032 Zürich  
 Phone +41 (0)76 501 81 86  
[www.novac-solutions.com](http://www.novac-solutions.com)  
[info@novac-solutions.com](mailto:info@novac-solutions.com)

**Please cross:**

- for a specific object
- not for a specific object (waiting list: registration for 1 year maximum)

Preferred property or area \_\_\_\_\_

Surface area (about) \_\_\_\_\_ m<sup>2</sup>      Number of rooms \_\_\_\_\_      Floor \_\_\_\_\_      Move-in date \_\_\_\_\_

Maximum rent . (gross) \_\_\_\_\_ CHF \_\_\_\_\_ (including additional costs)      Remarks \_\_\_\_\_

Car available       Yes       No      Number \_\_\_\_\_      Car license number/s \_\_\_\_\_

If available       Garage       Exterior parking space       Storing place for \_\_\_\_\_

**Interested party**

Name       Mr.       Mrs. \_\_\_\_\_

Surname \_\_\_\_\_

Street no. \_\_\_\_\_

Postal zip code / city \_\_\_\_\_

Civil status \_\_\_\_\_

Date of birth \_\_\_\_\_

Phone no.      P \_\_\_\_\_      B \_\_\_\_\_

E-Mail \_\_\_\_\_

Profession \_\_\_\_\_

Employer (name) / city \_\_\_\_\_

Contact/phone no. \_\_\_\_\_

**Other party/parties for the lease contract**

Mr.       Mrs. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

P \_\_\_\_\_      B \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Freelancer, please enclose a copy of the excerpt from the commercial register)*

*(Freelancer, please enclose a copy of the excerpt from the commercial register)*

Employed/Freelancer since \_\_\_\_\_

The above-mentioned rent (including additional costs) is max. 1/3 of my / our income

Yes       No

Nationality / Citizenship \_\_\_\_\_

For foreigners, type of residence permit       B       C       L      please enclose a copy

B       C       L      please enclose a copy

Exists guardianship measures?       No       Yes, which? \_\_\_\_\_

No       Yes

Family apartment (married pairs or registered partnership with / without children)

Number of adults \_\_\_\_\_      Number of the children \_\_\_\_\_

Age of the children \_\_\_\_\_

Pets       No       Yes, which? \_\_\_\_\_

No       Yes, which? \_\_\_\_\_

Musical instrument       No       Yes, why? \_\_\_\_\_

No       Yes, why? \_\_\_\_\_

Did you received a termination for your previous apartment?       Yes       No

Yes       No

Liability insurance (including tenant damages)       Yes       No

Yes       No

Household insurance       Yes       No

Yes       No

Current landlord \_\_\_\_\_  
 (Name of the company/contact/phone no.)

Resident since \_\_\_\_\_      Reason for change of residence \_\_\_\_\_

How did you hear about our company?       Internet       Newspaper       Rental blackboard       Relationship network       \_\_\_\_\_

City and date \_\_\_\_\_      Signatures interested party/parties \_\_\_\_\_