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| City of Ostrava | **Confirmation** |  |
| **City Authority** |  |

**Confirmation of previous residence**

***for an application for the lease of a municipal apartment***

*(THE ISSUE DATE OF THE CONFIRMATION MUST BE NO MORE THAN 3 MONTHS BEFORE THE CONFIRMATION IS SUBMITTED)*

**I. Basic information about the applicant:**

**NAME AND SURNAME:** ...................................................... **TITLE:** .............. **DATE OF BIRTH:** ........................

**II. Basic information on the applicant’s permanent residence:**

**Address of applicant’s permanent residence:**

**municipality**..........................**street**………….................................... **building no.** ............ / …………

**The applicant’s connection with the permanent residence is as follows: the applicant is living (mark x in relevant box):**

as a tenant □ as an owner □ at parents □ at grandparents □

with relatives □ as a sub-tenant □ in a social hostel □

other □ ...............................................................................................................................................................

**Name and address (headquarters) of owner (authorized administrator) of building (accommodation provider):**

…........................................................................................................................................................................

**Confirmation by the owner (authorized administrator) of the building (accommodation provider) that the rent (payment for the use of the accommodation) is being paid as required:**

Date of issue: ......................................Stamp and signature: .............................................................

1. **Basic information on the contact address (actual address) of the applicant:**

*(only complete this section if the contact address is different from the permanent residence)*

**Address of applicant’s contact address:**

**municipality**..........................**street**………….................................... **building no.** ............ / …………

**The applicant’s connection with the contact address is as follows: the applicant is living (mark x in relevant box):**

as a tenant □ as an owner □ at parents □ at grandparents □

with relatives □ as a sub-tenant □ in a social hostel □

other □ ...............................................................................................................................................................

**Name and address (headquarters) of owner (authorized administrator) of building (accommodation provider):**

….........................................................................................................................................................................

**Confirmation by the owner (authorized administrator) of the building (accommodation provider) that the rent (payment for the use of the accommodation) is being paid as required:**

Date of issue: ......................................Stamp and signature: .............................................................

**OSTRAVA!!!**