

THE APPLICATION SHOULD BE FILLED ON  
A MACHINE, COMPUTER OR BY HAND,  
WITH LARGE PRINTED LETTERS, IN BLACK  
OR BLUE COLOR

Reference of the case  
(filled in by the City Office of  
Krakow)

Seal of acceptance (filled  
in by the City Office of Krakow)

## APPLICATION concerning a housing

### THE APPLICATION RELATES TO (please mark the appropriate square)

#### 1. Granting housing assistance for:

- ☐ living in non-residential premises
- ☐ living in a place with excessive population
- ☐ gaining independence by a young people from care and education centres or foster families
- ☐ social reasons (homelessness, eviction without the right to social housing, violence, loss of property)
- ☐ termination of a lease agreement
- ☐ random events (e.g. catastrophe, fire, flooding)

#### 2. Renewing a lease agreement:

- ☐ social premises, temporary premises premises located

#### 3. Execution of court judgements:

- ☐ adjudicating on the entitlement to social housing
- ☐ deciding about entitlement to replacement premises

#### 4. Exchanges of premises carried out ex officio:

- ☐ to other equal premises (due to age or health condition)
- ☐ to premises with a smaller usable space or structure (due to a family situation)
- ☐ to other equivalent premises, located on a lower storey (due to moving in a wheelchair or any other illnesses)

### DATA OF THE APPLICANT

Name		Surname	
Marital status		Family surname	
Date of birth (dd-mm-yyyy)		Place of birth	Number of juvenile children
Father's name		Mother's name	Number of children over 18
Contact telephone number (landline)		Contact telephone number	

### PLACE OF RESIDENCE (STAY) OF THE APPLICANT

City / town	Postal code	Municipality	
Street	Building number	No. of premises	

### CORRESPONDENCE ADDRESS (enter if different from the address of residence or stay)

City / town	Postal code	Municipality	
Street	Building number	No. of premises	

### DATA OF THE SPOUSE OF THE APPLICANT

First name		Surname	
Father's name name	Mother's	Family surname	
Date of birth (dd-mm-yyyy)	Place of birth		
Number of juvenile children (only children with another partner should be entered)		Number of children over 18 (only children with another partner should be entered)	

### PLACE OF RESIDENCE (STAY) OF THE APPLICANT'S SPOUSE (if different from the address of the spouse)

Place	Postal code	Municipality	
Street	Building number	No. of premises	

## II. INFORMATION CONCERNING THE PERSONS IN THE APPLICATION

[illegible]

### III. APPLICANT'S LIVING CONDITIONS

#### REGISTRATION PLACE OF THE APPLICANT - ADDRESS OF THE PREMISES

City / town	Postal code	Municipality	
Street		Building number	Apartment number

#### OF THE APPLICANT

Name		Surname	
Type of registration	<input type="checkbox"/> PERMANENT STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	<input type="checkbox"/> TEMPORARY STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Do you actually live in the above mentioned premises? <input type="checkbox"/> YES <input type="checkbox"/> NO			

#### PERSONS REGISTERED AND JOINTLY RESIDING IN THE PREMISES

1	First name	Last name	PESEL number
Type of registration	<input type="checkbox"/> PERMANENT STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	<input type="checkbox"/> TEMPORARY STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Kinship / affinity to the applicant		Does the above person actually reside in the premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

2	First name	Last name	PESEL number
Type of registration	<input type="checkbox"/> PERMANENT STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	<input type="checkbox"/> TEMPORARY STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Kinship / affinity to the applicant		Does the above person actually reside in the premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

3	First name	Last name	PESEL number
Type of registration	<input type="checkbox"/> PERMANENT STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	<input type="checkbox"/> TEMPORARY STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Kinship / affinity to the applicant		Does the above person actually reside in the premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

4	First name	Last name	PESEL number
Type of registration	<input type="checkbox"/> PERMANENT STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	<input type="checkbox"/> TEMPORARY STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Kinship / affinity to the applicant		Does the above person actually reside in the premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

5	Name	Surname	PESEL number
Type of registration	<input type="checkbox"/> PERMANENT STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	<input type="checkbox"/> TEMPORARY STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Kinship / affinity to the applicant		Does the above person actually reside in the premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

# **APPLICANT LIVING CONDITIONS (continued)**

<b>6</b>	Name	Surname	PESEL number
<b>Type of registration</b>	<input type="checkbox"/> PERMANENT STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	<input type="checkbox"/> TEMPORARY STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Kinship / affinity to the applicant		Does the above person actually reside in the premises? <input type="checkbox"/> YES	

<b>7</b>	Name	Surname	PESEL number
<b>Type of registration</b>	<input type="checkbox"/> PERMANENT STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	<input type="checkbox"/> TEMPORARY STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Kinship / affinity to the applicant		Does the above person actually reside in the premises? <input type="checkbox"/> YES	

<b>8</b>	First name	Last name	PESEL number
<b>Type of registration</b>	<input type="checkbox"/> PERMANENT STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	<input type="checkbox"/> TEMPORARY STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Kinship / affinity to the applicant		Does the above person actually reside in the premises? <input type="checkbox"/> YES	

<b>9</b>	Name	Surname	PESEL number
<b>Type of registration</b>	<input type="checkbox"/> PERMANENT STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	<input type="checkbox"/> TEMPORARY STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Kinship / affinity to the applicant		Does the above person actually reside in the premises? <input type="checkbox"/> YES	

I hereby confirm the registration of the applicant and the persons listed ..... in the residential premises located in ..... at .....  
 They are all of the persons registered in the above mentioned premises as at .....

.....  
 (stamp of the Department of Administrative Affairs (date, signature and personal stamp of an employee of the Department of Administrative Affairs of the City of Krakow or other authorized body) of the City of Krakow or other authorized body)

<b>NO CURRENT REGISTRATION IN THE MUNICIPALITY OF KRAKOW</b>		
<b>1. I confirm no registration of the applicant in the Municipality of Krakow</b>		
<b>2. Last place of permanent residence in the Municipality of Krakow:</b>		
Street	Building number	No. of premises

.....  
 (stamp of the Department of Administrative Affairs (date, signature and personal stamp of an employee of the Department of Administrative Affairs of the

## IV. LIVING CONDITIONS - TECHNICAL

### DESCRIPTION AND STATE OF THE PREMISES RESIDED IN BY THE APPLICANT

(To be filled in by the administrator, manager or owner of the building / premises)

#### ADDRESS OF THE PREMISES

Street	Building number	Apartment number	Floor
Postal code	City / town		Municipality

#### OWNER / LOCAL DISPOSER

(mark the appropriate square and enter the name and surname or the name and registered office of the entity)

<input type="checkbox"/>	MUNICIPALITY OF KRAKOW	
<input type="checkbox"/>	STATE TREASURY	
<input type="checkbox"/>	PHYSICAL PERSON / LEGAL PERSON	
<input type="checkbox"/>	HOUSING ASSOCIATION	
<input type="checkbox"/>	APPLICANT / A PERSON FROM THE	
<input type="checkbox"/>	OTHER	

#### MAIN TENANT OF THE PREMISES / PERSON RESIDING IN THE PREMISES

Name	Surname	PESEL number										
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
Kinship / affinity to the applicant		Type of property rights to the premises (e.g. ownership, rental for a determined or undetermined period, etc.)										
Legal title to the premises (administrative decision, court judgement, civil law agreement, no legal title, eviction, etc.)												

#### STRUCTURE AND SURFACE AREA OF THE PREMISES

ROOM	FLOOR AREA (m <sup>2</sup> )	ROOM	FLOOR AREA (m <sup>2</sup> )
ROOM 1		HALL	
ROOM 2		KITCHEN	
ROOM 3		BATHROOM	
ROOM 4		TOILET	
ROOM 5			
TOTAL SURFACE AREA		TOTAL SURFACE AREA OF THE PREMISES	

<b>DENSITY IN SQUARE METERS</b> (number of room surface areas per one person registered for permanent residence)	
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#### DEFICIENCIES IN THE PREMISES (e.g. fungus)

## IV. APPLICANT LIVING CONDITIONS - TECHNICAL (continued)

### DRAWING OF THE PREMISES

(designation of room numbers, kitchen, doors, windows and connections to the corridor)

### TECHNICAL EQUIPMENT OF THE PREMISES

<b>THE FACILITY IS:</b>	<input type="checkbox"/> <b>INDIVIDUAL</b>	<input type="checkbox"/> <b>NOT INDIVIDUAL</b>
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<input type="checkbox"/> <b>WATER INSTALATION</b> <input type="checkbox"/> <b>SEWER INSTALLATION</b> <input type="checkbox"/> <b>GAS INSTALLATION</b> <input type="checkbox"/> <b>CENTRAL HEATING</b>	<input type="checkbox"/> <b>ELECTRICAL INSTALLATION</b> <input type="checkbox"/> <b>HEATING STOVE</b> <input type="checkbox"/> <b>LIFT</b> <input type="checkbox"/> <b>OTHER</b>
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### RENT FEES AND ANY DEBT

Monthly rental fees / compensation	PLN	Total rent debt / compensation	PLN
Monthly independent fees (for utilities)	PLN	Total debt for independent fees (for utilities)	PLN
Number of people reported to live (the number of people for whom utilities are	hou	Interest, court costs, etc.	PLN

### ADDITIONAL INFORMATION AND ADMINISTRATOR'S OPINION ON THE PERSONS RESIDING IN THE PREMISES

- ☐ Termination of the agreement due to ..... No
- ☐ termination
- ☐ An action for eviction. ☐ An order for eviction
- ☐ Destruction of property ☐ Nuisance to other tenants

Domestic order offences involving:

Other notes:

Confirmation of the administration / manager / owner of the building / premises:

.....  
(date) (signature, stamp and address of the administration / manager / owner of the building / premises)

### III A. LIVING CONDITIONS OF THE APPLICANT'S SPOUSE

(PLEASE FILL IN IF SPOUSES DO NOT RESIDE TOGETHER)

#### REGISTRATION PLACE OF THE APPLICANT'S SPOUSE - ADDRESS OF THE PREMISES

City / town	Postal code	Municipality	
Street		Building number	Apartment number

#### APPLICANT'S SPOUSE

Name	Surname
Type of registration	<input type="checkbox"/> PERMANENT STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> TEMPORARY STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Do you actually live in the above mentioned premises? <input type="checkbox"/> YES <input type="checkbox"/> NO	

#### PERSONS REGISTERED AND JOINTLY RESIDING IN THE PREMISES

1	First name	Last name	PESEL number
Type of registration	<input type="checkbox"/> PERMANENT STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> TEMPORARY STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Kinship / Affinity to the spouse of the applicant		Does the above person actually reside in the premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

2	First name	Last name	PESEL number
Type of registration	<input type="checkbox"/> PERMANENT STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> TEMPORARY STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Kinship / Affinity to the spouse of the applicant		Does the above person actually reside in the premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

3	First name	Last name	PESEL number
Type of registration	<input type="checkbox"/> PERMANENT STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> TEMPORARY STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Kinship / Affinity to the spouse of the applicant		Does the above person actually reside in the premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

4	First name	Last name	PESEL number
Type of registration	<input type="checkbox"/> PERMANENT STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> TEMPORARY STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Kinship / Affinity to the spouse of the applicant		Does the above person actually reside in the premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

5	Name	Surname	PESEL number
Type of registration	<input type="checkbox"/> PERMANENT STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> TEMPORARY STAY FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Kinship / Affinity to the spouse of the applicant		Does the above person actually reside in the premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

# **APPLICANT'S SPOUSE'S LIVING CONDITIONS (continued)**

<b>6</b>	Name	Surname	PESEL number												
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Kinship / Affinity to the spouse of the applicant		Does the above person actually reside in the premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													

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<b>8</b>	First name	Last name	PESEL number												
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<b>9</b>	Name	Surname	PESEL number												
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Kinship / Affinity to the spouse of the applicant		Does the above person actually reside in the premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													

I hereby confirm the registration of the applicant and the persons listed ..... in the residential premises located in ..... at ..... .

They are all of the persons registered in the above mentioned premises as at ..... .

.....

(stamp of the Department of Administrative Affairs (date, signature and personal stamp of an employee of the Department of Administrative Affairs of the City of Krakow or other authorized body) of the City of Krakow or other authorized body)

**NO CURRENT REGISTRATION IN THE MUNICIPALITY OF KRAKOW**

**1. I confirm no registration of the applicant in the Municipality of Krakow**

**2. Last place of permanent residence in the Municipality of Krakow:**

Street	Building number	No. of premises

.....

(stamp of the Department of Administrative Affairs (date, signature and personal stamp of an employee of the Department of Administrative Affairs of the



**IV A. LIVING CONDITIONS - TECHNICAL**

(PLEASE FILL IN IF SPOUSES DO NOT RESIDE TOGETHER)

**DESCRIPTION AND STATE OF THE PREMISES RESIDED IN BY THE APPLICANT'S SPOUSE**

(To be filled in by the administrator, manager or owner of the building / premises)

**ADDRESS OF THE PREMISES**

Street		Building number	Apartment number	Floor
Postal code	City / town		Municipality	

**OWNER / LOCAL DISPOSER**

(mark the appropriate square and enter the name and surname or the name and registered office of the entity)

<input type="checkbox"/>	MUNICIPALITY OF KRAKOW	
<input type="checkbox"/>	STATE TREASURY	
<input type="checkbox"/>	PHYSICAL PERSON / LEGAL PERSON	
<input type="checkbox"/>	HOUSING ASSOCIATION	
<input type="checkbox"/>	APPLICANT / A PERSON FROM THE	
<input type="checkbox"/>	OTHER	

**MAIN TENANT OF THE PREMISES / PERSON RESIDING IN THE PREMISES**

Name	Surname	PESEL number
		<input type="text"/>
Kinship / affinity to the applicant	Type of property rights to the premises (e.g. ownership, rental for a determined or undetermined period, etc.)	
Legal title to the premises (administrative decision, court judgement, civil law agreement, no legal title, eviction, etc.)		

**STRUCTURE AND SURFACE AREA OF THE PREMISES**

ROOM	FLOOR AREA (m <sup>2</sup> )	ROOM	FLOOR AREA (m <sup>2</sup> )
ROOM 1		HALL	
ROOM 2		KITCHEN	
ROOM 3		BATHROOM	
ROOM 4		TOILET	
ROOM 5			
TOTAL SURFACE AREA		TOTAL SURFACE AREA OF THE PREMISES	
DENSITY IN SQUARE METERS			

(number of room surface areas per one person registered for permanent residence)

**RENT FEES AND ANY DEBT**

Monthly rental fees / compensation	PLN	Rent debt / compensation	PLN
Monthly independent fees (for utilities)	PLN	Debt for independent fees (for utilities)	PLN
Number of people reported to live (the number of people for whom utilities are	hou	Interest, court fees, etc.	PLN

**OPINION ON THE PERSONS RESIDING IN THE PREMISES**

Were there complaints about the behaviour of people residing in the premises?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the administration / manager / owner have information about behaviours inconsistent with the principles of social coexistence in relation to people residing in the	<input type="checkbox"/> YES <input type="checkbox"/> NO

Confirmation of the administration / manager / owner of the building / premises:

(date) (signature, stamp and address of the administration / manager / owner of the building / premises)

**IV. REPRESENTATIONS**  
**(PLEASE READ THE REPRESENTATIONS CAREFULLY)**

I declare that:

☐

I agree to:

☐

I do not agree to:

the processing of personal data contained in the application and the documents attached to the housing case, given by me voluntarily and obtaining all of the information and documents necessary for the conduct of the proceedings by the department of the City of Krakow, as competent in matters of housing. This includes in particular:

- a) information from the relevant District Council, the Police, Municipal Guards and Municipal Social Welfare Centre, building administrators, neighbours and educational institutions to which the applicant's or his spouse's children attend about behaviour incompatible with the principles of social coexistence of the applicant and other persons covered by the application;
- b) information on the family and social situation obtained from the appropriate District Council, the Police, Municipal Guards and Municipal Social Welfare Centre, building administrators, neighbours and the educational institutions which are attended by children of the applicant or his spouse;
- c) placing and publishing personal data in the Krakow City Public Information Bulletin on the lists of persons selected to conclude a lease agreement for a flat included in the housing stock of the Municipality of Krakow in terms of the name, address (correspondence address), number of persons included in the application, grounds for receiving the premises and the rent offered.

In addition, I declare that:

I agree to:

I do not agree to:

- ☐ placing and publishing my personal data in the Krakow City Public Information Bulletin on the lists of people who received residential premises included in the housing stock of the Municipality of Krakow in terms of the name, surname and address of the received premises.

The above data is collected and will be stored in accordance with the principles contained in the Act of 29 August 1997 on the protection of personal data (Journal of Laws of 2002 item 101, as amended): I declare that I have been informed about the purpose of collecting this information, the right to access my data and the possibility of correcting it.

In addition, I declare that:

I do not have any legal title to residential premises, a building or other property (including an undeveloped plot)

☐

I did not sell any legal title to residential premises, a building or other property (including an undeveloped plot)

I did not transfer free-of-charge any legal title to residential premises, a building or other property (including an undeveloped plot)

☐☐

**Pursuant to § 6 par. 2 of resolution No. XXI/340/15 of the City Council of Krakow of 8 July 2015 on the principles of renting premises included in the housing stock of the Municipality of Krakow and temporary premises (consolidated text: Official Journal of the Malopolska Region of 2017, item 2105), any person with unmet housing needs and low income can take steps to obtain pre-emptive premises.**

**Priority shall be given to persons in respect of whom at least one of the following circumstances has been found:**

- a) **The applicant or the person included in the application has a significant degree of disability or complete inability to work and live independently;**
- b) **The applicant or the person included in the application is a victim of domestic violence, confirmed by a valid court order;**
- c) **The applicant is a single parent, within the meaning of the Act on family benefits, of more than 4 own or adopted minor children;**
- d) **The applicant is a victim of a reprisal, having a certificate from the Office for Veterans and Victims of Oppression, a legitimacy of a repressed person issued by the Social Security Office, as well as another appropriate document proving repression and persecution or a person of Polish origin, invited by the Polish government as part of the evacuation of the areas of eastern Ukraine.**

**In order to initiate the procedure of granting premises in the priority mode, an appropriate application should be made in this case (this applies only to people qualified for housing aid).**

I declare that I have familiarized myself with the rules of obtaining premises in the priority mode. I

reserve that any statements and signatures will be provided by me personally.

I declare that all data contained in the application is true and I have not withheld any information affecting the assessment of my housing and material situation.

☐

**Pursuant to § 7 par. 4 of Appendix 1 to Resolution No. XXI/340/15 of the Krakow City Council of July 8, 2015, submitting statements containing false data or suppression of data regarding their own housing and material situation, to the extent required by the resolution, results in the withdrawal from the execution of the application.**

**Date and legible signature of all adult persons included in the application:**

1. ....	2. ....
(date)	(date)
3. ....	4. ....
(date)	(date)
5. ....	6. ....
(date)	(date)

## V. JUSTIFICATION OF THE REQUEST

**JUSTIFICATION OF THE REQUEST (too be continued)**

**Checking the application in terms of compliance with the applicable requirements arising from local law (to be completed by the City Office of Krakow):**

☐ Record of Population      ☐ PNIER      ☐ System Record of Property      ☐ Eviction order with a right to premises welfare      ☐ Poviat: Wielicki      ☐ Krakowski

(family structure, registration (no property in Krakow) (no property in Krakow) (no order with the right to social premises Country valid and previous, marital status) - applies only to applications for aid (no property in the area housing and exchange ex officio) of the Poviat)

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(signature, stamp)

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