

# Application for social priority

As a contract holder at Kalmarhem, you can apply for priority for a change of apartment. During your residence at Kalmarhem, medical, social, or economic reasons must have arisen, which require and can be improved by a changed housing situation. Your needs must be substantiated by a certificate from a doctor, psychologist or similar who can explain how a certain type of apartment can improve your situation. The documentation must be attached to this application.

Kalmarhem will do an evaluation based on your application; it is therefore important that you attach all relevant information. Offered apartment will have the same standard and size as your current one. A possible need for a parking space adapted for the disabled must be announced in the application and substantiated with documentation. You must meet our rental rules and requirements as well as current criteria for social priority, read more at [kalmarhem.se](http://kalmarhem.se).

Send the application to **Kalmarhem AB, Box 305, 391 23 Kalmar**, or by e-mail to [kundservice@kalmarhem.se](mailto:kundservice@kalmarhem.se). If you decline or choose not to respond to the current offer within the specified response time, the right to social priority will lapse. Kalmarhem offers one apartment per application and the offer can mean quick access and double rents. If you accept the offer, you need to cancel your current rental agreement yourself, keep in mind that you have three (3) months' notices. In the case of a new rental agreement, points will be zeroed.

Before your application is approved, an inspection of your current apartment must be carried out and approved. If you fail to attend the inspection, you will be charged 300 SEK.

## Applicant

First name and last name		Personal identity number			
First name and last name		Personal identity number			
Phone number (mobile)		E-mail			
Address		Object number (ex: 170-2103)			
Size request	<input type="checkbox"/> 1 room and kitchen <input type="checkbox"/> 2 rooms and kitchen <input type="checkbox"/> 3 rooms and kitchen	<input type="checkbox"/> 4 rooms and kitchen <input type="checkbox"/> 5 rooms and kitchen	Maximum rent	Number of people in the household	Requested move-in date

## Describe the reason for your need of social priority

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## The following is attached to the application

- ☐ Doctor's certificate ☐ Other certificates confirming my need for social priority

## Signatures

I/we hereby certify that the information provided on this form is true

Applicant 1, signature	Date
Applicant 2, signature	Date

