| Kela [©] | Application AT 1e General housing allowance |
|--|---|
| You can also file the application and related documentation online: www.kela.fi/english. | Send the application and any supporting documents by mail. The address is Kela, PL 10, 00056 KELA. |
| | |
| If you have moved to Finland and you have not previously of If you are going abroad, also complete form Y 38e. | claimed benefits from Kela, also complete form Y 77e. |
| When to apply: General housing allowance can be granted from received. The allowance is always granted as c | m the beginning of the month preceding that in which your application is of the first day of the month. |
| 1. Applicant | |
| Personal identity code Family name and given name | 9 |
| Telephone | |
| Address (j) If you are about to move, state your new address | <u></u> |
| | 5. |
| Postal code Postal district | |
| The municipality in which the home is located | Date of moving in |
| I am living in a cohabiting relationship since | |
| I am separated from my spouse since | |
| \odot Spouse means cohabiting spouse with whom you live together | in a couple relationship or a married spouse. |
| Is the separation due to the end of a couple relationship? | No Yes |
| Are you a student? No Yes. Estimated time o | of graduation/ (month and year) |
| 2. Payment details | |
| Applicant's bank account number (state the bank account number | er even if the benefit is paid out to the landlord) |
| Housing allowance is payable to the applicant | the landlord |
| Retroactive allowance is payable to the applicant | the landlord |
| Bank account number of the landlord (state the bank account num | mber only if the benefit is payable to the landlord) |
| Reference number for the payment | |
| 0 If the landlord has reported a reference number for payment report the reference number to Kela. | of the rent, Kela can pay the housing allowance to the landlord only if you |

_

| 3. Application and notified | | | |
|--|--|--|--|
| Which benefit do you wish to ap | ply for? | | |
| New housing allowance starting | ng from | | |
| New housing allowance means the second second | at you do not currently receive housing allowance. | | |
| Annual review of the housing | allowance because one year has past since the housing allowance was a | warded o | r last reviewed. |
| Review of housing allowance | in current payment. | | |
| State what types of changes in the | household have happened or will happen. | | |
| Change in income as fro | m State the changed income under section 6. Hou | usehold inc | come. |
| Change of residence | · | | |
| Change in housing costs | as from | | |
| Change in the number o | f persons in the household or change of persons in the household as from | n | • |
| Change in the occupanc | y status of your home (e.g. from rental to owner-occupied) as from | | · |
| A person in the househo | Id gains or loses eligibility for the student's housing supplement | | · |
| 4. Persons living in the h | nousehold | | |
| A household means the people w they are considered as a commu wish to apply for housing allowar the application. Notify the Digital and Population address. Inaccurate address det If your household includes a disa | who live permanently in the same flat or house. If several persons have rented a h nal household. If you live in a communal household, you must have a power of at nee on behalf of the household. Enclose the form AT 5e, Power of attorney to repr Data Services Agency of the change of address for all members of the household ails may cause a delay in the processing of the application. | ttorney fron resent a coi d within one | n the other residents if you mmunal household with e week of the change of |
| information. This information affe | cts the amount of the housing allowance. | | |
| Personal identity code or date of birth of spouse | Name | Studen (yes) | nt Estimated time of graduation (month and year) |
| 1. | | | |
| (i) If there is not enough space here | o for the details for all household members, report their details at section 10. Addit | tional inforr | nation. |
| Personal identity code or date of birth of child or other person who shares the home or apartment | Name | Studen (yes) | nt Estimated time of graduation (month and year) |
| 2. | | | <u> </u> |
| 3. | | | / |
| 4. | | | <u> </u> |
| 5. | | | |
| 6. | | | |
| 7 | | | |
| 5. Residential details and | d housing costs | | |
| My home is | | | |
| a rental or part-ownership hon | ne | | |
| Name of landlord | | | |
| a right-of-occupancy home | | | |
| Amount of rent or maintenance ch | arge: EUR per month starting from | • | |
| In addition to the rent or maintenal | nce charge, do you pay separately for any of the following? | | |
| Water | Yes No | | |
| Heating | Yes No | | |
| Electricity | Yes No | | |
| Does your household have a subte | enant? | | |

No Yes

Monthly rent paid by the subtenant: EUR_ Subtenant's name and date of birth

=

6. Household income

| from the T | usehold receives wages and salaries or benefits, we receive information on them from the national incomes register. We also use information Fax Administration when assessing the income. However, we already now need information on coming incomes because they may affect the f housing allowance. |
|--------------|---|
| State the | household income to its gross amount, i.e. before taxes and other deductions. Also state any tax-exempt income. Benefits received from Kela |
| | ncomes of underage children need not be stated. Des another member of your household receive any of the following incomes? |
| Wage or sala | |
| | wage or salary. If there are several employers, state the details for all the employers. When needed, use section 10. Additional information. |
| No | Yes. Specify who receives a wage or salary. |
| | |
| | Name of employer |
| | Employment relationship |
| | Open-ended as from |
| | Amount of wage or salary: EUR per month. |
| | Spouse |
| | Name of employer |
| | Employment relationship Fixed-term |
| | Open-ended as from |
| | Amount of wage or salary: EUR per month. |
| | Other household member. Specify who. |
| | Name of employer |
| | Employment relationship Fixed-term |
| | Amount of wage or salary: EUR per month. |
| | |
| | Other household member. Specify who. |
| | Name of employer |
| | Employment relationship Fixed-term Open-ended as from |
| | Amount of wage or salary: EUR per month. |
| Pension from | m some other country than Finland |
| No | Yes. Specify who receives such a pension. |
| | |
| | Other household member. Specify who. |
| | Amount of the pension per month Currency |
| | From which country? |
| | |
| | s and grants |
| No | Yes. Specify who receives a grant or scholarship. |
| | |
| | Other household member. Specify who. |
| | For the period |
| | Is the person receiving a grant or scholarship insured under the MYEL (Farmers') Pensions Act? |
| | per month. |

Are you or is another member of your household self-employed?

| No Yes. Specify who is self-employed. |
|---|
| I Spouse |
| Other household member. Specify who. |
| Name or business ID (Y-tunnus) of the company |
| Is the self-employed person insured under the YEL (Self-Employed Persons') or MYEL (Farmers') Pensions Act? |
| Does the self-employed person receive a business start-up grant? No Yes. Indicate the starting date |
| If the self-employed person does not have insurance under the YEL or MYEL Pensions Acts or does not receive a business start-up grant, state the self-employed person's own assessment of the income EUR per month. |
| 7. Assets and capital income |
| Do you or does another member of your household have any of the following types of assets or capital income? |
| ① You do not need to state the assets and capital income of underage children. |
| Equity savings account No Yes. State the account holder and whether you intend to draw money from the equity savings account within the next 12 months. I |
| Spouse |
| Other household member. Specify who. |
| |
| Money in bank accounts (deposits), bonds or receivables |
| No Yes. State the holder, the type of asset, the amount and the interest rate. Also state for instance the balance on the equity savings account and the current value of cryptocurrency wallets. Receivables are money that someone else owes you or other members of your household. I |
| Spouse |
| Other household member. Specify who. |
| |
| Shares in stock or a mutual fund No Yes. As regards shares in stock, state the holder, the company in question, the type and number of shares. Also state the shares if they are in an equity savings account. As regards shares in mutual funds, state the holder, the funds in questions and the number of shares. Alternatively, you can provide the information in separate enclosures. |
| Spouse |
| Other household member. Specify who. |
| |
| |
| Insurance-based investment products (for instance savings or pension insurance) No Yes. State the person(s) concerned, the type of insurance-based investment product and their surrender value. An alternative is to provide the information in a separate enclosure (for instance an annual report). I I |
| Spouse |
| Other household member. Specify who. |
| |
| Fixed assets (for instance real estate or forest holdings) (i) You do not have to provide information on a holiday home in your own use. |
| No Yes. As regards real estate, state the owner, the address and property identifier of the real estate and the municipality where the real estate is located. As regards forest holdings, state the owner, the forest area and the municipality where the forest holdings are located. |
| |
| Spouse |
| Other household member. Specify who. |

Shares in a housing cooperative

| | Yes. State the holder, the address of the unit in a housing cooperative and the type of building (for instance apartment building, ierraced house). |
|--------------------------------|---|
| |] [|
| | Spouse Other household member. Specify who. |
| | |
| deductions | e rental income, the income must be stated for all sources of rental income. State the amount of rent in total and any s separately. Yes. Specify the source of rental income. |
| [| A unit in a housing cooperative. Specify the recipient. I Spouse Other household member. Specify who. |
| | Amount of rent: EUR per month |
| I | Is a water charge included in the rent? No Yes. Average amount of water charge: EUR per month. |
| I | Maintenance charge for the home: EUR per month. |
| | Are the heating costs included in the maintenance charge? Yes No Amount of heating costs: EUR per month. |
|] | A single-family home. Specify the recipient. I Spouse Other household member. Specify who. |
| | Amount of rent: EUR per month. |
| | s a water charge included in the rent? No Yes. Average amount of water charge: EUR per month. |
| | Are the heating costs included in the rent? No Yes |
| | Average amount of heating costs: EUR per month. |
|] | Some other source of rental income. Specify the recipient. I Spouse Other household member. Specify who. |
| | State the type of source of rental income (for instance business premises). |
| | Amount of rent: EUR per month. |
| | as another member of your household bought or sold shares in a book-entry account in the previous 12 months? |
| No[| Yes. State the person(s) concerned and whether the sale of shares in the book-entry account continues. I Spouse |
| | Other household member. Specify who. |
| Do you or doe the next 12 m | es another member of your household intend to sell shares in a mutual fund, other securities or cryptocurrencies in onths? |
| No | Yes. State the person(s) concerned and the asset in question. |
| | |
| | Spouse |
| | Other household member. Specify who. |
| Do you or doe | es another member of your household receive some other type of income than those mentioned above? |
| | |
| | Yes. State the recipient, type of income and amount per month. |

Do you or does another member of your household have debt?

You only have to state long-term debt (not consumer debt or other short-term debt). You do not have to provide information on the debt, if you have no assets.
 No
 Yes. State the person(s) concerned and the amount.

| Spouse |
|--------------------------------------|
| Other household member. Specify who. |

8. Changes in income

| Will you or | another member of your household apply for unemployment allowance from the unemployment fund or from Kela? |
|--------------|--|
| No | Yes. Specify who. |
| Will there b | e changes in your incomes and benefits or the incomes and benefits of other household members? |
| No | Yes. State whose income will change, when the income will change and how. Estimate the income and state the gross amount of the income, i.e. the amount before taxes and other deductions. |

9. Enclosures

() Kela receives the details on rental housing from certain landlords in electronic form. In this case, the recipient of housing allowance does not need to submit the rental agreement. You can check at www.kela.fi/rental-agreement, if we receive the details in electronic form from the landlord.

If you have submitted the relevant documentation to Kela already previously for instance for another benefit, you need not submit the same documentation again. The rental agreement is needed in reviews of housing allowance in current payment only if the terms of the rental agreement change and Kela does not receive the information from the landlord in electronic form.

Keep any receipts and documents related to your application because we may request them at a later stage, when necessary.

Section 4. Persons living in the household

Power of attorney to represent a communal household, Kela form AT 5e.

(i) If several persons have rented a home under a joint rental agreement, they are considered as a communal household. If you live in a communal household, you must have a power of attorney from the other residents if you wish to apply for housing allowance on behalf of the household. The form is available on our website at www.kela.fi/forms.

Section 5. Residential details and housing costs

Copy of the rental or right-of-occupancy agreement.

Section 6. Household income

Other documentation on income. Please specify.

10. Additional information – write the number of the section you are referring to

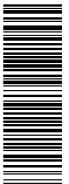
Additional information on a separate sheet. Write your name and personal identity code on the sheet.

11. Signature

I declare that the information I have given is true and accurate. I will notify any changes.

Place and date

Signature and printed name of the applicant



Information obtained for the purpose of deciding the present matter may be used for other benefit-related matters, if so required under law. Any information obtained within the context of another benefit may also be used to decide the present matter.

Please contact us for more information about which outside sources we may access to obtain additional information about your circumstances and to whom we may provide such information.