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**Kela**<sup>©</sup>

## Application Housing allowance for pensioners

You can also file the all documentation online:	oplication and related www.kela.fi/english.		Send the applica mail. The address	ation and any suppor ss is Kela, PL 10, 00	ting documents by )56 KELA.
(i) If you have moved to Finla	and and you have not previously	/ claimed	benefits from Ke	la, also complete for	m Y 77e.
If you are going abroad, a Both spouses can apply for Spouse means a person i	also complete form Y 38e.  or housing allowance for pension  married to, cohabiting with or livi	ners on o	one and the same egistered partners	form. ship with the applicar	ıt.
When to apply: Housing allowance The allowance	ance can be granted retroactivel is always granted as of the first	y for a m day of th	aximum of 6 cale ne month.	ndar months from the	e date of application.
1. Applicant					
Personal identity code	Family name and given name				
Telephone					
Address (i) If you are abou	t to move, state your new addre	SS.			
Postal code	Postal district			The municipality in whi	ch the home is located
2. Spouse					
Personal identity code	Family name and given name				
	]				
Telephone	1				
Do you live with your spouse?					
	since when you are living apart.			_	
Decree for this count					
Reason for living apart	s andad				
The couple relationship ha	s ended n a housing services facility				
Other reason. Please spec					

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institutional care lasting at least three months?	
Applicant	Spouse
No Yes. State the time and place of care.	No Yes. State the time and place of care.
4. Payment details	
(i) Bank account details for your spouse are required only if	,
Applicant's bank account number (indicate even if the allowan	nce is paid out to the landlord)
Chausa's hank account number (indicate aven if the allermans	o is paid out to the landlard
Spouse's bank account number (indicate even if the allowance	e is paid out to the iandiolog)
Housing allowance is payable to the applic	
Retroactive housing allowance is payable to the applic	cant the landlord
Retroactive housing allowance is payable to the applic Landlord's name and telephone number	cant the landlord
,	
Landlord's name and telephone number	
Landlord's name and telephone number  Bank account number of the landlord (state only if the benefit	
Landlord's name and telephone number  Bank account number of the landlord (state only if the benefit  5. Application and notification of changes	is paid to the landlord) Reference number for the payme
Landlord's name and telephone number  Bank account number of the landlord (state only if the benefit  5. Application and notification of changes  Applicant  I wish to apply for housing allowance.	is paid to the landlord)  Reference number for the payme  Spouse  I wish to apply for housing allowance.
Landlord's name and telephone number  Bank account number of the landlord (state only if the benefit  5. Application and notification of changes  Applicant  I wish to apply for housing allowance. Indicate the starting date.	is paid to the landlord)  Reference number for the payme  Spouse  I wish to apply for housing allowance.  Indicate the starting date.
Eank account number of the landlord (state only if the benefit  5. Application and notification of changes  Applicant  I wish to apply for housing allowance. Indicate the starting date.  I wish to apply for a regular review of my housing allowance.  I wish to apply for a review of my housing allowance.  Indicate the starting date.  Indicate the starting date.	Spouse  I wish to apply for housing allowance. Indicate the starting date.  I wish to apply for a regular review of my housing allowance.  I wish to apply for a review of my housing allowance.  I housing allowance.  I housing allowance.  I housing allowance.  Indicate the starting date.
Eank account number of the landlord (state only if the benefit  5. Application and notification of changes  Applicant  I wish to apply for housing allowance. Indicate the starting date.  I wish to apply for a regular review of my housing allowance. I wish to apply for a review of my housing allowance. Indicate the starting date.  State what type of changes have happened of	Spouse  I wish to apply for housing allowance. Indicate the starting date.  I wish to apply for a regular review of my housing allowance. Indicate the starting date.  I wish to apply for a review of my housing allowance. Indicate the starting date.
Bank account number of the landlord (state only if the benefit  5. Application and notification of changes  Applicant  I wish to apply for housing allowance. Indicate the starting date.  I wish to apply for a regular review of my housing allowance.  I wish to apply for a review of my housing allowance.  I wish to apply for a review of my housing allowance.  Indicate the starting date.  State what type of changes have happened of Change of residence. Indicate the starting	Spouse  I wish to apply for housing allowance. Indicate the starting date.  I wish to apply for a regular review of my housing allowance. I high to apply for a review of my housing allowance. Indicate the starting date. I wish to apply for a review of my housing allowance. Indicate the starting date.  The will happen. Indicate the starting date.
Bank account number of the landlord (state only if the benefit  5. Application and notification of changes  Applicant  I wish to apply for housing allowance. Indicate the starting date.  I wish to apply for a regular review of my housing allowance.  I wish to apply for a review of my housing allowance.  Indicate the starting date.  State what type of changes have happened of Change of residence. Indicate the starting  Change in housing costs. Indicate the starting	Spouse  I wish to apply for housing allowance. Indicate the starting date.  I wish to apply for a regular review of my housing allowance. Indicate the starting date.  I wish to apply for a review of my housing allowance. Indicate the starting date.
Bank account number of the landlord (state only if the benefit  5. Application and notification of changes  Applicant  I wish to apply for housing allowance. Indicate the starting date.  I wish to apply for a regular review of my housing allowance. Indicate the starting date.  State what type of changes have happened of Change of residence. Indicate the starting  Change in housing costs. Indicate the starting  Change in the number of persons living in	Spouse  I wish to apply for housing allowance. Indicate the starting date.  I wish to apply for a regular review of my housing allowance. Indicate the starting date.  I wish to apply for a review of my housing allowance. Indicate the starting date.
Eank account number of the landlord (state only if the benefit  5. Application and notification of changes  Applicant  I wish to apply for housing allowance. Indicate the starting date.  I wish to apply for a regular review of my housing allowance.  I wish to apply for a review of my housing allowance.  I wish to apply for a review of my housing allowance.  Indicate the starting date.  State what type of changes have happened of Change of residence. Indicate the starting  Change in housing costs. Indicate the starting  Change in the number of persons living in Applicant or spouse in institutional care (for institutional care)	Spouse  I wish to apply for housing allowance. Indicate the starting date.  I wish to apply for a regular review of my housing allowance. I wish to apply for a review of my housing allowance. I wish to apply for a review of my housing allowance. Indicate the starting date.  Tring date. The home. Indicate the starting date.  Stance hospital care). Indicate the starting date.
Eank account number of the landlord (state only if the benefit  5. Application and notification of changes  Applicant  I wish to apply for housing allowance. Indicate the starting date.  I wish to apply for a regular review of my housing allowance.  I wish to apply for a review of my housing allowance.  I wish to apply for a review of my housing allowance.  Indicate the starting date.  State what type of changes have happened of Change of residence. Indicate the starting  Change in housing costs. Indicate the starting  Change in the number of persons living in Applicant or spouse in institutional care (for institutional care)	Spouse  I wish to apply for housing allowance. Indicate the starting date. I wish to apply for a regular review of my housing allowance. Indicate the starting date. I wish to apply for a review of my housing allowance. Indicate the starting date. I will happen.

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Indianta wh	ed documentation.	laa provida da	taila of vour ana	uso's incomes, even if your
spouse is n	at types of income you have. If you have a spouse, a ot applying for housing allowance.	iso provide de	etails of your spot	use's incomes, even it your
Applicant		Spouse		
_	or compensation from some other country than Finland. nich country?		or compensation fich country?	rom some other country than Finland.
Wage or specify t	salary. Please the source.		salary. Please he source.	
Allowar	nce from an unemployment fund	Allowan	ce from an unem	ployment fund
Rental	income	Rental i	ncome	
Interest	or dividend income	Interest	or dividend inco	me
Capital	gains (e.g. sale of securities or cryptocurrency)	Capital	gains (e.g. sale d	of securities or cryptocurrency)
	nsations for serving in a position of trust or other assistion for attending a meeting	Comper compen	nsations for servi sation for attend	ng in a position of trust or other ing a meeting
Grant o	r copyright royalties	Grant o	r copyright royalt	ies
Traditio	nal life annuity	Tradition	nal life annuity	
Mainter	nance allowance paid by former spouse	Mainten	ance allowance	paid by former spouse
Other in	come. Please specify.	Other inc	come. Please spec	cify.
None of the incomes mentioned above		None of	the incomes me	entioned above
Are you sel	f-employed or an agricultural entrepreneur?			
Applicant	f-employed or an agricultural entrepreneur?	Spouse		
•	f-employed or an agricultural entrepreneur?	Spouse No	Yes	
Applicant		<u>.</u>	Are you insu	red under the YEL (Self-Employed MYEL (Farmers') Pensions Acts?
Applicant	Yes  Are you insured under the YEL (Self-Employed	<u>.</u>	Are you insu	
Applicant	Yes  Are you insured under the YEL (Self-Employed Persons') or MYEL (Farmers') Pensions Acts?  Yes  No. Provide an estimate of	<u>.</u>	Are you insu Persons') or	MYEL (Farmers') Pensions Acts?  No. Provide an estimate of
Applicant No	Yes  Are you insured under the YEL (Self-Employed Persons') or MYEL (Farmers') Pensions Acts?  Yes  No. Provide an estimate of your income.	No	Are you insu Persons') or	MYEL (Farmers') Pensions Acts?  No. Provide an estimate of your income.  EUR/month.
Applicant No	Yes  Are you insured under the YEL (Self-Employed Persons') or MYEL (Farmers') Pensions Acts?  Yes  No. Provide an estimate of your income.  EUR/month.	No	Are you insu Persons') or	MYEL (Farmers') Pensions Acts?  No. Provide an estimate of your income.  EUR/month.
Applicant  No  Are you apple	Yes  Are you insured under the YEL (Self-Employed Persons') or MYEL (Farmers') Pensions Acts?  Yes  No. Provide an estimate of your income.  EUR/month.	No No	Are you insured Persons') or Yes	MYEL (Farmers') Pensions Acts?  No. Provide an estimate of your income.  EUR/month.
Applicant  No  Are you appl Applicant	Yes  Are you insured under the YEL (Self-Employed Persons') or MYEL (Farmers') Pensions Acts?  Yes  No. Provide an estimate of your income.  EUR/month.	n, compensation	Are you insured Persons') or Yes	MYEL (Farmers') Pensions Acts?  No. Provide an estimate of your income.  EUR/month.  which is not yet in payment?
Applicant  No  Are you appl Applicant  No  Will your ince	Yes  Are you insured under the YEL (Self-Employed Persons') or MYEL (Farmers') Pensions Acts?  Yes  No. Provide an estimate of your income.  EUR/month.	No No No	Are you insured Persons') or Yes	MYEL (Farmers') Pensions Acts?  No. Provide an estimate of your income.  EUR/month.  which is not yet in payment?
Applicant  No  Are you appl Applicant  No	Are you insured under the YEL (Self-Employed Persons') or MYEL (Farmers') Pensions Acts?  Yes No. Provide an estimate of your income.  EUR/month.  Lying for or have you applied for a Finnish or foreign pension.  Yes. Indicate the benefit and the payer.	n, compensation	Are you insured Persons') or Yes	MYEL (Farmers') Pensions Acts?  No. Provide an estimate or your income.  EUR/month.  which is not yet in payment?

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7. Assets	
See section 12 for a list of the required documentation.	
Indicate what types of assets you have. If you have a spouse, al not applying for housing allowance.	llso provide details of your spouse's assets, even if your spouse is
Funds and deposits  Submit proof of the amounts and interest rates for all account when applying for housing allowance for the first time or if your content of the first time or if you have a possible to the first time or if you have a possib	unts and deposits (account statement or other certificate) always you have deposits.
State how much funds you have in accounts (current accounts a	and other deposits).
Applicant	Spouse
EUR	EUR
EUR	EUR
Other assets	
Applicant Shares	Spouse Shares
Shares in mutual funds	Shares in mutual funds
Bonds or equivalent	Bonds or equivalent
Unit-linked insurance (e.g. savings or pension insurance)	Unit-linked insurance (e.g. savings or pension insurance)
Real estate	Real estate
Forest holdings	Forest holdings
Receivables	Receivables
Cryptocurrencies	Cryptocurrencies
None of the assets mentioned above	None of the assets mentioned above
Have there been any changes to the amounts of assets since th	ne latest final tax assessment?
Applicant	Spouse
No Yes. Specify the changes and when they happened. Shares Shares in mutual funds Real estate Forest holdings	No Yes. Specify the changes and when they happened. Shares Shares in mutual funds Real estate Forest holdings
Do you or does your spouse have right of possession to any ass	sets that you do not own?
Applicant	Spouse
No Yes. Please specify.	No Yes. Please specify.
Have you or has your spouse sold or given away assets in the p	past five years?
Applicant  Yes. Specify the assets and the time of	Spouse  Yes. Specify the assets and the time of
No sale or giving away.	No sale or giving away.
8. Debt	
(i) See section 12 for a list of the required documentation.	
Do you or does your spouse have housing loans or other debt?	
Applicant	Spouse
☐ No ☐ Yes	□ No □ Yes
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12. Enclosures		
Enclose a copy of t When needed, Kela	he original document. Provide the details a can also request other documentation the	for the time of application or review. than the documents mentioned in the following.
	the national incomes register information d, so you do not have to submit documen	n on wages and salaries, compensations and allowances from an atation about them.
Section 6. Income		
	npensations received from abroad, a deci- ore taxes (gross amount).	ision, payment notification or other certificate showing the payer
	details of capital gains (purchases and sa	ales of assets, i.e. the prices at which they were purchased and
Decision concerning the	ne award of a grant or scholarship if the recipi	e tenant and any maintenance charge payable for the property
Section 7. Assets		
		stment fund showing shares held in a mutual fund.
		nk accounts and the rate of interest on such funds (account
	,	es, the balance in your crypto wallets and the wallet transactions.
	nsion insurance plans, an annual investor showing the assets sold or gifted and the	report or other statement issued by the insurer. applicable terms.
Section 8. Debt		
	e creditor showing housing loans and othe umber and current balance.	er loans or a bank statement showing the purpose of the loan,
Some landlords replandlord is listed, you	port residential details to Kela electronical ou need not provide the rental agreement	lly. A list of these landlords is available on Kela's website. If your t or evidence of the amount of your rent.
Rental agreement (i agreement have cha	anged and Kela does not receive the infor ase in rent, maintenance charge bill or oth syments.	n 11. Housing costs t payment: needs to be provided only if the terms of the rental rmation directly from the landlord in electronic form.) ner proof showing specification of the rent or maintenance
13. Additional infor	mation	
	f the section you are referring to.	·
14. Signature	on on a separate sheet. Write your name a	
I declare that the infor	mation I have given is true and accurat	te. I will notify any changes.
Place and date	Applicant's signature	Spouse's signature (if also the spouse is an applicant)
If the application is signe	ed by someone other than the applicant, μ	please state the reason for this.
	the applicant to complete the appli	cation
Name and telephone nu	mber	
Information obtained for the p	urpose of deciding the present matter may be use	ed for other benefit-related matters, if so required under law. Any information
	another benefit may also be used to decide the pr formation about which outside sources we may ac	resent matter. ccess to obtain additional information about your circumstances and to whom
we may provide such informa AE 1e 03.25 Web form	tion.	Page 6 (6)
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