

## Application form co-residency



Tenant:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Postal code and Place \_\_\_\_\_  
Telephone number \_\_\_\_\_  
E-mail address \_\_\_\_\_

Asks permission for co-residency as of \_\_\_\_\_ 20 \_\_\_\_ for:

Name \_\_\_\_\_  
Initial(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Postal code and Place \_\_\_\_\_  
Telephone number \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Registration SSH& \_\_\_\_\_

From the new resident, we need a [proof of study](#). Please note that without this document, we will not process your request.

Date \_\_\_\_\_ 20 \_\_\_\_

Signature tenant:

Signature new co-resident:

\_\_\_\_\_

Please send this form and the requested documents to [info@ssh.nl](mailto:info@ssh.nl)