

REDBLU AIR FORM

Apartment/House Information Request

PERSONAL INFORMATION

(Circle One)

		(Mr., Ms., Mrs.)
Last Name	First Name	Title
Date of Birth	Place of Birth	
Nationality	Marital Status	
Employer	Position / Rank	
Employed Since	Pay Grade / Annual Income	
Total Number of Dependents (if applicable)	Number of Children and Age (if applicable)	

CONTACT INFORMATION

Address, Postal Code, City, State, Country	
Phone Number (reachable during day/night)	Mobile Number
Private E-Mail	Work E-Mail

REMARKS:

APARTMENT / HOUSE INFORMATION

Please mark the following yes/no boxes with an "X" if applicable			
Do you have pets:	YES		NO
If yes, please specify and how many (example: dog - 1):			
Smoker(s):	YES		NO
Preferred Move-In Date:		Expected Duration of Stay:	
Number of Bedroom(s)		Number of Bathroom(s)	
please mark the following boxes with "X" if applicable			
Garage/Parking:		Terrace/Balcony:	
Cellar:		Kitchen:	
Area of Preference:			
Property Type:		Monthly Budget Including Utilities (€):	

REMARKS:

Date: _____ Signature: _____