

Haapaniemenkatu 14, 00530 Helsinki | Tel. 010 830 3400 (Mon-Fri klo 9 am - noon)
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Please fill in the application carefully because we cannot process incomplete applications. Write the social security numbers in format ddmmyy-XXXX or ddmmyyAxxxx. Persons living at the same address are only to fill in one shared application.

1. Application Information

Last name	First name	Social security number (in the format ddmmyy-xxxx or ddmmyyAxxxx)	Telephone number
Street address		Postal code	Postal district
Email address			

Marital status

Marriage
 Cohabitation
 Widow
 Divorced
 Unmarried
 Living apart

Single parenthood

No
 Single parent
 Co-parent

Professional group

Employee
 Retirement
 Disability pensioner
 Unemployed
 Student
 Family leave
 Entrepreneur
 Other, what? _____

Necessary aids: If you have a mobility aid (e.g., a walker or wheelchair), please indicate it here.

Special diets: If you have any kinds of dietary restrictions or if you have, for example, diabetes or celiac disease, please indicate them here.

2. Spouse Information

Last name	First name	Social security number (in the format ddmmyy-xxx or ddmmyyAxxxxx)
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Professional group

Employee
 Retirement
 Disability pensioner
 Unemployed
 Student
 Family leave
 Entrepreneur
 Other, what? _____

Necessary aids: If you have a mobility aid (e.g., a walker or wheelchair), please indicate it here.

Special diets: If you have any kinds of dietary restrictions or if you have, for example, diabetes or celiac disease, please indicate them here.

Children who are coming along for the holiday

Name	Social security number (in the format ddmmyyAxxxxx)	Name	Social security number (in the format ddmmyyAxxxxx)
1.		5.	
2.		6.	
3.		7.	
4.		8.	

3. I am applying for the holiday

By myself
 With my spouse
 With my children
 With my spouse and children
 With a friend / friends' s family, their application is under the name _____

On a group holiday with an organisation called: _____

Holiday times and destinations that I am applying for. Please fill in 3 different options

1.		
2.		
3.		

4. Financial information

Applicant's income

Net income/month (all taxed income is counted as income)

The reported income consists of

earned income _____ €
 other, what? _____ €
 capital income _____ €
 child benefit _____ €
 retirement income _____ €
 sickness, maternity, etc. daily allowance _____ €
 care allowance _____ €
 carer's benefit _____ €
 social assistance _____ €
 housing benefit _____ €

Applicant's debts

Mortgages and student loans _____ €

Indicate the total sum of loans here in euros

Other loans _____ €

Indicate the total sum of loans here in euros

Amortization per month _____ €

Indicate the sum of loan amortizations per month here in euros

The number of children under 18 who are in your care _____

Spouse's income

Net income/month (all taxed income is counted as income)

The reported income consists of

earned income _____ €
 other, what? _____ €
 capital income _____ €
 child benefit _____ €
 retirement income _____ €
 sickness, maternity, etc. daily allowance _____ €
 care allowance _____ €
 carer's benefit _____ €
 social assistance _____ €
 housing benefit _____ €

Applicant's debts

Mortgages and student loans _____ €

Indicate the total sum of loans here in euros

Other loans _____ €

Indicate the total sum of loans here in euros

Amortization per month _____ €

Indicate the sum of loan amortizations per month here in euros

