



LA VILA DE LLEIDA

HABITATGES UNIVERSITARIS

PERSONAL DETAILS

FIRST SURNAME:

SECOND SURNAME:

NAME:

DATE OF BIRTH: / / NIF/PASSPORT: MALE: FEMALE:

ADRESS: POSTAL CODE:

TOWN / CITY: PROVINCE:

COUNTRY: TELEPHONE: CELL PHONE:

E - M@IL: (IN CAPITAL LETTERS)

FATHER/MOTHER/TUTOR NAME AND SURNAME

ADRESS:

E-M@IL:

TELEPHONE: CELL PHONE:

ACCOMMODATION DATA

1. RENTING TIME:

2. TIPE OF ACCOMMODATION REQUIRED:

1 SINGLE ROOM 1 DOUBLE ROOM

2 SINGLE ROOMS 1 SINGLE ROOM ADAPTED

DO YOU HAVE COLLEAGUES WITH WHOM YOU WISH TO SHARE THE FLAT?

YES NO

IF SO, INDICATE WHO THEY ARE:

DATE: / /

SIGNATURE:

