



Application for senior housing

1. Personal information

1.1 Applicant



Last & first name:

(for divorced or separated women, maiden name)

Matricule:

Address:

Postal code:

Place:

Telephone:

1.2. Information on current housing

Last & first name:

(maiden name)

Matricule:

2. Information on current housing

2.1. Number of rooms

TYPE OF ROOM	NUMBER	RESERVED FOR EXCLUSIVE USE BY ONE HOUSEHOLD	
Bedroom		☐ Yes	☐ No
Living room		☐ Yes	☐ No
Kitchen		☐ Yes	☐ No
Toilet		☐ Yes	☐ No
Bathroom		☐ Yes	☐ No

2.2. Rent

Monthly rent of the housing, excluding charges:

Amount of monthly charges:

**This form must be returned no later than 31 December 2026 to the
Commune de Steinfort - B.P. 42 - L-8401 STEINFORT or by e-mail info@steinfort.lu.**
Should you require any additional forms or further information, please do not hesitate
to contact us on **39 93 13-1**.

I, the undersigned, certify that the information provided on this form is correct.

Place & date:

Signature of the applicant
& Signature of the spouse

Documents to be attached to the application

- ☐ Copy of income or pension certificates for the last three months
 - of the applicant
 - of the spouse/partner
- ☐ Copy of certificates for any other income received in the last twelve months, for example:
 - accident insurance
 - family allowances
 - sickness/cash benefits
- ☐ Copy of the divorce judgment
(certificate stating the amount of alimony received or paid);
- ☐ Affiliation certificate issued by the Centre commun de la sécurité sociale
– Affiliation Department (tel. 40 14 11 / www.ccss.lu);
- ☐ Copy of both sides of the identity card or residence permit;
- ☐ Copy of the current lease agreement;
- ☐ Rent (proof of rent payment, bank transfer, etc.);
- ☐ Copy of the lease termination letter, if applicable (copy of the judgment);
- ☐ Certificate of ownership or non-ownership, issued in Luxembourg by the Service des évaluations immobilières (tel. 247 52 318 / sevi@co.etat.lu)

OR

Sworn Statement (in case of non-ownership)

I, the undersigned

born on

in

, residing at

hereby declare on my honour that I am neither the owner, nor the usufructuary, nor the leaseholder of a dwelling, and that I do not hold any right of residence in another dwelling.

I acknowledge that a false declaration on my part exposes me to criminal penalties.
Issued to serve and be valid as required.

Place & date:

Signature

The information collected in this application form is necessary in order to proceed with your request for the "Application for senior housing".

These personal data are subject to a computerised data treatment which is necessary in the context of your request. Only the municipality of Steinfort will have access to this information. The data you provide will be kept for the necessary period in order to fulfil the above-mentioned purposes or as long as required by law.

In accordance with the Regulation (EC) 2016/679 on the processing of personal data and on the free movement of such data, you have the right to access, rectify, erase or request the restriction of the processing of your data. You have the right to object to the processing of your personal data, the right to dereference of your data and the right to challenge a decision resulting from an automated process.

You also have the right to lodge a complaint with the National Commission for Data Protection (CNPD), if you believe that the processing of your data does not comply with the law. To exercise your rights provided by the law or to withdraw your consent to the processing of your personal information, please contact the Data Protection Officer of the municipality of Steinfort by e-mail to: dpo@steinfort.lu, or by post to:

DPO - Commune de Steinfort 4, Square Patton L-8443 Steinfort.

By filling in and returning this form, you consent to the use of your personal data for the purpose of your application for a "Application for senior housing".