

Form No

Date:

Receipt No.



NHC HOUSE
AGA KHAN WALK
P O BOX 30257 (00100)
NAIROBI
TEL: 254-020-312147, 312149
FAX: 254-020-311318
E-mail: info@nhckkenya.go.ke
Website: www.nhckkenya.go.ke

APPLICATION FOR NHC RENTAL HOUSING ACCOMMODATION

1. NAME AND ADDRESS:

- (a) Full Names of Applicant.....
- (b) Age.....
- (c) ID/ Passport Number.....
- (d) Marital Status ('M' if married 'S' single 'W if widowed 'D' if Divorced).

M	S	W	D
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- (e) If married give full names of spouse
- (1) Age of spouse
- (f) Current residential address
- City
- Estate..... Road/Street.....
- Plot No.
- Rent payable for this residence KShs.....
- How long have you stayed in this address
- (g) Postal Address.....
-Zip Code.....
- (h) Telephone Number Private/Mobile
- Office
- E-Mail address.....

(i) For how long have you been working in the town of your residence.....

(j) Name, address and telephone contacts of previous two landlords:-

1. 2.

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(k) Reasons for changing residence(s)

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(l) In which estate are you applying for a house?

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(m) What type and size (in rooms) of house do you require?

Flat..... Bungalow.....

Maisonettes..... Condominium.....

(n) Do you have school going children? Yes/No

(i).....

(ii) If yes, where do they go to school?

(p) What rent do you offer for the premises applied for?

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2. IF EMPLOYED

- (a) Name and Address of Employer.....
- (b) Position Held
.....
- (c) Length of Service with this Employer
- (d) Present Annual Income

Salary	KShs.	P.a.
House Allowance	KShs.	P.a.
Other Income	KShs.	P.a.
TOTAL	KShs.	P.a.

- (e) Name and Address of spouse's Employer.....
.....
.....
- (f) Indicate the mode of monthly rent payments:
- (i) Cash/Cheque
 - (ii) Check-off
 - (iii) Bank standing Order
 - (iv) Other (specify)

NOTE: The above information must be supported by documentary evidence for all income undertakings.

3. IF SELF EMPLOYED

State business or profession

Average Annual Income KShsP.a.

Accounts or income tax returns if any.

4. **State period of continuous stay in** Town/City

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5. DETAILS OF DEPENDANTS

NAME	RELATION	AGE	SEX
.....
.....
.....
.....
.....

(a) This form must be completed and accompanied by:

- (i) All documentary evidence.
- (ii) One passport size photograph of the Applicant.

(b) Application should be returned to the **CHIEF ESTATES OFFICER** of the Corporation.

(c) Applications will not be accepted from Persons Under 18 years of age.

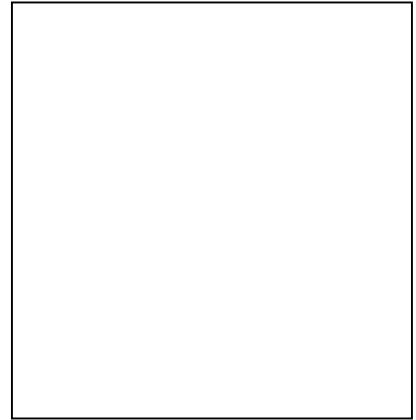
6. Names, Addresses and telephone contacts of two referees (if employed, the 1st Referee to be your Employer).

1.	2.
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7. Name, Address and Telephone contacts of two guarantors.

1.....	2.
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CERTIFICATE AND SIGNATURE OF APPLICANT



Affix passport size coloured photo

I have read and fully understood this application form and I certify that to the best of my knowledge and belief the particulars detailed above are true. I understand that the falsification of any of these particulars may cause this application to be rejected and lead to forfeiture of the accommodation offered on weight of false information and further that this application does not guarantee my being allocated a premise.

DATE: SIGNATURE

Witnessed By:

Name:

Address:

ID No.

Signature:

FOR OFFICIAL USE ONLY

Serial No.	
Received by :	
Date Received.	
Previous application folio No.	
Date of old Application-	
No. of points awarded	
No. of house allocated	

SIGNATURE/STAMP