



FJÖLSKYLDU- OG
FRÆÐSLUSVIÐ

APPLICATION FOR SPECIAL HOUSING SUPPORT

Pursuant to the Housing Benefits Act No. 75/2016
and the Rules of the Municipality of Ölfus on
Special Housing Support

Receipt confirmation
Date. _____

Applicant's name _____ National ID number (kennitala) _____
(Must be the same as the tenant's name stated in the lease agreement)

Legal residence _____ Municipality _____

Current Address _____ Municipality _____
(Complete only if different from the legal residence; applies only to students)

Telephone: _____

Email: _____

Description of the rented housing

Address/location _____ size (m2) _____ Number of rooms _____
Floor (if applicable) _____

Household Composition ☐1+0 ☐1+1 ☐1+2 ☐1+3 ☐2+0 ☐2+1 ☐2+2 ☐2+3

(Explanation: 1+0 = Single person 1+1 = Single parent with one child 2+0 = Couple (married/cohabiting) with no children)

Please provide the bank account into which the special housing support should be paid. The account must be registered in the applicant's name

Bank: _____ Ledger(account series): _____ Account number _____

*Please fill out if **the landlord** is to receive the payment*

Landlord's Name _____ National ID Number (kennitala) _____

Address _____

Documents to Be Attached:

___ Confirmation of housing benefit payments from the **Housing and Construction Authority (HMS)**.

___ Copy of the registered lease agreement.

___ Most recent tax return for all persons registered as living in the housing.

___ Payslips for the past three months for all household members with employment income.

___ Confirmation of school enrollment for students aged 20 years or older.

Please note: Applications must be received no later than the 16th of each month.

Any other information the applicant wishes to provide:

I hereby apply for housing benefits in accordance with Act No. 75/2016. I declare that all information provided in this application is true and correct. I undertake to notify the municipality immediately of any changes to my financial circumstances, household composition, or any other circumstances that may affect my entitlement to housing benefits or the amount of the benefit..

Date

Applicant's Signature

I/We, the undersigned residents of the rented dwelling, hereby grant the municipality full and unrestricted authorization to obtain information regarding our income and assets from the Icelandic tax authorities.

Name: _____ National ID number: _____

Name: _____ National ID number: _____

Name: _____ National ID number: _____

Name: _____ National ID number: _____

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