## AT 1e

## **Kela**<sup>©</sup>

## Application General housing allowance

You can also complete the application and file related documentation online at <a href="https://www.kela.fi/omakela">www.kela.fi/omakela</a> (in Finnish) or <a href="https://www.kela.fi/omakela">www.kela.fi/omakela</a> (in Finnish) or <a href="https://www.kela.fi/laskurit">www.fpa.fi/mittfpa</a> (in Swedish).  More information is available at <a href="https://www.kela.fi/laskurit">www.kela.fi/housing-benefits</a> You can calculate the amount of the benefit at <a href="https://www.kela.fi/laskurit">www.kela.fi/laskurit</a> (in Finnish) or <a href="https://www.fpa.fi/berakningar">www.fpa.fi/berakningar</a> (in Swedish).  Please make sure to complete the form carefully. Attach all necessary documentation.  We may contact you for further information if necessary.  Send the application and any supporting documents by mail. The address is Kela, PL 10, 00056 KELA.
If you have questions, please call our customer service number (www.kela.fi/call-kela).
If you have moved to Finland and you have not previously claimed benefits from Kela, also complete form Y 77e. If you are going abroad, also complete form Y 38e.
When to apply: General housing allowance can be granted from the beginning of the month preceding that in which your application is received. The allowance is always granted as of the first day of the month.
1. Applicant
Personal identity code Family name and given name
Telephone
Address   i If you are about to move, state your new address.
Postal code Postal district
The municipality in which the home is located Date of moving in:
I am living in a cohabiting relationship since
I am separated from my spouse since .
Spouse means cohabiting spouse with whom you live together in a couple relationship or a married spouse.
Is the separation due to the end of a couple relationship?
Are you a student?
2. Payment details
Applicant's bank account number (indicate the bank account number even if the benefit is paid out to the landlord)
Housing allowance is payable to the applicant the landlord
Retroactive allowance is payable to the applicant the landlord
Bank account number of the landlord (state the bank account number only if the benefit is payable to the landlord)
Reference number for the payment
if the landlord has reported a reference number for payment of the rent, Kela can pay the housing allowance to the landlord only if you report

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Which benefit do you wish to app  New housing allowance starting	ation of changes			
New housing allowance starting				
	from Ne	ew housing allowance means that you do not owance.	currently	receive housing
Annual review of the housing al	owance because one year has past	since the housing allowance was awarde	ed or las	st reviewed.
Review of housing allowance in	current payment.			
State what type of changes in the	ne household have happened or will	nappen.		
Change in income as from	Report the ch	anged income under section 7. Househo	old incor	ne.
Change of residence				
	from			
		f persons in the household as from		
		to owner-occupied) as from		
		nt's housing supplement		_
Persons living in the ho				
A household means the people whethey are considered as a commun wish to apply for housing allowance the application.	o live permanently in the same flat or hou il household. If you live in a communal he on behalf of the household. Enclose the	use. If several persons have rented a home u ousehold, you must have a power of attorney e form AT 5e, Power of attorney to represent	nder a jo from the a commu	oint rental agreement, enther residents if you unal household with
When moving, remember to report one week of the change of addres	also the changed address of your childres. Inaccurate address details may cause	en to the Digital and Population Data Services a delay in the processing of the application.	s Agency	at the latest within
If your household includes a disab information. This information affec	ed person who needs extra living space s the amount of the housing allowance.	or an assistant, provide details about this at s	section 1	1. Additional
ersonal identity code or date of	Name		udent	Estimated time of
irth of spouse		(ye	es)	graduation (month and year)
If there is not enough space here to	or the details for all household members,	report their details at section 11. Additional in	nformatio	on.
ersonal identity code or date of irth of child or other person who hare the home or apartment	Name	Sti (ye	udent es)	Estimated time of graduation (month and year)
			<u>Ц</u>	1
·				<u></u>

	per month starting from
In addition to the rent or maintenance charge, do you	pay separately for any of the following?
Water Yes	☐ No
Heating Yes Electricity Yes	No No
·	o not have to state the upkeep costs for the home, for instance water and heating costs.
The state of the s	o not have to state the approop code of the noting, for metallice flate, and healing code.
If you live in an owner-occupied home or right-of-occubome?	upancy home, do you or does a member of your household have housing loan for this
No Yes. See section 10. Enclosures.	
Does your household have a subtenant?	
☐ No ☐ Yes	
Monthly rent paid by the subtenant:	EUR
Subtenant's name and date of birth	
7. Household income	
If your household receives wages and salaries or ben from the Tax Administration when assessing the incon amount of housing allowance.	efits, we receive information on them from the national incomes register. We also use information ne. However, we already now need information on coming incomes because they may affect the
State the household income to its gross amount, i.e. by and the incomes of underage children need not be re	perfore taxes and other deductions. Also state any tax-exempt income. Benefits received from Kela
-	
Do you or does another member of your househo	nd receive some of the following incomes?
Wage or salary	
Wage or salary  State the wage or salary and any wage supplements.	If the wage or salary varies, estimate and state the average monthly wage or salary. If there are
(i) State the wage or salary and any wage supplements. several employers, state the details for all the employ	ers. When needed, use section 11. Additional information.
(i) State the wage or salary and any wage supplements.	ers. When needed, use section 11. Additional information.
State the wage or salary and any wage supplements. several employers, state the details for all the employ  No  Yes. Specify who receives a wage of	ers. When needed, use section 11. Additional information.
State the wage or salary and any wage supplements. several employers, state the details for all the employ  No Yes. Specify who receives a wage of the Name of employer	ers. When needed, use section 11. Additional information. or salary.
State the wage or salary and any wage supplements. several employers, state the details for all the employ  No  Yes. Specify who receives a wage of	ers. When needed, use section 11. Additional information.  or salary.  Fixed-term
State the wage or salary and any wage supplements. several employers, state the details for all the employ  No Yes. Specify who receives a wage of the Name of employer  Employment relationship:	ers. When needed, use section 11. Additional information. or salary.
State the wage or salary and any wage supplements. several employers, state the details for all the employ  No  Yes. Specify who receives a wage of the salary and any wage supplements. Several employers, state the details for all the employer and the several employer and the salary and any wage or salary.  I Name of employer	ers. When needed, use section 11. Additional information.  or salary.  Fixed-term Open-ended as from
State the wage or salary and any wage supplements. several employers, state the details for all the employ  No  Yes. Specify who receives a wage of the salary and any wage supplements. Specify who receives a wage of the salary and the employer of the salary and any wage or salary and any wage of the employer of the salary and any wage of the employer of the employer of the salary and any wage of the employer of	ers. When needed, use section 11. Additional information.  or salary.  Fixed-term Open-ended as from
State the wage or salary and any wage supplements. several employers, state the details for all the employ  No Yes. Specify who receives a wage of the Name of employer	Fixed-term Open-ended as from per month.
State the wage or salary and any wage supplements. several employers, state the details for all the employ  No  Yes. Specify who receives a wage of the salary and any wage supplements. Specify who receives a wage of the salary and the employer of the salary and any wage or salary and any wage of the employer of the salary and any wage of the employer of the employer of the salary and any wage of the employer of	ers. When needed, use section 11. Additional information.  or salary.  Fixed-term Open-ended as from
State the wage or salary and any wage supplements. several employers, state the details for all the employ  No Yes. Specify who receives a wage of the Name of employer	Fixed-term per month.
State the wage or salary and any wage supplements. several employers, state the details for all the employ  No Yes. Specify who receives a wage of the Name of employer	Fixed-term
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State the wage or salary and any wage supplements. several employers, state the details for all the employ  No Yes. Specify who receives a wage of the Name of employer	ers. When needed, use section 11. Additional information.  Prixed-term
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State the wage or salary and any wage supplements several employers, state the details for all the employ  No Yes. Specify who receives a wage of the Name of employer	ers. When needed, use section 11. Additional information.  or salary.  Fixed-term Open-ended as from R per month.  Fixed-term Open-ended as from R per month.  cify who.  Fixed-term Open-ended as from R per month.  Cify who.
State the wage or salary and any wage supplements. several employers, state the details for all the employ  No Yes. Specify who receives a wage of the large of t	ers. When needed, use section 11. Additional information.  Prixed-term
State the wage or salary and any wage supplements several employers, state the details for all the employ  No Yes. Specify who receives a wage of the Name of employer	rs. When needed, use section 11. Additional information.  r salary.  Fixed-term Open-ended as from  per month.  Fixed-term Open-ended as from  per month.  Cify who.  Fixed-term Open-ended as from  per month.  Fixed-term Open-ended as from  Fixed-term Open-ended as from



	some other country than Finland	
No	Yes. Specify who receives such a pension.	
	Spouse	
	Other household member. Specify who.	
	Amount of the pension per month	<del></del>
	Currency	
	From which country?	
Scholarships at		
No	Yes. Specify who receives a grant or scholarship.	
	Spouse Spouse	
	Other household member. Specify who.	
	For the period	
	Is the person receiving a grant or scholarship insured under the MYEL (Farmers') Pensions Act? No Ye	es
	If the grant or scholarship is paid from another country, state the amount of the grant or scholarship in EUR per month.	
Are you or is so	omeone else in your household self-employed?	
No	Yes. Specify who.	
	Chause	
	Spouse Other household member. Specify who.	
	Name or business ID (Y-tunnus) of the company	
	The self-employed person has insurance under the Self-Employed Persons' Pensions Act (YEL) or	
	the Farmers' Pensions Act (MYEL).	
	The self-employed person receives a business start-up grant as of  If the self-employed person does not have insurance under the YEL or MYEL Pensions Acts or does not receive a business star	t up
	grant, state the self-employed person's own assessment of the income EUR per month.	t-up
	grant, state the self-employed persons own assessment of the meeting Lork per month.	
8. Capital i	income	
Do you or does	s another member of your household receive any of the following types of income?	
Rental income		
the rent in ful	ntal income for all sources (for instance unit in a housing co-operative, single-family home or business premises). State the amount of ill, i.e. without any deductions.	
No	Yes. Specify the source of the rental income.	
	A unit in a housing co-operative. Specify the recipient.	
	Spouse	
	Other household member. Specify who.	
	Address of the rented home Amount of rent: EUR per month.	
	Amount of rent: EUR per month.  Is a water charge included in the rent? No Yes	
	Maintenance charge for the home EUR per month.	
	Are the heating costs included in the maintenance charge?  No  Yes	
	State the number of persons who live in the home.	
	A single-family home. Specify the recipient.	
	Spouse	
	Other household member. Specify who.	
	Address of the rented home	
	Amount of rent: EUR per month.	
	State the number of persons who live in the home.	
	Some other source. Specify the recipient.	
	Spouse	
	Other household member. Specify who.	
	State the type of source of rental income (for instance business premises).	
AT 10 04 04	Amount of rent: EUR per month.	
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Interest income			
(j) You can recei	ve interest on for instance money in bank accounts or oth	er assets.	
No	Yes. Specify the recipient.  I Spouse Other household member. Specify who.		
	Specify from which type of assets.		
	State the amount of money or other assets.		
	State the interest rate, or the amount of interest inc		
	State the interest rate, or the amount of interest inc	orne in the po	ast year.
Forest holdings	Van		
	Yes  Are the forest area and the municipality where the f Yes No	forest is locat	ed the same as in the previous tax assessment?
	State whose forest holdings have My forest holdings Spouse's forest holdings Other household member's forboldings. Specify whose.	-	
	· · · ·	the municipal	lity where the forest holdings are located.
	otato ano canone lorgot area ana	ino mamorpa	in who is to be the lange are recated.
_ ,			
Equity savings a	Yes. Specify the account holder.		
	Spouse Other household member. Specify who.		
<ul><li>Submit an an</li></ul>	nual summary or equivalent statement for the equity savi		or the preceding two calendar years unless that information has
previously be	en submitted to Kela.		
Have you or has	another member of your household bought or	sold shares	in stock or a mutual fund, other securities or
cryptocurrencie	s in the previous 12 months?		·
the number ar	nd name/type of shares, and when they were purchased.	nousenoid men You can also r	nbers own. State who owns them, the name of the company/fund, eport the information by enclosing relevant documentation (for
	ment of the book-entry account).		
No	Yes. Specify who.		
	Securities:		
	The sale of securities continues	No	Yes
	Spouse		
	Securities:		
<b>=</b>			
	The sale of securities continues	No	Yes
	Other household member. Specify who.		
	Securities:		
	Securities.		
<b>=</b>	The sale of securities continues	No	Yes

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	ember of your household receive some other type of capital income than those mentioned above? the recipient, type of income and amount per month.
9. Changes in incom	ne
Will you or someone else i	n your household apply for unemployment allowance from the unemployment fund or from Kela?
	s or benefits that you or some other household member receives will change?
No Yes. State	whose income will change, when the income will change and how. Estimate the income and state the gross the income, i.e. the amount before taxes and other deductions.
10. Enclosures	
(i) Kela receives the details o submit the rental agreeme	n rental housing from certain landlords in electronic form. In this case, the recipient of housing allowance does not need to nt. You can check at <a href="https://www.kela.fi/rental-agreement">www.kela.fi/rental-agreement</a> , if we receive the details in electronic form from the landlord.
documentation again. The change and Kela does not	relevant documentation to Kela already previously for instance for another benefit, you need not submit the same rental agreement is needed in reviews of housing allowance in current payment only if the terms of the rental agreement receive the information from the landlord in electronic form.
	cuments related to your application because we may request them at a later stage, when necessary.
they are considered as a c	n the household sople who live permanently in the same flat or house. If several persons have rented a home under a joint rental agreement, ommunal household. If you live in a communal household, you must have a power of attorney from the other residents if you illowance on behalf of the household. The form is available on our website at <a href="https://www.kela.fi/forms">www.kela.fi/forms</a> .
	resent a communal household, Kela form AT 5e.
Copy of the specification Statement from the cred	nt-of-occupancy agreement.  of the maintenance charge.  itor showing the amount of housing debt or an account statement showing the loan number, outstanding amount, epercentage (required for owner-occupied and right-of-occupancy homes).
Section 7. Household incomment or equipment of the documentation on	valent statement for the equity savings account for the preceding two calendar years.
11. Additional inform	ation – write the number of the section you are referring to.
Additional information on	a separate sheet. Write your name and personal identity code on the sheet.
12. Signature I declare that the information	on I have given is true and accurate. I will notify any changes.
Place and date	Signature and printed name of the applicant
Information obtained for the pur obtained within the context of an	pose of deciding the present matter may be used for other benefit-related matters, if so required under law. Any information nother benefit may also be used to decide the present matter.
	mation about which outside sources we may access to obtain additional information about your circumstances and to whom

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