

Email genhusning@dabbolig.dk  
Direct tel. +45 77 32 00 45  
Date May 2025

## Rehousing form

### 1) The household

#### Family matters

Single ☐  
Single w. child/children ☐  
Couple ☐  
Couple w. child/children ☐

Age	Number
0-13 years	_____
14-18 years	_____
19-64 years	_____
65-75 years	_____
75+ years	_____

### 2) Pets

Yes ☐ No ☐

If yes, which: \_\_\_\_\_

### 3) Requests for temporary dwelling

DAB to find rehousing ☐

I will find rehousing myself ☐

Special needs that should be taken into consideration at the rehousing when allocating a temporary dwelling. Special needs that should be met, if possible:

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### 4) Requests for permanent dwelling

Back to current dwelling ☐

We are not able to guarantee a permanent rehousing but we would like to help you find a new dwelling if possible. If this is not possible, you will be returned to your own dwelling after the renovation.

#### New flat in the housing association:

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**New flat in the housing company:**

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**5) Removals**

I wish to arrange removals myself  
and will receive DKK 2,000 per room ☐  
plus DKK 1,000 for the kitchen to  
be paid with my settlement.

I wish to use the affiliated removals  
company ☐

**6) Contact information to removal  
company**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

**7) Sharing of contact information**

I agree that DAB will forward the above ☐  
contact details to the moving company.

**8) Guardian/power of attorney**

*A separate form must be completed if you  
wish to grant a power of attorney to  
another person who may handle your  
interests in relation to rehousing.*

Power of attorney to next of kin ☐

**9) The tenant's acceptance of the  
agreement**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

**10) DAB's/the Housing Company's  
confirmation of receipt of the  
agreement**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

DAB