MPIM ACCOMMODATION REQUEST

Salutation Family name First name Title Nationality E-mail address Begin of tenancy End of tenancy Number of adults (incl. yourself)	·		
Number of children (incl. ages)			
Preferred accommodation ☐ MPIM (apartments from our a ☐ Universitätsclub Bonn (guest ☐ Hotel (for short stays)	·		
Preferred type of accommodation	ı		
☐ room in a flat share		☐ 3 - 4 room apartment	
☐ studio / single apartment		☐ furnished	
☐ 2 room apartment (one bed room and one living room)		☐ unfurnished	
Maximum amount of monthly ren	t (excluding additional charge	es)	EUR
Additional requests			
Smoker (smoking inside apartme	ents is not allowed)	□ yes	□ no
Do stairs present a problem for you?		□ yes	□ no
Allergies		□ yes	□ no
Crib		□ yes	□ no
Childcare		□ yes	□ no
Please specify special requireme	ents		
Date, Signature			

Please send this form by e-mail to housing@mpim-bonn.mpg.de

(Please advise us immediately of any subsequent changes to your visiting dates or details!)