



Modern Living at the Heart of the Borella City



House Reservation Application Form

Middle Income Housing Project

Urban Development Authority

6th Floor, Sethsiripaya,

Battaramulla.



MINISTRY OF URBAN DEVELOPMENT, COAST
CONSERVATION, WASTE DISPOSAL AND
COMMUNITY CLEANLINESS



Office Use Only

Application Number

Date

Time

Supporting Documents

1. Fully Completed Application Form

2. Copy of National Identity Card (Applicant's and Joint Applicant's)

3. Proof of Present Address (Current Utility Bill)

4. Last Four Months' Salary Slips

Application Form**Personal Details**

Name in Full

(Mr./Mrs./Miss/DR./Dr./Prof./Rev.)

Name with Initials

Last Name

Gender (please tick)

Male

Female

Date of Birth

DD

MM

YYYY

Age

NIC/Passport No.

(Please attach a certified copy of NIC)

Postal Address

Permanent Address

Telephone

Home

Mobile

Office

Electronic Mail

Marital Status

Single

Married

Divorced

Profession

Joint Applicant's Details (Spouse/Father/Mother/Son/Daughter/Other)

Name in Full

(Mr./Mrs./Miss/DR./Dr./Prof./Rev.)

Name with Initials

Last Name

Gender (please tick)

Male

Female

Date of Birth

DD

MM

YYYY

Age

NIC/Passport No.

(Please attach a certified copy of NIC)

Postal Address

Permanent Address

Telephone

Home

Mobile

Office

Electronic Mail

Profession

Employment & Service Experience								
	Employer	Sector	Address	Telephone	Position Held	Period		Service in years
						From	To	
1						dd/mm/yyyy	dd/mm/yyyy	
2						dd/mm/yyyy	dd/mm/yyyy	
3						dd/mm/yyyy	dd/mm/yyyy	
4						dd/mm/yyyy	dd/mm/yyyy	

Sector=Self/Private/Public

Monthly Income & expenditure				
From occupation (Please attach last 04 months salary pay slips)				Total (Rs.)
Earnings		Deductions		
Basic Salary		EPF/ETF		
Fixed Allowances		Taxes		
Overtime/Holiday pay		Loans/Interests		
Others		Others		
Total earnings		Total Deductions		
Other Income				
Total				

(If self employed, please attach last year Profit & Loss or Income & Expenditure account)

Employer's Certification		(Should be filled by a managerial level position)			
I certify that the above particulars are true and correct as per the service records.					
Name with initials					
Designation					
Employer					
Employer's Address					
Contact Number					
Signature		Date	DD	MM	YYYY

Floor (03-28)	House Type	A	B	C
		*BR-02 *Bathroom-02	* BR-03 * Bathroom-02	* BR-03 * Bathroom-02 * Maid room with Bathroom

.....
Signature of the Applicant

.....
Date