



# Application for alternative accomodation to reception centres

You must fill in this form if you are applying for an alternative to reception centre placement.

If you live in an asylum reception center, you can get help from the staff at the reception center to fill in the form and send it in for you.

You must send the application to the UDI Regionkontor Indre Østland, Postboks 1253, 2806 Gjøvik.

You can read more about alternative reception places in [retningslinje UDI 2020-005](#)

## The application applies to

- myself
- my spouse/cohabitant
- my child/children

## Information about you as an applicant

### Main applicant

First name

Last name

DUF-number

Date of birth

The name of the reception centre or the private address you live at

### Family members included in your application

If you are applying for more than five people, you must attach a separate sheet.

Person	Name	DUF-number or Norwegian national ID number
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

## Name of the municipality you wish to live in

## Why do you want to live in the municipality?

Tick the option that applies to you, attach the information we request, and submit it together with this form.

### I have close family in the municipality, that I wish to live with

I have a spouse or cohabitant who lives in the municipality (se utlendingsloven §§ 40 41). (Fill in information about them on the next page).

I am a child under the age of 18 who has a mother and/or father who lives in the municipality. (Fill in information about them on the next page).

I am the mother/father of children under the age of 18 who live in the municipality. (Fill in information about the child/children on the next page).

I have parents or children living in the municipality in need of my care. (Information about them must be included on the next page. Attach a doctor's statement or similar that confirms this).

I am in need of care and have parents or children who live in the municipality, willing to take care of me. (Fill in information about them on the next page and attach a doctor's statement or similar that confirms this).

I am a minor and have close family or other caregivers who live in the municipality. (Enclose documentation/explanation that confirms the family relationship or the relationship with the caregiver).

### I need follow-ups

I need health care or psychosocial follow-up in the municipality, or will continue a treatment I am undergoing. (Enclose a doctor's statement or similar that confirms this).

I have previously had a reflection period or temporary residence permit as a possible victim of human trafficking, (In accordance with utlendingsforskriften § 8-3 første og annet ledd) and am still receiveing follow-up from the municipality and/or have a strong connection to the municipality. (Enclose documentation/explanation of why you live in the municipality and how long you have lived there).

## Do you want to live with family or a caregiver who already lives or will live in the municipality?

Fill in the personal information of the family member or caregiver you want to live with.

**First name**

**Last name**

**DUF-number or Norwegian national ID number**

**Family relationship**

**Address**

**Postal code**   **Postal district**

## You are a family member or caregiver with whom the applicant will live

I confirm that the applicant will live with me at the address filled in above.

Place

Date

\_\_\_\_\_  
Signature of family member or caregiver

## Other information

Information you, your representative or an employee at the reception centre may have relevant to the application, can be written in the field below or on a separate sheet attached to this application.

## Registration and disclosure of personal information when applying for alternative placement

The reception centre and the UDI may process personal information about you necessary for the handling of your application.

You can find more information about how the UDI uses your personal information in the Norwegian Directorate of Immigration (UDI)'s [privacy statement](#).

## Confirmation and signature

I have been informed of and am aware of my rights relevant to the General Data Protection Regulation. I have the right to demand access to or correction of my personal data.

The UDI will disclose your personal data to the municipality as necessary when considering your application. This may be information about

- name
- date of birth
- citizenship
- gender
- family relationships
- follow-up needs

If your application includes family members who are 18 years or older, they must also sign the form.

I have understood the information provided in this application form. I confirm that all the information and documentation provided in this application are correct.

Place

Date

---

The signature of you who apply

---

The signature of family members 18 years or older

Place

Date

---

The signature of the representative of an unaccompanied minor