**APPLICATION FOR FINANCIAL SUPPORT**

Submitted to the DPSA on:

**former employee PENSIONER**

Computer no.:……………………… Name and surname:……………………………………………………………………………………………..

Phone no.: ………………...……………………………………………………………………………………………………………………..……..

Address of residence: ……………………………………………………………………………………………………………………….………….

……………………..……………………………………………………………………………………………………………………….………..….

Bank account no.:

…………………………………………………………………………………………………………………………………………….……….…...

***(changes in a bank account number or address of residence should be reported in writing)***

Grounds for the request:

.............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

...............................................................................................................................................................................................

**I attach to the application documents supporting the legitimacy of the application (chronic illness must be documented with a medical certificate submitted annually with the related costs of treatment documented with a named invoice).**

**Payment method\* *(changes in a bank account number or address of residence should be reported in writing)***

postal transfer to the address of residence\*

transfer to a bank account\*

**\*mark the right answer**

**STATEMENT OF THE PENSIONER ON FAMILY INCOME**

I declare that the average monthly income per family member, calculated based on all the income of persons residing in a common household, achieved in the previous tax year, falls within the range of:

**up to PLN 3,000 over PLN 3,000 to PLN 4,000 over PLN 4,000 to PLN 5,000 over PLN 5,000**

As part of the functional control exercised by the Department of Personal and Social Affairs or at the request of the Inter-Union Social Affairs Team, in order to verify the reliability of the submitted statements on the average monthly income per family member in a common household and the completeness of the data contained in the application, the social worker will request the submission **for review** of a certificate from the Tax Office (copies of PITs filed with the Tax Office) on the income of the eligible person and persons in a common household.

* **The concealment of the actual level of income by applicants for support from the Fund's** **resources will result in the forfeiture of the right to any benefits for the current and the following 2 calendar years.**
* **Refusal to submit the requested documents for review will result in forfeiture of the right to any benefits for the current**   
  **and the following 2 calendar years.**

I declare that I have been informed about the manner and purpose of the processing of data and about my rights related to the processing of my personal data and personal data of my family's members to benefit from the Social Benefits Fund of the University of Silesia in Katowice under Section 13 (1) and (2) and Section 14 (1) and (2) of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons concerning the processing of personal data and on the free movement of such data, and repealing Directive 95/46/WE (General Data Protection Regulation; GDPR in short):

* **for employees** in the GDPR information clause annexed to the Information Security Policy at the University of Silesia in Katowice (Regulation of the Rector of the University of Silesia 153/2018);
* **for persons entitled to use the Social Benefits Fund who are not employees of the University of Silesia** in the GDPR information clause annexed to *Annexe no. 3 to Regulations of the Social Benefits Fund of the University of Silesia*.

**I confirm the reliability of the above data with my own handwritten signature and declare that I have read and understood the contents of the Regulations of the Social Benefits Fund.**

**»»»** …………………………………………………………………

**date and signature of the applicant**

**Statement by former employee pensioner:**

**I declare that my pension has not been suspended »»»**

**………………………………………………………………  
 date and signature of the applicant**

**FORMAL VERIFICATION OF THE APPLICATION BY THE DPSA EMPLOYEE**

For the calendar year …………………………………………………………………………….……………………………………...

No hardship and relief aid have been granted

The aid of the following kind has been granted:

* hardship aid in the amount of: PLN …………………………..……….. ………………………; ……………….………

How many times? When?

for: ………………………………………………………………………………..………………………………………………

* relief aid in the amount: PLN …………………………..…. ………………………; .……………………..

How many times? When?

for: ………………………………………………………………………………………….……………………………………

Formal comments on the application (description of the attached evidence):

|  |
| --- |
|  |
|  |
|  |
|  |

……….…………………………………………….

date and signature of the DPSA employee

**RECOMMENDATION OF THE INTER-UNION SOCIAL AFFAIRS TEAM**

Not to grant hardship / relief aid

To grant aid of the following kind:

* hardship aid in the amount of: PLN …………………………..….

***I increase the amount of aid to: PLN .....................................***

***/ I do not increase the amount of aid***

***Signature and stamp of the Rector***

* relief aid in the amount of: PLN …………………………..….

grounds for the position ………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………..

**Where aid is granted more than once per calendar year, state the specific circumstances in favour of granting the aid.**

Signatures of the committee members:

…………………………………………………. …………………………………………………

………………………………………………….. …………………………………………………

.

**DEPARTMENT OF PERSONAL AND SOCIAL AFFAIRS**

In accordance with report no. ………….…..…… of ……………………….….……..…. the hardship / relief aid has been granted / has not been granted in the amount of PLN ………………………..………

Formally verified …………………………………………………………

signature of the DPSA employee