**Name and surname:** Katowice……………………….

Submitted to the DPSA on:

**……………………………………………..**

**Address of residence\*:**

**………………………………………..........**

**Phone number:**

**……………………………………………..**

\*applies to pensioners only

**HIS MAGNIFICENCE RECTOR**

**of the University of Silesia**

**in Katowice**

**A P P L I C A T I O N**   
**(EMPLOYEE/former employee: PENSIONER)**

**FOR A HOUSING LOAN FROM THE SOCIAL BENEFITS FUND.**

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

**PLN …..…………………………………….…………**

Granting of a housing loan of more than PLN 15,000 up to PLN 20,000 requires the addition to the application, **only for review**, of a document confirming the fact of acquiring a right to an apartment/house/approved building cost estimate (in an amount not less than the amount of the loan).

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, to verify the reliability of the submitted statements on the average monthly income per family member in a shared 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 shared household.

* **The concealment of the actual income level by applicants for support from the Fund's resources will result in the loss 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 am submitting an application to be granted:**

1. Loan from the Social Benefits Fund amounting to PLN ..................................................................……………………………………………………..……

(in words: PLN .............................................................................................................................................),

which I undertake to repay, including interest, in .............................. monthly instalments

2. The loan is intended to: ……………………………………………………………….…………………………...……….

3. The amount of the loan granted to me will be transferred to the bank account to which the US remuneration is paid

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

/or enter a bank account number

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

**I enclose for the DPSA employee’s review the documents for loan eligibility:**

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

……………………………………………..

signature and stamp of the DPSA employee

**The applicant Mx** …………………………………………… employee number ……………………………………..

Employed in the US from ………………………… in the position of ……………………………..……..

on a full-time/part-time basis. Employment relationship concluded for an indefinite/fixed term until

………………………………………………….

**Is not within the notice period of the employment relationship.**

**As guarantors of the repayable loan, I propose:**

Mx ………………………………………………………..……….. employee number……………..……………....…………....

Employed in the US from ………………………… in the position of ……………………………..……..

on a full-time/part-time basis. Employment relationship concluded for an indefinite/fixed term until

………………………………………………….

**Is not within the notice period of the employment relationship.**

Mx ………………………………………………………..……….. employee number……………..……………....…………....

Employed in the US from ………………………… in the position of ……………………………..……..

on a full-time/part-time basis. Employment relationship concluded for an indefinite/fixed term until

………………………………………………….

**Is not within the notice period of the employment relationship.**

Mx ………………………………………………………..……….. employee number……………..……………....…………....

Employed in the US from ………………………… in the position of ……………………………..……..

on a full-time/part-time basis. Employment relationship concluded for an indefinite/fixed term until

………………………………………………….

**Is not within the notice period of the employment relationship.**

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 the 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 for 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 University 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 University Social Benefits Fund of the University of Silesia*.

**I confirm the reliability of the above data with my 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

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

1. The applicant shall be eligible for the following:
   1. to be considered favourably based on the application content
   2. to be considered unfavourably due to: …………………………………………………………………………….

Katowice, on ………….………………….. ……………....…...……………….…………….................……… (signature and stamp of the DPSA employee)

**CHIEF ACCOUNTING DEPARTMENT (Rectorate, room number 3.19, 3rd floor)**

1. the loan was repaid in full
2. the loan was not repaid
3. PLN ………………….…………….. remains to be repaid.

Katowice, on ……………...……………………….

(signature and stamp   
 of the Chief Accounting Department employee)

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

Acting under the applicable Social Benefits Fund’s regulations and based on a submitted and documented named application by an employee/pensioner, the Team recommends:

1. to grant a loan in the amount of: …………………………………………………….........................…….

in words: PLN …………………………………………………………………….........................………

2. not to grant a loan due to: ………………………………………….………..........................….

3. other recommendations ………………………………………………………………….........................……....

Legible signatures of the Committee Members:

……………………….........…………………..

…………………….........……………………..

..……………………....…….....…………….. Katowice, on ………………………

.......................................................................... report no. ………………

**DECISION OF HIS MAGNIFICENCE RECTOR**

1. I grant the loan for ………………………………………. in the amount of: PLN …………………………………………

2. I refuse to grant the loan due to ……………………………………………………………..………………....

Katowice, on …………………………………..

Under the authority of the Rector of the University of Silesia

..........……………………………..……………