



**POLITECHNIKA
GDAŃSKA**

**APPLICATION TO INCLUDE LOST INCOME
IN THE FAMILY INCOME (Appendix to the maintenance
scholarship application)**

APPLICATION NUMBER:.....

APPLICANT			
Name and surname:		Album number:	

LOST INCOME (before establishing the right to financial assistance benefits in a given academic year)
Please establish eligibility for a maintenance scholarship including the income lost by:

..... due to *(select as appropriate):*
Name and surname of the person who lost the income

- obtaining the right to a childcare leave,
- loss of unemployment benefit or scholarship,
- loss of employment or other paid occupation,
- loss of pre-retirement benefits, teachers' compensatory benefit, as well as old-age pension or disability pension, survivor's pension, social pension or parental supplementary benefit referred to in the Act on the Supplementary Parental Benefit,
- removal from the register of non-agricultural business activity or suspension of its performance within the meaning of Art. 16b of the Act on the Social Insurance for Farmers or Art. 36aa(1) of the Act on the Social Insurance System,
- loss of sickness benefit, rehabilitation benefit or maternity benefit, payable after losing employment or other paid work,
- loss of adjudicated maintenance payments due to the death of the person liable for these benefits or loss of cash benefits paid if the enforcement of maintenance payments is not possible due to the death of the person liable for maintenance payments,
- loss of parental benefit,
- loss of maternity allowance referred to in the provisions on social insurance for farmers,
- loss of doctoral scholarship specified in Art. 209(1) and (7) of the Act .
- reduction of salary on account of employment or other paid work or lowering the income from non-agricultural economic activity due to counteracting COVID-19 - valid until 31 October 2022

Additional information:

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Information:

The loss of income is documented with a certificate from the contribution payer or other document confirming the loss of income (date and amount).

I declare that I have read the Benefit Rules for students of Gdańsk University of Technology. Warned of criminal liability for the crime of extorting undue financial benefits (art. 286 KK) I declare that the data provided herein are complete and consistent with the facts. I declare that I was warned of the disciplinary consequences I will be subject to if it turns out that I received social benefits based on false data, up to and including expulsion from the university, irrespective of the civil law consequences, and illegally received benefits along with statutory interest will be reimbursed.
 I read the information clause for students, stipulated in §136 of the Rules.

I HAVE READ AND ACKNOWLEDGED THE INSTRUCTION HEREIN

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DATE

SIGNATURE OF THE APPLICANT