



APPLICATION

Applicant details:

Name and Surname: _____ ARC/ID: _____

Date of birth: _____ Telephone number: _____

Address: _____ Postal Code: _____

Area: _____ E-mail: _____

Profession: _____

Marital status:

Married, Single, Divorced, Widower, Other _____

Name and Age of child:

- 1) _____ does your child live with you? Yes / NO
- 2) _____ does your child live with you? Yes / NO
- 3) _____ does your child live with you? Yes / NO
- 4) _____ does your child live with you? Yes / NO
- 5) _____ does your child live with you? Yes / NO

Husband's or Wife's details:

Name and Surname: _____ ARC/ID: _____

Date of birth: _____ Telephone number: _____

Address: _____ Postal Code: _____

Area: _____ E-mail: _____

Profession: _____

Financial statements (Please note the monthly amounts for income and expenses or if some of your requests are still pending and attach relevant supporting data):

Income from:	Amount:	Expences for:	Amount:
Applicant's Profession (Net salary)		Rent	
Spouse's Profession (Net salary)		Residential loan dose amount	
Work/Benefits from children that live with you (in total for every child)		Other loan dose amount (please note the purpose of your loan)	
Public assistance benefits		Child keeping facilities	
Pension/ Invalidation Pension / Supplementary pensions		Special Medication that is not provided by the public hospital (relevant certificate is essential)	
Families benefits /Single parent benefits/ Other)		Treatments that are <u>not</u> offered by the public Hospital.	
Benefits from Department for Social Inclusion of Persons with Disabilities (Total amount)		Any special diet (f.e child's allergy on lactose)	
Spousal support		Care	
Rentals of privately owned dwellings		Other special needs	
Bank savings		Education	
Other:		Other:	

Declaration

I _____ with ARC/ID number _____ declare responsibly that all the above details and data are true and I attach all the relevant supporting data.

I am aware that all my personal details and data are intended exclusively for purposes of examination of my application and that are also known to the officer of the "Social grocery".

In case of any changes of my financial status, address or/my personal phone number I will inform the Social worker. I have read and understood all the terms and conditions and the general information (form 1) and I have a copy of my application.

I Authorize the Social grocery officer of the Limassol municipality, that he/she will search and ensure from other Government services and/or any other Authority and/or any other agency, any details and/or data that are relevant with my financial status and is essential in order for my application to be examined, to become beneficiary of the "Social Grocery" of Limassol municipality.

Signature

Date