

**DECLARATION
OF INCOME EARNED IN POLAND AND ABROAD**

This declaration must be completed by each adult family member

Surname and name: Student Book #:

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DECLARATION IN BENEFITS APPLICATION PROCEEDINGS IN THE ACADEMIC YEAR 2025/2026

Surname and name (of the person submitting the declaration):
.....

I hereby declare that I have earned the following income:

Period of earned income (e.g., start and end date: business activity, employment, contract of mandate, pension, retirement, etc.) in case of continuation, enter "ongoing"		Name of employer/contracting party, business activity, or institution paying benefits: pensions, retirement benefits, allowances, alimony, social welfare assistance from MOPS/MOPR/PCPR, scholarships, etc.
Start date (month and year)	End date (month and year)	
Year 2024		
Year 2025		

**I am currently working
(contract of mandate, employment contract, business activity, etc.)**

indicate as applicable

- NO**
- YES** from at
- (Start date) (Enter name)

I am aware of the criminal liability for making a false declaration (Act of 28 November 2003 on Family Benefits, Journal of Laws 2024, item 323).

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Place and date Legible signature of the person submitting the declaration