

**AFFIDAVIT  
ON NOT SHARING A JOINT HOUSEHOLD WITH PARENTS  
IN ACADEMIC YEAR 2025/2026**

**I: STUDENT'S PERSONAL INFORMATION**

Surname and Name: \_\_\_\_\_ Student Book #: 

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

Faculty \_\_\_\_\_

Field: \_\_\_\_\_

Profile: \_\_\_\_\_ Year of Study: \_\_\_\_\_

Studies:  Full Time  Part Time  I°  II°  Uniform Master's

Address for Correspondence: \_\_\_\_\_

**II: AFFIDAVIT ON BENEFIT PROCEEDINGS IN ACADEMIC YEAR 2025/2026**

Surname and Name: .....

**I hereby declare that I do not share a joint household with any of my parents, legal guardians, or actual guardians.**

**I am aware of the criminal liability for making a false statement (Family Benefits Act of November 28, 2003 (*Uniform text: Journal of Law of 2024, Item 323*)).**

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature of the person submitting the Affidavit

**III: TO BE COMPLETED BY THE EMPLOYEE**

NOTES:

\_\_\_\_\_  
date of declaration, signature and stamp of employee