

**DECLARATION  
OF INCOME/REVENUE 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 2026/2027**

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

.....

**I hereby declare that I have earned the following income:**

| Period of earned income<br>(e.g., start and end date: business activity, employment,<br>contract of mandate, pension, retirement, etc.)<br>in case of continuation, enter "ongoing" |                              | Name of employer/contracting party, business activity, or<br>institution paying benefits: pensions, retirement benefits,<br>allowances, alimony, social welfare assistance from<br>MOPS/MOPR/PCPR/CUS, scholarships, etc. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Start date<br>(month and year)                                                                                                                                                      | End date<br>(month and year) |                                                                                                                                                                                                                           |
| <b>Year 2025</b>                                                                                                                                                                    |                              |                                                                                                                                                                                                                           |
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| <b>Year 2026</b>                                                                                                                                                                    |                              |                                                                                                                                                                                                                           |
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|                                                                                                                                                                                     |                              |                                                                                                                                                                                                                           |

**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 2025, item 1208).

.....

Place and date

.....

Legible signature of the person submitting the declaration