

**AFFIDAVIT
ON NOT SHARING A JOINT HOUSEHOLD WITH PARENTS
IN THE ACADEMIC YEAR 2026/2027**

I: STUDENT'S PERSONAL INFORMATION

Surname and Name: _____ Student Book:

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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 THE ACADEMIC YEAR 2026/2027

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 2025, Item 1208*)).

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