Annex 3

To be completed by dependent applicants in cases not related to income circumstances

DECLARATION

I, the undersigned ……

(name), born: …… (year) …… (month) …. (day),

mother's name: ……,

permanent address: ……,

hereby declare the following:

……

……

……

……

……

I assume criminal liability for the truthfulness of the statements made in this declaration.

Date: ……

……
signature of declarant

1. witness	**2. witness**
Name: ……..……	Name: ……..……
Signature: ……..….....	Signature: ……..….....
Address: …….	Address: …….

ON THE CERTIFICATES TO BE SUBMITTED FOR ESTABLISHING STUDENTS' SOCIAL SITUATION, AND ON THE FURTHER CERTIFICATES TO BE SUBMITTED DURING THE DORMITORY ADMISSION PROCEDURE

Annex 4

To be completed by the supporter, in the case of dependent applicants

DECLARATION ON OTHER INCOME

I, the undersigned …… (name), born:

…… (year) …… (month) …. (day), mother's name: ……,

permanent address: ……

……,

I declare that, apart from those listed in the table below, none of the dependents in our household have any further regular income not derived from status, nor any further irregular income.

Every row must be completed as follows: if you have the given type of income, enter the amount and certify it based on the points referenced in column 3. If you do not have the given type of income, mark the relevant row in column 2 with a short horizontal line.

Income source	**Amount (HUF)**	**Type of income (regular/irregular)**	**Name of certificate**
Child support			Annex 1 II/B (6) b)
Family allowance			Annex 1 II/B (6) c)
Childcare fee / childcare allowance / childcare support (GYED/GYES/GYET)			Annex 1 II/B (6) d)
Foster parent allowance			Annex 1 II/B (6) e)
Orphan's / widow's benefit			Annex 1 II/B (6) f)
Real estate rental income			Annex 1 II/B (6) g)
Income from stock exchange transactions or other financial instruments			Annex 1 II/B (6) h)
Family support			Annex 1 II/B (6) i)
Other income (e.g. bonus, 13th month pension, etc.):			Annex 1 II/B (6) j)

I assume criminal liability for the truthfulness of the statements made in this declaration.

Date: ……

……

signature of supporter

Annex 5

To be completed in case of a self-employed or agricultural producer supporter/self-supporting applicant

DECLARATION ON INCOME RELATED TO ENTREPRENEURIAL / AGRICULTURAL PRODUCER ACTIVITY

I, the undersigned …… (name), born:

…….(year)…….(month)……(day), mother's name: ……,

permanent address: ……,

I declare, in the table below, the amount of net income withdrawn by me from the business/agricultural producer activity/economic interest during the three months examined under the call for applications.

Month	Amount (HUF/month)
1.	
2.	
3.	

I assume criminal liability for the truthfulness of the amount stated above.

Date: ……

……
signature of supporter/self-supporter/applicant

1. witness

Name: ……..……

Signature: ……..…....

Address: ……

2. witness

Name: ……..……

Signature: ……..…....

Address: ……

Annex 6

CERTIFICATE OF THE MONTHLY COST OF MEDICINES/AIDS/SERVICES RELATED TO A CHRONIC ILLNESS

(Not accepted without a doctor's signature and stamp, and an invoice issued by a pharmacy/healthcare provider.)

Patient's name:

…….

Date of birth: …….

Permanent address: ……

The following monthly medicines, medicinal preparations, and treatment aids and services have been regularly prescribed by the specialist physician for the treatment of the Patient's chronic illness(es) or disability:

Name of medicine/aid/service	**Price of medicine (HUF/month)**

Total (HUF/month): ……

By my signature I declare that, due to the Patient's chronic illness, the listed medicines/aids/services are necessary.

Date: …… (seal)

…….
doctor's signature

Annex 7

To be completed by self-supporting applicants in the case of a circumstance not related to income or expenses

DECLARATION

I, the undersigned …… (name), born:

…… (year)…… (month)…. (day), mother's name: ……,

permanent address:

……,

I declare that

……

……

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I assume criminal liability for the truthfulness of the statements made in this declaration.

Date: ……

……

signature of applicant

1. witness

Name: ……

Signature: ……

Address: ……

2. witness

Name: ……

Signature: ……

Address: ……

Annex 8

To be completed by self-supporting applicants in the case of a circumstance related to income or expenses

DECLARATION

I, the undersigned …… (name), born:

…… (year)…… (month)…. (day), mother's name: ……,

permanent address: ……

……,

I declare that

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I assume criminal liability for the truthfulness of the statements made in this declaration.

Date: ……

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signature of applicant

Annex 9

Mandatory for self-supporting applicants to complete

DECLARATION ON REGULAR AND IRREGULAR INCOME AND REGULAR EXPENSES

Name: …….

Neptun code: …….

Income		Expenses	
Item description	**Amount / regular or irregular**	**Item description**	**Amount, regular**

I assume criminal liability for the truthfulness of the statements made in this declaration.

Date: ……

……
signature of applicant