

Declaration

With this document, I/we declare that:

- Care and Custody (*de facto*) of minor child / children _____
is / are entrusted to (write full name) _____
Identity Card Number: _____
with effect from __ / __ / ____ and benefit is to be paid to (write full name) _____
- As custodian (*de facto*), _____ is receiving maintenance grant of
€ _____ per month for child / children _____
and this maintenance grant is being paid by (write full name) _____
with effect from __ / __ / ____
- We as parents are living in the same household Yes No
If Yes, with effect from __ / __ / ____ If No, with effect from __ / __ / ____

If No, please write addresses below:

Applicant

Address:

Other Parent

Address:

***Attach a copy of the Identity Cards of the Parents**

Each signatory of this declaration is responsible for its details correctness. Any changes in circumstances need to be reported immediately. Failure to comply or submission of incorrect information can lead to the refund of benefits and prosecution according to the law.

In the case that one of the signatories refuses to sign this declaration, the declaration can be accepted with one parent's signature; but on condition that the full responsibility of the correctness of the contents of this declaration are fully assumed under oath by the signatory.

Name and Surname (Applicant)

Name and Surname (Other Parent)

Identity Card Number

Identity Card Number

Signature

Signature

Date