

Application reference number, place and date of submission
(this information is to be completed by the recipient of the application)

APPLICATION FORM FOR A DONATION from the public collection Helping Pilsen

Municipality of Pilsen, Department of Affordable Housing and Social Integration, Jagellonská 8, Pilsen

Please fill in the application in Latin characters. You can also apply in the Ukrainian language.

The application must be completed in accordance with the collection rules, available at <https://www.pomahajiciplzen.eu/potrebuji-pomoc-en> !

I. BASIC INFORMATION ABOUT THE APPLICANT

Fill in the applicant's name and surname in Latin characters:

.....

Date of birth: **Nationality:**

Permanent residence address:

Current¹ residence address in the Czech Republic:

Correspondence address:

Phone: **Email:**

If you are a foreigner, please indicate whether you need an interpreter YES NO

Method of paying out the provided donation:

To a bank account in the Czech Republic with the bank:

Account number and bank code:

Account holder's name:

A legal person or natural person conducting business shall further indicate:

Company name/Name:

Headquarters:

Place of business:

Registration number:

Name of the person representing the Legal person:

1 Foreigners indicate the place of residence in the Czech Republic

Highest completed educational qualification:

Basic

Vocational secondary

Vocational secondary with a school-leaving certificate

Higher vocational

University degree

Last occupation:

From - to	Position

Employment opportunities with regard to your experience:

.....
.....
.....

Other persons who will benefit from the donation *(please indicate first and last name, age and relationship of each person):*

1.
2.
3.
4.
5.
6.

If you do not have enough space to describe the situation, please use a blank piece of paper and enclose it to the application.

The purpose of the donation from the public collection Helping Pilsen (hereinafter referred to as The donation):

(Specify what you are applying for)

Purpose of The donation	Estimated costs	Own resources	Other financial resources - application submitted <i>(e.g., other foundations and endowments, emergency aid from the Labour office, etc.)</i>	Other financial resources - confirmed/paid <i>(e.g., other foundations and endowments, emergency aid from the Labour office, etc.)</i>
Total				

Requested donation amount: CZK

Statutory declaration of household income

I, the undersigned

Name and surname:

Date of birth:

Permanent residence address:

As the applicant for the donation, I hereby declare on my honour that there are persons living in the same household with me, including dependent children, and that the regular monthly household income is CZK and the source of this income is my income and the income of the persons living with me in the household listed below:

Type of income		Income amount
Welfare benefits	Child benefit	
	Parental allowance	
	Housing allowance	
	Living allowance	
	Supplementary housing allowance	
	Humanitarian allowance for refugees (total for household members)	
Child support (alimony)		
Fostering allowance		
Care allowance "Mobilita"		
Unemployment/retraining benefit		
Employment income	Employment Contract/ Work Performance Agreements (DPP/DPČ) ²	
Pension income	Orphan	
	Disability	
	Retirement	

	Widow/widower	
Total		

1 Foreigners indicate the place of residence in the Czech Republic
2 Please delete as appropriate

I also declare on my honour that the average monthly cost of living for all members of the shared household is:

- average monthly housing costs (rent, utilities and energy).....CZK/month
- social services costs (if provided).....CZK/month
- other regular necessary expenses (e.g. for medicines, etc.).....CZK/month

I confirm by my signature that all the information provided in this application, as well as in its annexes, is current, complete and truthful as of the date of submission of the application and that I will notify the Department of Affordable Housing and Social Integration (ODBSZ MMP) of any changes without delay, no later than the date of signing the donation agreement, either by email bydleni@plzen.eu or in person at ODBSZ MMP in the form of an official record. I also confirm that I am aware of the legal consequences of providing false or incomplete information.

.....
Place Date Applicant's signature

The attachments listed in the Rules for applicants for a donation from the Helping Pilsen public collection must be attached to this application.

Mandatory attachments

1. An affidavit of the applicant's income and household expenses - part of the application.
2. Consent to the processing of personal data - part of the application
3. For foreigners, copies of the residence permits of all persons indicated in the application.
4. For legal entities, an extract from the public register, available for example here: <https://or.justice.cz/ias/ui/rejstrik>
5. For legal entities, consent to the terms and conditions of the donation, affidavit - part of the application

Optional attachments

These are annexes that can support and verify the accuracy of the information provided in the application. These may be provided by the applicant or requested by the ODBSZ MMP if they are needed to verify what the applicant has written in the application.

These are mainly:

1. **Proof of account opening.** In order to make a cashless payment, you must have an account with a Czech bank.
2. **Evidence of allowances received from other sources, if any.** These include allowances from various foundations and emergency aid paid out by the Labour Office of the Czech Republic. You must also provide proof that you have applied for financial assistance from other sources and are awaiting a decision. If you have already received a decision, attach it to your application. Apply for the benefits you are entitled to, such as the emergency benefit.
3. **Legal title to the use of the dwelling, or** proof that the donation will lead to legal title to the use of the dwelling. This can also be provided after the donation has been approved. This is most often a rental/housing contract or a reservation agreement or other confirmation of the possibility of living somewhere.
4. **Proof of health condition.** This can be documented by, e.g., a decision granting disability, a care allowance, a medical report or a statement from a medical specialist, especially if your health does not allow you to improve your financial situation by working.
5. **A confirmation by the school** of the needs connected to the purpose of the collection, e.g., if the person is applying for school supplies or other school-related expenses.
6. **Photographic documentation,** which can be supported, for example, by the current state of the subject housing, both current and future)

Depending on the applicant's situation, the applicant may also be asked to provide other attachments that have an impact on the decision to make a donation. The annexes may also be submitted in the form of an affidavit.

Consent to the processing of personal data

In connection with the submission of the application for a donation from the public collection Helping Pilsen by the Municipality of Pilsen, Department of Affordable Housing and Social Integration (hereinafter referred to as ODBSZ MMP), located at Jagellonská 8, 306 32 Plzeň, ID: 000 75 370, represented by Mag. Karolína Vodičková, MBA, Head,

I award hereby

ODBSZ MMP, as the administrator, my **explicit, independent and conscious consent**, within the meaning of Section 4(n) of Act No. 101/2000 Coll., on the protection of personal data and amendments to certain acts, as amended (hereinafter also referred to as “Act No. 101/2000 Coll.”), to the processing of personal **data contained in the application for the donation and its annexes**, as follows:

1. I agree that ODBSZ MMP will process the personal data provided in the application for the donation and its annexes in their entirety, i.e. including sensitive health data, to assess and decide on the application for the donation, for the period strictly necessary, but for a maximum of one year from the submission of the application,
2. I consent to ODBSZ MMP processing my personal data in the scope of my name, surname, birth date, permanent residence and, if applicable, domicile, as well as identification and address personal data of my child/children for whom I am applying for the donation, together with data on the purpose of the application and the amount of the requested donation in the register of applicants for the donation, for a period of 10 years from the date of application.

The purpose of data processing is to keep records of applicants for donations. I confirm that I have been informed in connection with the granting of consent to the processing of personal data by ODBSZ MMP as the controller that the granting of consent is voluntary and that the personal data will be processed only by ODBSZ MMP as the administrator, both manually and by computer, and that ODBSZ does not have any contractual partners to whom the personal data could be disclosed. I also agree that the personal data contained in the donation application, official documents and attached documents may be copied and scanned by ODBSZ MMP for the purpose of processing the application. I have also been informed in accordance with the provisions of Section 11 of Act No. 101/2000 Coll. that I have the right to:

- to request information on the processing of personal data pursuant to Section 12 of Act No. 101/2000 Coll,
- request an explanation or rectification of the defective situation (in particular by blocking, correcting, supplementing or destroying the personal data) if I find that the administrator carries out processing of personal data which is contrary to the protection of the private and personal life of the data subject or contrary to the law, in particular, if the personal data is inaccurate with regard to the purpose of its processing, pursuant to Section 21 of Act No. 101/2000 Coll.

Place: Date:.....

Name, surname:

Permanent address:

Signature:

Annex 3

AFFIDAVIT BY THE APPLICANT - LEGAL ENTITY

in the context of the application for a donation from the public collection Helping Pilsen as the applicant for the donation, I hereby declare the following facts:

Name of the applicant:

.....

Identification of the person(s) representing the applicant:

.....

Legal reason for the representation of the person(s) representing the applicant:¹

.....

.....

.....

The person authorised to act for or on behalf of the beneficiary is responsible for the truth and accuracy of this declaration.

At on

.....

Signature

1.

If it is not clear from the mandatory attachment - extract from the register - that the person representing the applicant has a direct relationship with the applicant, a document authorising the person acting for the applicant to act must be provided (e.g. power of attorney, articles of association, etc.).

2 To be completed only by the applicant which is a commercial corporation. Otherwise, the applicant does not fill in the application. If the applicant is a corporation, they shall indicate the identity of the shareholders.

3 To be completed only by an applicant that has direct shares in other business corporations. Otherwise, the applicant shall not complete. E.g. the applicant is an LLC (s.r.o.) and has direct shares in other business corporations. The applicant shall indicate the identification of these companies and the amount of this shareholding.