MOHOLY-NAGY
művészeti egyetem
university of art and
design budapest

CERTIFICATE

applicant student
costs incurred due to their disability/other health condition

I, the undersigned, _____(name of applicant student)_____(date of birth), _____ (permanent address) as a student applying for a regular social support/basic support/Residence hall accommodation[1] at Moholy-Nagy University of Art and Design, declare, in full awareness of my criminal liability, that the circumstances to be taken into account in determining my social situation are as follows:

	Average monthly expenditure incurred[2]
As a student with a certified disability, I have expenses for purchasing and maintaining special equipment, special travel needs, personal assistance and sign language interpreter	_____forint
my regular medical expenses due to my certified health condition	_____forint

Place and date: _____

_____
signature

Witnessed by:

Witness 1.

Name:_____

Adress:_____

signature:_____

Witness 2.

Name:_____

Adress:_____

signature:_____

[1] The appropriate option should be underlined.
[2] Average amount for the 6-month period prior to submitting the application.