MOHOLY-NAGY
művészeti egyetem
university of art and
design budapest

CERTIFICATE

a natural person living in the same household as the applicant student
on costs incurred in respect of his state of health

I, the undersigned, _____ (name of person living in the same household as the applicant), _____ (date of birth) _____ (permanent address), declare, in full awareness of my criminal liability, that I live in the same household as the applicant for a regular social support/basic support/Residence hall accomodation[1], _____ (name of student) _____ (date of birth of student) _____ (permanent address of student) and that the circumstances to be taken into account in determining the social situation are as follows:

	Average monthly expenditure incurred[2]
regular medical expenses due to health condition certified as a close relative of the student	_____forint
as a relative of the student in certified need of care , the cost of care	_____forint

Place and date: _____

_____
signature

Witnessed by:

Witness 1.	Witness 2.
Name:_____	Name:_____
Adress:_____	Adress:_____
signature:_____	signature:_____

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