**STATEMENT**

**OF MEMBERS OF THE JOINT HOUSEHOLD**

which I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_ applicant / student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 name (father-mother's name) and surname date of birth OIB

with residence in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 street and house number, place

I declare and confirm with my own signature that I live in a joint household with the following persons:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | NAME AND SURNAME MEMBER OF A COMMON HOUSEHOLD | SRODSTVO S PODNOSITELJEM ZAHTJEVARELATIONSHIP WITH THE APPLICANT | DATE OF BIRTH | OIB | RESIDENCE ADDRESS | TYPE OF INCOME / NO INCOME | PENSION (YES / NO) |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |

I am aware that the joint household consists of spouses, extramarital partners, children and other relatives or another community of persons who live together and are registered at the same address of residence and earn or otherwise earn income and spend it together.

Under material and criminal liability, I declare and sign with my own signature that the data stated in this statement are accurate and complete and authorize the authorities to have the right to check, process, store and use in accordance with the Personal Data Protection Act and other applicable regulations.

In\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 place date signature of the student