

## PAYMENT CARD APPLICATION

<b>I need financial support</b>	Yes _____	No _____
<b>The reason for the need for financial support</b>	Unemployment _____	
	Illness / long term illness _____	
	Divorce _____	
	Other _____	
	_____	
<b>I want the payment card</b>	to the S-store _____	to the K-store _____
<b>I am interested in supporting activities, such as getting information on how to improve my well-being and living conditions</b>	Yes _____	No _____
	_____	
<b>Name / nickname</b>	_____	
<b>Age</b>	_____	
<b>Place of residence</b>	_____	
<b>Form of residence</b>	Owned apartment/house _____	Rental apartment/house _____
<b>Family size</b>	_____ people	
<b>Telephone number / email address*</b>	_____	

\* You will only be contacted by those selected to implement the project. All information will be kept confidential and will be destroyed by the end of the grant period at the latest. No contact details will be shared.

The payment card issuer fills in the following information:

1			
2			
3			
4			
5			
6			