

PAYMENT CARD APPLICATION

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

** 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:

	Date	Acknowledgement by the issuer	Card number
1			
2			
3			
4			
5			
6			