**Statement of a foreigner who received temporary protection,  
referred to in art. 112 paragraph 4a of the Act of June 13, 2003 on granting  
protection for foreigners on the territory of the Republic of Poland  
(consolidated text: Journal of Laws of 2021, item 1108, as amended)**

I, the undersigned

Name (names) and surname …………………………………………………………………….,

citizenship …………………………., date of birth …………………………………………….,

address ………………………………………………………………………………………….,

number of the certificate confirming temporary protection …………………………………….

declare that:

1. the monthly family income from work or business activity per person in the family is higher than the amount of income entitling to cash benefits from social assistance specified in the Act of 12 March 2004 on social assistance (consolidated text: Journal of Laws of 2021, item 2268, as amended)1)

□ Yes □ No2)

1. I am entitled to use health care services financed from the public funds for the performance of work or business activity

□ Yes □ No2)

I am aware of the criminal liability for submitting a false declaration.

In the event of each change in the circumstances indicated in the declaration, I undertake to submit a current declaration.

………………………………………

(date and signature)

1) The amount of income entitling to cash benefits from social assistance has been announced in the Regulation of the Council of Ministers of 14 July 2021 on the verified income criteria and amounts of cash benefits from social assistance (Journal of Laws, item 1296). **The income threshold is: PLN 776 for a single person, PLN 600 per member for families.**

2) Mark the proper one with an X