 Application for reduction of afternoon activities’ fee

Return address:

Municipality of Kirkkonummi, registry, PO Box 20, 02401 Kirkkonummi

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| Child’s name: | Child’s address: |
| Name and date of birth of other children in the same household: | |
|  | |
|  | |
| 1. Guardian, name | E-mail |
| Address | Telephone |
| 2. Guardian or other person living in the same household through marriage or in marriage-like conditions, name | E-mail |
| Address | Telephone |

**Certificates of the family’s income to be submitted:**

* **Salary information:** the employer’s most recent pay slip showing your taxable earned income per month, income accrual from of the ongoing and previous year and holiday bonus amount. If your employer does not pay a holiday bonus you must submit a certificate of this from your employer.
* **Entrepreneurs:** (Oy’s shareholder (limited company): attach a pay slip and an account of benefits in kind and dividends, Tmi (business name): attach income statement and balance sheet, Ay partnership), Ky (limited partnership): attach income statement and balance sheet, an account of pay and benefits in kind)
* **Benefits from Kela (Social Insurance Institution of Finland) etc.:** unemployment benefit, students will attach a certificate of student status and a decision of social benefits for students, maternity, paternity or parental allowance, home care allowance, flexible or partial care allowance, sickness allowance, child maintenance allowance, rehabilitation allowance, pensions, also payable to children, compensation for job alternation leave
* **Other benefits:** earnings-related daily allowance, child maintenance allowance, pensions, adult education allowance, capital income (income from interest, options, dividends and rent), caregiver assistance, compensation for job alternation leave paid by the union, other individual income (for example meeting attendance allowance, benefits in kind), compensation and daily allowances paid based on accident insurance.
* **Deductions:** child alimony paid (copy of the payment document)

I/we testify that the information provided is correct and I/we consent to that the information will be checked. Date / . 20

Guardian’s/guardians’ signatures and clarification/clarifications