

**SELF-DECLARATION FORM**

**ON INCOME AND ASSETS**

**FOR THE PURPOSE OF PRIMARY AND SECONDARY AID**

On: ...............................................................................

**SECTION 1: DATA OF THE APPLICANT:**

1. **Name - Father’s Name - Surname:** ...................................................................................................................................................
2. **Date of birth:** ............................................................ **Place of birth:** ..............................................................................
3. **Civil status** *(married - widower - single - divorced):* ...........................................................................................................................
4. **Citizenship:** ..........................................................................................................................................................................
5. **Residence in Albania** *(residence permit - temporary)***:** ........................................................................................................................

🛈 *If not an Albanian citizen.*

1. **Place of residence** (*Address*)**:** ...............................................................................................................................................................

*(Postal code/City/Country):* ...................................................................................................................................................................

1. **Correspondence address:** *(if different from above):*.................................................................................................

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1. **Contacts:**

* **Telephone:** .................................................................................
* **Email:** ....................................................................................

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**SECTION 2: SELF-DECLARATION OF INCOME AND ASSETS**

**2.1.** ***Self-declaration of applicants living alone:***

***2.1.1 Income of the Applicant:***

* + Income from salary / pension at the amount of ................... ALL/month.
  + Income from renting immovable at the amount of ...................ALL/month;
  + Income from loan interest / banking deposit interest at the amount of ...................ALL/month.
  + Other (*specify sources and amounts gained*):

*........................................................................................................................................................................................................................*

*........................................................................................................................................................................................................................*

*........................................................................................................................................................................................................................*

*........................................................................................................................................................................................................................*

* + **TOTAL INCOME OF THE APPLICANT ARE AT THE AMOUNT OF .................ALL/MONTH**

**2.1.2 *Assets of the Applicant***

***Movable assets***

*(E.g. vehicles; quota/shares in commercial companies; bank deposits, etc.)*

|  |  |  |
| --- | --- | --- |
|  | **Assets** | **Value of assets** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |

***Immovable assets***

*(Excluding the dwelling where the applicant lives)*

|  |  |  |
| --- | --- | --- |
|  | **Assets** | **Value of assets** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |

* + **ASSETS OF THE APPLICANT HAVE A VALUE OF .................ALL.**

**2.1.3 *Expenses / costs / obligations of the applicant***

* + Habitation costs (rent) at the amount of ...................ALL/month;
  + Alimony at the amount of ...................ALL/month;
  + Bank loan payment at the amount of ...................ALL/month;
  + Other (*specify*):

*........................................................................................................................................................................................................................*

*........................................................................................................................................................................................................................*

*........................................................................................................................................................................................................................*

*........................................................................................................................................................................................................................*

* If the space above does not suffice, please continue in the last page of this form.

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* + **TOTAL OBLIGATIONS OF THE APPLICANT ARE AT THE AMOUNT OF .................ALL/MONTH.**

***2.2. Self-declaration of applicants living in a family:***

*(Income, assets and expenses below will be considered as jointly belonging to the applicant and the family)*

***2.2.1 Income of the Family:***

The family is composed of persons who benefit the income below:

* + Income from salary / pension:

1. ........................, in the quality of ................................., who is employed / retired, with income at the amount of ..............ALL

unemployed.

2. ........................, in the quality of ................................., who is employed / retired, with income at the amount of ..............ALL

unemployed.

3. ........................, in the quality of ................................., who is employed / retired, with income at the amount of ..............ALL

unemployed.

4. ........................, in the quality of ................................., who is employed / retired, with income at the amount of ..............ALL

unemployed.

5. ........................, in the quality of ................................., who is employed / retired, with income at the amount of ..............ALL

unemployed.

* + Income from renting immovable at the amount of ...................ALL/month;
  + Income from loan interest / banking deposit interest at the amount of ...................ALL/month.
  + Other (*specify sources and amounts gained*):

*........................................................................................................................................................................................................................*

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*........................................................................................................................................................................................................................*

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* If the space above does not suffice, please continue in the last page of this form.
  + **TOTAL INCOME OF THE FAMILY ARE AT THE AMOUNT OF .................ALL/MONTH**

**2.2.2 *Assets of the Family***

***Movable assets***

*(E.g. vehicles; quota/shares in commercial companies; bank deposits, etc.)*

|  |  |  |
| --- | --- | --- |
|  | **Assets** | **Value of assets** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |

***Immovable assets***

*(Excluding the dwelling where the family lives)*

|  |  |  |
| --- | --- | --- |
|  | **Assets** | **Value of assets** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |

* + **ASSETS OF THE FAMILY HAVE A VALUE OF .................ALL.**

**2.1.3 *Expenses / costs / obligations of the family***

* + Habitation costs (rent) at the amount of ...................ALL/month;
  + Alimony at the amount of ...................ALL/month;
  + Bank loan payment at the amount of ...................ALL/month;
  + Other (*specify*):

*........................................................................................................................................................................................................................*

*........................................................................................................................................................................................................................*

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* If the space above does not suffice, please continue in the last page of this form.
  + **TOTAL OBLIGATIONS OF THE FAMILY ARE AT THE AMOUNT OF .................ALL/MONTH.**

**SECTION 3: DECLARATIONS**

🛈  *Please read carefully before signing!*

1. **I declare that the information I provided herewith is true and accurate. I am aware that the following represent a violation in the context of Article 32 of Law No.111/2017 and of the criminal legislation of the Republic of Albania:**
   * **Providing inaccurate/false information/declarations;**
   * **Submitting fake documents;**
2. **I declare and accept that, in the event inaccuracy/falsity of information and/or documents is discovered, appropriate accountability measures can be taken against myself in relation to any costs caused as a result of undue benefit of legal aid, stemming from proven inaccuracy/falsity. In concrete terms, I accept that in the event of inaccuracy and/or falsity of information or documents, I will be obliged to reimburse the expenditures for the lawyer who provided the legal aid as well as any other expenditure or costs resulting from the undue benefit of free legal aid.**
3. **I declare and accept that the data I submitted may be verified on the grounds of their accuracy, truthfulness, and effectiveness pertaining to my application and that this declaration may serve as authorisation for the centre/clinic to undertake any action aimed at verifying the data contained in this form.**
4. **I declare and accept to provide in the future any additional information pertaining to changes of my status as a beneficiary of free legal aid.**

**SECTION 4: AUXILIARY DOCUMENTS**

This application is accompanied by the following documents:

**A.** **Identification Documents of the Applicant**;

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**B.** **Documents attesting income, assets, and expenditures:**

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**C.** **Other documents:**

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Signature of the Applicant Signature of the clinic/centre employee:

Mr/Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mr/Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(name-surname-signature) (name-surname-signature)*

In \_\_\_\_\_\_\_\_\_\_\_\_ On: \_\_ \_\_**.**\_\_ \_\_**.** 20\_\_ \_\_

*(city)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

🛈 **The information above will be processed in compliance with Law No.9887, dated 10.03.2008 “On Personal Data Protection” and used in accordance with Law No. 119/2014 “On the Right to Information”.**