Appendix no. 12

to the Ordinance No. 68/2014

of the Rector of UMCS

Date of application .........................

.....................................................................................

First name and last name

.....................................................................................

Detailed address of permanent residence, telephone number

......................................................................................

Position held, organisational unit, telephone number

......................................................................................

Seniority at UMCS

......................................................................................

The year such loan was taken/

**APPLICATION**

for a loan **from Employee Benefit Fund**

**I request a loan for:**

□ supplementing the housing contribution, construction contribution or housing deposit required for obtaining a cooperative tenant right to housing, cooperative ownership right to housing or the right of separate ownership of the premises;

□ a buy-out or conversion of the right to a dwelling previously used,

□ construction of a single-family house,

□ acquisition of a dwelling or single-family house,

□ renovation or modernization of a dwelling or single-family house,

□ adaptation of housing units to the needs of people with disabilities.\*

**\* tick as appropriate**

**I. Data on family members and earnings:**

I declare that, together with me, the following persons remain in a joint household, whose earnings I indicate according to the existing facts:

**-----------------------------------------------------------------------------------------------------------------**

No. First name and last name of the applicant and degree of relationship of the family member, net income

**----------------------------------------------------------------------------------------------------------------------------------------**

1. ................................................................................................................................................................................

2. ................................................................................................................................................................................

3. ...............................................................................................................................................................................

4. ................................................................................................................................................................................

5. ................................................................................................................................................................................

6. ................................................................................................................................................................................

Total remuneration: ..................................................

The average income per family member is: ........................................

**II. Content of the application:**

a) I kindly request a loan from Employee Benefit Fund

in the amount of**:** ....................................................................

b) I commit to repay the loan within ........... years.

c) justification of the application: .............................................................................................................

.......................................................................................................................................................

**III. Estimated cost of renovation of a dwelling or a single-family house.**

.....................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Total: ..........................................

........................................................

Applicant's signature

**IV. Annexes to the application**

Certificate from the housing cooperative stating the amount of the required contribution

and the amount of the contribution held by the applicant.

1. Photocopy of building permit, cost estimate and construction specifications.
2. A photocopy of the agreement concluded in the form of a notarial deed in the case of acquisition of a residential unit or a single-family house
3. Certificate of disability for the need to adapt the premises to the needs of a disabled person

1. The administrator of the personal data collected in connection with the application for the benefit is the Maria Curie-Skłodowska University, based at pl. Marii Curie-Skłodowskiej 5, 20-031 Lublin.

2. Personal data will be processed based on the law and in connection with the protection of the vital interests of the data subject.

3. Personal data will be processed by the UMCS only for the purpose of providing and implementing benefits.

4. Provision of data is voluntary, but necessary for the purpose of processing.

5. Personal data will be processed by the UMCS for the periods related to the provision and implementation of benefits and for the periods of data archiving provided for by the internal norms in force at the UMCS, and after that time they may be used only to secure possible claims related to the benefits until they expire.

6. Personal data will not be subject to further processing or profiling, nor will automated decisions be made based on it.

7. Personal data will not be shared with external recipients, nor will it be transferred to third countries or international organizations.

8. I have the right to inspect the data, amend, correct them, and in cases provided by law to request deletion of the data or restriction of their processing, the right to data portability, and the right to lodge a complaint to the supervisory authority monitoring compliance with the law on personal data protection.

9. The personal data controller has appointed a person to supervise the correctness of personal data processing, who can be contacted at: abi@umcs.lublin.pl.

Lublin, date ............................. ............................................................

Applicant’s signature

**V. Proposal of the Social Committee of the Trade Unions of the UMCS.**

a) it is proposed to grant a loan to .....................................................................................

in the amount of PLN ......................................... with repayment term in the period of .................. years

b) the loan is denied due to...........................................................................

…………………………………………………………………………………………………..

Signatures of the members of the Social Committee of the Trade Unions of the UMCS

**VI. Decision of the Rector to the proposal of the Social Committee of the Trade Unions**

* I approve the proposals of the Social Committee of the Trade Unions
* I amend it due to .................................................................................................................

…………………………………………………………………………………...........................

...................................................................

Rector’s signature