

Child's personal details	Child's name			Identity code	
	Place of care			Customer fee	
	Address				
Custodian's personal details	Custodian's name			Name of spouse/common-law spouse	
	Identity code	Telephone number		Identity code	Telephone number
	Email			Email	
	Employer/Place of study			Employer/Place of study	
	I consent to the use of information from the Income Register and the Kela register to verify the information provided. <input type="checkbox"/> Yes <input type="checkbox"/> No			I consent to the use of information from the Income Register and the Kela register to verify the information provided. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other children in the family	Names of the other children under 18 living in the family				
Income and expenses Attn! Supporting documents relating to income and expenses must be attached to the form. The decision will be based on them.	INCOME, net	Custodian €/month	Spouse €/month	EXPENSES	€/month
	Earned income			Rent / maintenance charge	
	Housing benefit and student housing allowance			Water rate / sauna	
	Labour market subsidy			Domestic electricity	
	Unemployment allowance			Commuting	
	Study assistance decision			Home insurance (movables)	
	Income from pension			Maintenance/maintenance support	
	Maintenance/maintenance support			Municipal daycare allowance	
	Benefits under the Health Insurance Act			Mortgage interest	
	Maternity/parental allowance			Property tax, land rent	
	Home care allowance			Water and sewage	
	Flexible/partial care allowance			Heating costs of the dwelling	
	Child benefit				
Other, which?					
I apply for the exemption of payment starting from _____ / 20_____					
A discretionary reduction in the customer fee may be granted at the earliest from the beginning of the calendar month in which we receive the application.					
I certify that the information I have given is correct and I agree to the verification of the information provided.					
Date _____ / _____ Signature _____					