



REPUBLIC OF CYPRUS
DEPUTY MINISTRY OF SOCIAL
WELFARE

SOCIAL WELFARE SERVICES
LAKATAMIA BRANCH
2314 LAKATAMIA

Personal data concerning you and which are processed by the Social Welfare Services, are protected by the legislation on the protection of natural persons with regards to the processing of personal data and on the free movement of such data [Regulation (EU) 2016/679 and Law 125(I)/2018, as amended and/or replaced].

**Application for Material Reception Conditions of Applicants
under International Protection**

1. In order to be able to examine your application it is necessary to submit the following documents/certificates:

Application Form (<i>fully completed and signed</i>)	
Confirmation Letter (In case of families this is necessary for all the members of the family) (<i>copy</i>)	
Alien Registration Certificate - ARC (In case of families this is necessary for all the members of the family) (<i>copy</i>)	

2. Additional documents, if applicable:

Exit Conditions From Pournara Reception Center Paper (<i>copy</i>)	
One month after you exit Pournara Reception Center you have to submit Labour Office Registration (In case of families this is necessary for all the <u>adult</u> members of the family).	
Appeal from Administrative Court in case your application at the Asylum Service was rejected.	
Medical report in case of illness or handicap.	
Confirmation from the Department of Social Insurance Services in case you are working OR Confirmation from your employer regarding your salary and the period you are working.	
Rental Agreement (If you are interested to receive rent benefits please ask from the Reception Officer to provide you with the necessary documents for your landlord).	
Confirmation from your bank with your IBAN number AND Authorization for payment of allowances / grants / benefits by bank transfer AND Solemn Declaration (Please find the authorization document and the solemn declaration attached to this application).	

3. Under certain circumstances, Social Welfare Services may ask you to submit additional documents necessary for the examination of your application.
4. Please be informed that, in case the requested documents/certificates are not presented your application will not be examined and it will be rejected.

/αγ (Απ.Ασύλου)

For the Head of Department



Social Welfare Services, 468 Nicosia
Tel No: 22406600 Fax No: 22 667907 Website: www.msi.gov.cy/sws



REPUBLIC OF CYPRUS

(Form S.W.S. 178)

File No.:
.....
FOR OFFICIAL USE

SOCIAL WELFARE SERVICES
MINISTRY OF LABOUR AND SOCIAL INSURANCE

APPLICATION FOR MATERIAL RECEPTION CONDITIONS OF APPLICANTS FOR INTERNATIONAL PROTECTION

Before completing the application, please read the general information attached very carefully. In order to examine the application, all details relating to you must be completed and all necessary documents must accompany the same.

A. DETAILS OF APPLICANT

Name Alien Registration Card No. (ARC)
Surname Passport No.
Gender: Male Female Social Insurance No.
Nationality Date of birth
Country of origin
Marital status: Married Unmarried Divorced Widowed Separated Cohabiting

Postal address:

Street and number
Postal Code District
Municipality/Community Contact Number

B. DETAILS OF DEPENDANT MEMBERS OF THE HOUSEHOLD (spouse, children living under the same roof)

S/N	Full Name	Alien Registration Card No. (ARC)	Date of Birth	Female/Male	Capacity	Social Insurance No.
1						
2						
3						
4						
5						
6						
7						

C. STATE DETAILS OF OWNER OF PREMISES YOU ARE RENTING

Full name of Owner/Company
Tax Identification Code of Owner/Company
Value Added Tax Number
Postal address of Owner/Company
Street and number
Postal Code District
Municipality/Community Contact number

D. STATE WHETHER YOU OR ANY OTHER MEMBER OF YOUR FAMILY ARE IN GAINFUL EMPLOYMENT OR IN ANY OTHER TYPE OF EMPLOYMENT

Yes

No

If yes, please clarify:

E. STATE WHETHER YOU OR ANY OTHER MEMBER OF YOUR FAMILY HAS SUFFICIENT RESOURCES ENABLING YOUR MAINTENANCE

Yes

No

If yes, please clarify:

CERTIFICATES

The application must be accompanied by the following certificates, not only for the applicant but also for all the members of his family:

1. Certificate indicating the Alien Registration Card No. – ARC
2. Confirmation of submission of application for international protection.
3. Confirmation from the Asylum Service that you do not have the ability to cover material reception conditions at Reception or Hospitality Centres.
4. In the event of unemployed members in the family, a separate unemployment card for each member.
5. In the event of inability to work on the grounds of illness or disability, a medical confirmation for each member of the family concerned.
6. A lease agreement, duly completed and stamped.
7. In the event of a dependant member who is a pupil, a certificate of attendance.
8. In the event of a dependant member who is a student, a certificate of attendance at an accredited educational institution.
9. The Social Welfare Services, may, where deemed necessary, request further documentation in order to examine the application or for the continuation of the assistance.

SOLEMN DECLARATION

I hereby seek assistance to cover material reception conditions, and hereby declare that the information set out in the present form corresponds to the truth.

I also declare that:

- A. I reside in the areas controlled by the Republic of Cyprus.
- B. I am not employed and neither is any other member of my family.
- C. I do not have sufficient resources and neither does any member of my family that are sufficient for our Maintenance.
- D. I understand that the Director of the Social Welfare Services has the right to request that I return the amount of assistance that has been granted to me if proved that I have concealed income from any source and I have failed to declare details and information concerning my financial and marital status so as to unjustifiably benefit from the assistance, irrespective as to whether or not this was intentional.
- E. I shall notify the Social Welfare Services in time as to any changes in my financial and marital status.
- F. I understand that in the event I do not cooperate and do not give the relevant documentation requested, my application will be rejected.
- G. I hereby authorise the Social Welfare Services to investigate and confirm the data contained in my application with other Services, notifying my personal data in accordance with the provisions of the Processing of Personal Data (Protection of the Individual) Law 138(1)/2001.

I also declare that I have informed, within a reasonable time, as to the provisions established and also of the obligations with which I must comply in relation to material reception conditions.

Date:
Full name:

Signature of Applicant

Λίστα ελέγχου για παραλαβή αιτήσεων Αιτητών Ασύλου

1. Συμπληρωμένη ορθά αίτηση
 - (α) Ονοματεπώνυμο
 - (β) Διεύθυνση διαμονής
 - (γ) Τηλέφωνα
 - (δ) Υπογραφή
2. Αντίγραφο Confirmation Letter*
3. Αντίγραφο Alien Book*
4. Αντίγραφο Exit conditions from Roumra Reception Center Paper

.....
Υπογραφή Λειτουργού Παραλαβής

.....
Ημερομηνία Παραλαβής

*Τα σημεία 2 και 3 θα πρέπει να αντιστοιχούν με το σημείο 1 (α).



ΥΦΥΠΟΥΡΓΕΙΟ ΚΟΙΝΩΝΙΚΗΣ ΠΡΟΝΟΙΑΣ
ΓΡΑΦΕΙΟ ΚΟΙΝΩΝΙΚΩΝ ΥΠΗΡΕΣΙΩΝ ΛΑΚΑΤΑΜΕΙΑΣ

ΑΠΟΔΕΙΞΗ ΠΑΡΑΛΑΒΗΣ ΕΓΓΡΑΦΩΝ

Όνοματεπώνυμο :
ΑΔΤ ή ΔΕΑ (ARC) : Ημερομηνία:

Παρακαλώ σημειώστε το είδος του εγγράφου που έχει παραδοθεί :

- | | | | |
|--|--------------------------|-------------------------------|--------------------------|
| 1. Αίτηση Άρθρο 11 | <input type="checkbox"/> | 4. Επιπρόσθετα δικαιολογητικά | <input type="checkbox"/> |
| 2. Αίτηση Προίκα του μωρού | <input type="checkbox"/> | 5. Επιστολή | <input type="checkbox"/> |
| 3. Αιτήσεις για αιτητές
Διεθνούς Προστασίας | <input type="checkbox"/> | 6. Άλλο : | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

Όνοματεπώνυμο παραλήπτη / Name of the Receiver
Υπογραφή παραλήπτη / Signature of the receive



ΥΦΥΠΟΥΡΓΕΙΟ ΚΟΙΝΩΝΙΚΗΣ ΠΡΟΝΟΙΑΣ
ΓΡΑΦΕΙΟ ΚΟΙΝΩΝΙΚΩΝ ΥΠΗΡΕΣΙΩΝ ΛΑΚΑΤΑΜΕΙΑΣ
ΑΠΟΔΕΙΞΗ ΠΑΡΑΛΑΒΗΣ ΕΓΓΡΑΦΩΝ

Όνοματεπώνυμο :
ΑΔΤ ή ΔΕΑ (ARC) : Ημερομηνία:

Παρακαλώ σημειώστε το είδος του εγγράφου που έχει παραδοθεί :

- | | | | |
|--|--------------------------|-------------------------------|--------------------------|
| 4. Αίτηση Άρθρο 11 | <input type="checkbox"/> | 4. Επιπρόσθετα δικαιολογητικά | <input type="checkbox"/> |
| 5. Αίτηση Προίκα του μωρού | <input type="checkbox"/> | 5. Επιστολή | <input type="checkbox"/> |
| 6. Αιτήσεις για αιτητές
Διεθνούς Προστασίας | <input type="checkbox"/> | 6. Άλλο : | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

Όνοματεπώνυμο παραλήπτη / Name of the Receiver
Υπογραφή παραλήπτη / Signature of the receive

