

Customer selection is based on an annual decision on a discretionary government transfer issued by the Ministry of Social Affairs and Health and on the condition laid down in the decision. **The application is to be filled in carefully and clearly. The social security number for all applicants must be reported in fully, with the applicant declaring the information to be correct by signing it. The application will be processed in fully confidentiality. If the applicant wishes, they have the opportunity to learn more about the data on them in the register, which is saved in the holiday programme. The principal applicant indicated in the application must always be either of the two adults in the family. An application insufficiently filled in cannot be processed.**

1. PERSONAL DATA ON THE APPLICANT

Last name	First name	Social security number (in full)	Telephone at daytime hours:
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Local address	Postcode	Post office
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Email address	An invitation and invoice for a granted holiday MUST NOT be sent to my email address <input type="checkbox"/>	Number of underage children
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Family relations

Married/cohabited
 Widow
 Divorced
 Unmarried
 Single supporter/Joint custody

Occupational status

Wage earner
 Agricultural entrepreneur
 Entrepreneur
 Old-age pensioner
 On disability pension
 Un-employed
 Other, please specify _____

Available aids:

Special diets:

Diabetes: Yes No

2. INFORMATION ON THE SPOUSE/COMMON-LAW PARTNER (to be filled in if the spouse/partner is applying for holiday support)

Last name	First name	Social security number (in full)
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Wage earner
 Agricultural entrepreneur
 Entrepreneur
 Old-age pensioner
 On disability pension
 Un-employed
 Other, please specify _____

Available aids:

Special diets:

Diabetes: Yes No

Names and the social security numbers of children accompanying their parents on holiday (including the last name if different from that of the applicant's)

Name:	Social security number (in full)	Name:	Social security number (in full)
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

3. I APPLY FOR A HOLIDAY

Alone
 With my spouse
 With my children
 With a friend/a friend's family. Application submitted under name: _____

A personal assistant will accompany the applicant on holiday (hired on the municipality's decision). Assistant's contact information:

Name _____ Address _____

Telephone _____ Email address _____

Holiday destination:	Holiday days:	Holiday theme:	Cooperative organisation/association:
1.			
2.			
3.			

4. INFORMATION ON INCOME AND DEBT

Information on income must always be filled in. Information on the spouse must **also** be filled in **for the spouse**, even in the case where support is applied only for either of the spouses. Wage, pension, employment allowance etc. must be reported as a monthly **net income** in euros. Agricultural and other **entrepreneurs** must report the monthly income **available to the private household** or the annula income reported tax authorities in the latest confirmed taxation. **The holiday organisation has the right to check information on income with tax authorities.**

Applicant's net income/month _____ euros **Spouse's net income/month** _____ euros
Applicant's (entrepreneur's) annula income _____ euros **Spouse's (entrepreneur's) annual income** _____ euros

Applicant's income consists of (specify all sources of income)

- Earned income Employment allowance
 Capital income Sickness, maternity or a similar allowance
 Pension income Other, please specify _____

Spouse's income consists of (specify all sources of income)

- Earned income Employment allowance
 Capital income Sickness, maternity or a similar allowance
 Pension income Other, please specify _____

Applicant's debt _____

Loans in total _____ euros

Loan servicing costs/month _____ euros

Spouse's debt _____

Loan in total _____ euros

Loan servicing costs/month _____ euros

5. GROUNDS FOR THE NEED FOR HOLIDAY SUPPORT (required information for the granting of holiday support).

In your own words, describe your grounds for need for holiday support; merely underling one or more of the options below will NOT be sufficient!

1. Economic grounds: (e.g. housing, study, consumer and business dept; cost for medicine and/or medical costs, etc.)

2. Health-related grounds: (health risks, illnesses, disability, limitations to ability to function, and need for aid, etc.)

3. Social grounds: (unemployment, lay-off, loneliness, family problems, single prenthood, etc.)

PAYMENT OF THE CUSTOMER'S RESPONSIBILITY FOR HOLIDAY

- Applicant him/herself pays the customer's responsibility Commitment to pay given by municipality, parish etc. is attached to application Invoicing address if different from that of the applicant's: _____

APPLICANT'S SIGNATURE

By signin this dokument, I give my consent for disclosing information given in the application (need for aid, moving, etc.) necessary for the practical arrangements of the holiday to the holiday destination and the cooperative organisation.

I declare that the information I have given is correct.

Place and date _____ / _____ Signature _____

- I declare that all the individuals indicated in the application have given me their consent for processing sensitive information related to the granting of holiday support and in conformity with privacy legislation. In the application, sensitive information refers, in particular, to information on the health and need for help of the children of those applying for holiday support.

- Information related to the application may anonymously be used in research purposes.

ADDITIONAL INFORMATION FOR THE APPLICANT

The application period for holiday terminates 3 months prior to the holiday commencement date. **Carefully fill in the application; an application insufficiently filled in cannot be processed.** When granting holiday support, we consider, where possible, the holiday days and destinations indicated in the application. The applicant will be informed of a positive decision approx. 2 months prior to the holiday commencement date. No notification will be sent of a negative decision. For additional information, please call +358 (0) 0 2193 460 between 9:00 and 13:00 on working days.

Return address:

Maaseudun Terveys- ja Lomahuolto ry
Ruoholahdenkatu 8, 4. krs, 00180 HELSINKI

Additional information is available during telephone service

hours on working days between 9:00 - 13:00: Tel. +358 (0) 0 2193 460, email: lomat@mtlh.fi, Internet address: www.mtlh.fi