**STATEMENT ON OBTAINING SUPPORT**

**AT THE INFORMATION AND ADVISORY CENTRE**

**operated as part of Project**

**No. 5/8-2017/OG-FAMI called *“Łódzkie Province Supports the Integration of Foreigners”***

**First and last name** ………………………………………………………………………..…………………..

**Citizenship** ..................................................................................................................................

**Date and place of birth** …………………………………………..……………………………

**Contact details**.............................................................................................................................

**Place of residence** ………………………………………………………….………………….

I, the Undersigned, hereby state that:

in connection with my participation in Project no. 5/8-2017/OG-FAMI called “*Łódzkie Province Supports the Integration of Foreigners”* co-financed from the National Programme – the Asylum, Migration and Integration Fund (AMIF) – II (2); Specific objective: integration/legal migration, National objective: integration in limited call for proposals 8/2017/OG-FAMI and from the state budget – on the basis of financing agreement no. PL/2018/FAMI/OG.8.5, I confirm that at the information and advisory centre situated at…………………………………… I obtained assistance as part of the following services:

* in the scope of legalising my stay and work,
* in the scope of obtaining Polish citizenship,
* in the scope of dealing with administrative matters,
* in the scope of dealing with other official matters,
* assistance of a lawyer,
* assistance of a professional adviser,
* assistance of a psychologist,
* assistance of a cultural mentor
* other ……………………………………………………………………………………

 ….……………………………..

 Place and date

 ….……………………………………..

 Signature of the foreigner/

 /the foreigner’s legal guardian

I confirm the receipt of the statement …………………………………………………………

 (first and last name, position)

………………………………………………………

 Place and date