

Please submit this form until February 28, 2013! New students must submit within six weeks after enrolment.

There is an extended deadline of 14 days after submitting the application. If you chose to make use of this grace period, all complete supporting documents must be turned in within this timeframe.



Application for a Financial Aid Subsidy for the Semester Ticket from the Social Fund

I hereby apply for a financial aid subsidy for the Semester Ticket, in accordance with the Social Fund Constitutional Bylaws as found in §18 a V BerlHG.

[Please check all that apply]

**Semester of Application:
Summer 2013**

- 1 I was newly matriculated at Humboldt University in Summer Semester 2013 (Master's students also).
 I would like to receive correspondence in English.

2

Last name	First name	Date of birth (day . month . year)	Student registration No. (Matrikelnr.)
c/o (bei) [in case of a different name on your postal delivery box]		Apartment number [Room-, Apt. -No., W.E.N., student residence (Wohnheim) number, etc., if applicable]	
Street address	PLZ/ Postal code	City	
E-Mail address [not required, but helpful]		Telephone number [not required, but helpful]	

3

Bank transfer numbers [definitely required] [or] I prefer to receive my financial aid subsidy, if granted, in cash

4

Bank account number	Bank routing number (Bankleitzahl)	Bank/ Financial institution name
[In case this is not your own bank account, then we require the following information:]		
Last name, first name of the account holder		Address

5 The following information refers to the **Calculation Period: July 1 to December 31, 2012.**

6 **For the Calculation Period, I claim the following FINANCIAL NEED:**

7 I paid rent for my apartment/room at a monthly rate of (excluding phone, internet, electricity): €

8 I had extra monthly costs for heat and hot water (gas single-storey heater, continuous-flow water heater, electric hot water heater, coal stove/oven, or similar)

9 In order to adequately care for my needs resulting from the conditions of my chronic illness / disability, I was limited in my choice of apartments and had to pay higher-than-standard rent costs, as given.
 I did not pay rent.

10 I paid a monthly fee for health care insurance at the rate of: €
 I paid no monthly fees for health care insurance (for example, I had family health care insurance coverage, health care insurance coverage through the JobCenter, or through my employer.).

11 I am financially responsible for the following persons living in my household (for example, children/dependents):

Name	Date of birth (day . month . year)	Explanation, if needed	Able to claim child benefits (Kindergeld) <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

- 12 A person in my household (e.g. children, see above) had additional costs due to a disability / chronic illness.
 I lived outside the ABC Tariff Zone of the Berlin-Brandenburg VBB public transit system (VBB-Tarifbereich ABC).
- 13 Because I come from another country, I had / have additional expenses for the start / continuation of my studies, for example: travel costs, translation costs, fees to administrative authorities, etc.
- 14 I paid support (for example, living costs) for persons not living in my household, in a monthly amount of: €
- 15 I had monthly costs for special nutrition due to food allergies or dietary intolerance(s), in the amount of: €

- 16 During the calculation period, I paid expenses for my medical and/or psychological health care which were not covered by my health insurance, in the amount of: € _____ , _____
- 17 During the calculation period, I had to pay additional costs that presented me with unusual financial difficulty (for example, rental security deposit; additional service-, repair- or utility bill back payments; court fees, etc.), in the amount of: € _____ , _____

18 **For the Calculation Period, I had the following available SOURCES OF INCOME (net):**

[Please fill out completely]

Month	Amount and Type of Income (support from parents/family, state benefits, jobs, or other sources.)
July	
August	
September	
October	
November	
December	

- 19 During the calculation period I had the following **debts**
[bank overdraft, personal loans, credit card debt, etc.]

- 20 the following **assets** [if non-taxable]

In addition, I claim the following EXCEPTIONAL SOCIAL HARDSHIP(S):

- 21 On this date: _____ I registered for graduation from my course of study (Studienabschluss).
- 22 From the dates of _____ to _____ I worked at an unpaid or low-paid **internship** that lasted a minimum of 3 months and required a time commitment of at least 30 hours per week. At least one day of this internship was within the calculation period.
- 23 I had a limited work permit (**Arbeitserlaubnis**), or no work permit at all.
- 24 I had to pay extra expenses for **medical or psychological care**, that were not covered by my health care insurance. The sum total of these expenses was more than 250 Euro.
- 25 During the calculation period, I was **pregnant**.
- 26 During the calculation period, I was a **single parent**.
- 27 During the calculation period, I was raising a **child/children under the age of 18**.
- 28 I, or my child, was able to claim social welfare payments in the form of **SGB XII or SGB II** (such as ALG II).
- 29 I had a **disability / chronic illness**.
- 30 I provided care for an incapacitated relative in need during the calculation period.
- 31 I claim the following other, comparable hardships [this does not refer to financial hardships]:

I affirm in good conscience that the statements in this application form and in the supporting documents are true and correct, to the best of my knowledge.

- 32 I understand that even if a financial aid subsidy is later granted to me, I am still under obligation **to pay the full fee for the Semester Ticket to the University**, as a prerequisite to enrol or to re-register for the next semester. I agree to allow my personal data to be stored electronically. I recognise that my data will not be shared with third parties nor used for any other purpose but for the evaluation of my claim to a financial aid subsidy, and possibly, for the payment of said subsidy. (The Semester Ticket office checks the following information solely with the Registrar's Office (Immatrikulationsbüro), in order to confirm whether the fee for the Semester Ticket has been paid: Name, student registration number (Matrikelnummer), and date of birth.

The German text shall prevail in case of ambiguities due to translation or in other cases where there is doubt or where there are problems of interpretation.

X Date

X Signature

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16 Extra costs for medical or psychological care. All medical expenses that were not covered by your health care insurance plan can be claimed here, i.e. expenses for contraception/sexually transmitted disease prevention, medications or supplemental medical insurance. **Supporting documents:** Copies of purchase receipts and bills from the calculation period.

17 Unusual expenses: Please make an itemised list of your extra expenses on an additional page, and briefly explain the unusual costs you had, and why they were necessary. Only expenses from the calculation period can be considered. **Supporting documents:** Copies of bills, purchase receipts, etc.

18 Net Income: Sources of income are earnings (minus taxes and fees, if applicable), federal student aid (BAFöG), housing assistance, (Wohngeld), scholarships or grants, parental support, (educational) loans, paid family allowances (Kindergeld) (for you the applicant, as well as for your children), parental benefits (Elterngeld) etc. All sources of income for the calculation period must be stated, including those received in cash. If there was a month in which you had no income, please write "0,- €" or "no income". Please list ALG-II-benefits for yourself or for your children, if you are eligible to claim these for yourself or for them.

Month	Amount and Type of Income
January	Federal student aid (Bafög) 585 €
February	Federal student aid (Bafög) 585 €, Grandma 50€
March	0 €
April	Job 765 €

[Example]

Please submit supporting evidence for all claims: I.e., copies of earnings statements, payroll stubs, letters of explanation from parents, bank account statements, letters of approval to claim the following: federal student aid (BAFöG), a housing allowance (Wohngeld), or social welfare (ALG-II). If your income has not changed, a single supporting document from the calculation period will suffice. If support documents are missing, we request that you discuss this with us.

19 Debt. Any debts you claim must have existed during the calculation period. The following are considered valid forms of debt: bank overdraft, loans, private loans, etc. **Supporting documents:** Copies of bank account statements, loan or payment agreements, letters of explanation from private creditors, or similar.

20 Assets. Here you claim your personal savings, as long as they are non-taxable, and provide supporting documents for them. The amount of personal savings that may not be taxed is €4850 for persons under age 21. Persons with assets in savings in the amount of €4950 at age 21, plus an extra €200 for every additional year of age, must claim and provide proof of their assets. You can find further regulations for non-taxable assets in the social fund constitutional bylaws. **Supporting documents:** I.e., a copy of your bank account statement.

21 Graduation. This refers to scheduled examinations required for graduation (exit exams, master's and bachelor's theses, oral examinations in the context of appointed procedures for the completion of study programmes, or similar tests). The official declaration of intent to graduate, passing of exit examinations, or submission of the final thesis must have been completed within the calculation period of the current application semester (plus one month's grace period, i.e., for the Summer Semester, from June to January). Doctoral studies do not count as 'extreme hardship' graduation. **Supporting documents:** Copy of a confirmation of your registration for your exit exams or final thesis, your proof of graduation, diploma, or a corresponding document that shows the date of your examination, your registration for the examination, or the submission date of your thesis

22 Internship. Serving in an internship presents an extreme hardship, if the internship was unpaid or low-paid, lasted at least 3 months, and required at least 30 hours per week. At least one day of the internship must have taken place during the calculation period. Here, you should give the start and end dates of the internship. **Supporting documents:** I.e., a letter of confirmation of your internship position (The time period and hours you served, as well as the compensation or payment, must be clearly evident.).

23 Limited/no work permit (Arbeitserlaubnis). If you are unable to work without restriction in Germany due to your national citizenship, (Aufenthaltsstatus), this may be considered a valid extreme hardship. **Supporting documents:** A copy, or submission in person, of your residence permit (Aufenthaltsbewilligung), evidence of unrestricted mobility for work, or a comparable entry in your passport.

24 Medical expenses greater than 250 €. This refers to the costs entered in Box 13 for medical or psychological care that were not covered by your health care insurance plan. If these costs during the calculation period were greater than 250 €, this presents an extreme hardship. **Supporting documents:** I.e., copies of receipts or bills from within the calculation period.

25 Pregnancy. This extreme hardship is allowed as long as you were pregnant for at least one day of the calculation period. If your child was born during the calculation period, this hardship is replaced by the hardship "I was raising a child under age 18" (see below). If there were already other children in your household, the pregnancy hardship is granted in addition to the hardship, "I was raising a child under age 18". **Supporting documents:** A copy, or the submission in person at our office of your maternity log or a doctor's testimony.

26 Single Parent. This hardship is allowed if you alone were responsible for caring for and raising at least one child. **Supporting documents:** i.e., Copies of: A description of your living expenses, or the relevant pages of your notice of eligibility for ALG II.

27 Child under 18: This hardship is allowed if you were raising a child or children under age 18 during the calculation period. **Supporting documents:** Copies of birth certificate, entry pages in your passport, or a document which gives the birthdates.

28 Receiving benefits under SGB II or SGB XII. **Supporting documents:** Copy of ALG II, or alternately, your approval letter for social welfare benefits, or a bank account statement which documents the benefit payment within the calculation period.

29 Disability/chronic illness. **Supporting documents:** A copy, or submission in person, of your disability certificate or a doctor's written statement documenting the existence of a disability or a chronic illness.

30 Tending a person in need of care: This refers to measures taken to provide either supportive care (assistance), or help with tending a household, or nursing care. This does not refer to childcare. **Supporting documents:** A letter of explanation from the person receiving care, a doctor's written confirmation, a copy of a disability certificate, etc.

31 Other comparable hardships. Here you can describe any other individual situations and factors of other hardships that made the payment of the Semester Ticket difficult. Other comparable hardships should be in proportion to the hardships listed above. For example, a statement such as, "racist discrimination during a job search" would be relevant here. If hardships have already been mentioned above, please do not list them twice here (i.e., "could not work because of pregnancy". If needed, use an extra page to describe the comparable hardships. If there were any expenses, they should be listed in Box 15.

32 Protection of personal data. In order to determine whether you have paid your fee for the Ticket, we will make a personal data comparison with the registrar's office. Your name, your student registration or enrolment number, and your birth date will be compared with the data files at the Registrar's Office. The information we receive in exchange tells us whether you are/were enrolled, or on leave from your studies, or whether you are/were exempted (or partly exempted) from paying Ticket fees. The Semester Ticket office is inspected at irregular intervals by the state audit department. An auditing accountant then has access to our files, but the documents remain in our offices (and may not be copied or notated). This audit investigation serves solely to monitor our accounting methods and the integrity of our allocation of resources from the Social Fund.

Explanation and Annotation to the Semester Ticket Financial Aid Application

Any student who pays semester fees to the HU Berlin may apply for a Financial Aid Subsidy for the Semester Ticket. All students whose monthly income does not meet the required minimum have a right to a financial aid subsidy. The amount of the subsidy is determined not only by the relation between each individual's income and financial need, nor also by the possible occurrence of unusual hardships. The amount of the subsidy is further limited by the total sum of all approved applications related to the available funds. The greater the number of students who are granted financial aid, the smaller is the amount of subsidy available for each individual.

The application for a financial aid subsidy must be turned in to the Semester Ticket Office within the submission period, before the final deadline (January 1 - February 28, 2013; or, for newly registered students, within 6 weeks after enrolment). Further information: www.semtix.de

Supporting Documents. Please do not turn in any original supporting documents to us. **Copies are acceptable evidence.** If possible, the supporting documents should contain only the minimum information necessary for the application. We have no need, and no desire, to receive the data of uninvolved third persons and non-relevant bank account transactions. In general, we can accept supporting evidence from applications submitted previously, as long as the numbers to be calculated or the details of the situation have not changed. If the financial sums have not changed, then a single representative supporting document from the calculation period will be acceptable. Copies of bank transactions are sufficient evidence for all kinds of income and expenses (including bank overdraft charges). Except for the relevant transactions, all entries on bank transaction statements may be blacked out. **Sensitive documents, such as passports or doctors' written statements, may simply be presented in person to us in the Semester Ticket Office.**

- 1** Please check this box, if you were **newly enrolled** at the HU for the application semester (Master's students also). It makes no difference whether you already studied somewhere else, or whether you are actually in your first (major subject program) semester. We need this information to determine if an application can be accepted after the regular deadline. In that case a different calculation period has to be applied: All your statements and supporting documents are to refer to the last six months before application (e.g. application in September → calculation period is March to August). Please alter the form manually, if applicable.
- 2** **Personal information.** In the box "c/o ("bei" you can write the name of the main tenant, if you live in someone else's household or if your own name is not listed on your home letterbox. In the box "Apt." "(Wohnung)") you may write your W.E.N., if you live in student residential housing, for example; or you may give any other details which must appear in your postal address in order for letters to be delivered to you, (i.e. "Hinterhaus").
Important! For a change of address: If your address changes, please inform us. (Changes of address given to the Registrar's Office (Immatrikulationsbüro) or to AGNES do not reach us!)
- 3** **Contact information.** Providing us your email address and telephone number is voluntary, not required. But it makes our job easier, in case we need to reach you regarding further details.
- 4** **Bank account information.** As a general rule, we pay your potential financial aid subsidy by bank transfer to a bank account. For that purpose, we require your account information. The financial aid subsidy for the Semester Ticket is not subtracted from your student fees for the next semester - therefore, in order to re-register, you must pay the full amount of your student fees to the university by bank transfer.
If you do not provide bank account information, then please check the box to confirm that you would prefer to take payment in cash. If you are granted a subsidy, you will receive a message from us informing you that you may pick up a payment form at the Semester Ticket Office. Once you submit this completed form, along with a piece of official personal identification, with photo, to the HU Treasurer's Office (Kasse der HU (UL6)), then you will receive direct payment in cash.
- 5** **Alternate bank account holder.** In case the bank account to which we would transfer your potential subsidy is not your own, then it is imperative that we must receive the first and last name and the complete mailing address of the bank account holder.
- 6** **Calculation Period.** The calculation time period defines the months during which all of the details given in your application, as well as in the supporting documents to be submitted, must be valid. For the application for Winter Semester, this refers to the months January to June, and for the application for Summer Semester, to the months July to December. Please note: for newly enrolled students who are applying for a subsidy outside of the application deadline period, there is a different calculation period (note explanation 1).
- 7** **Rent.** Enter your monthly rent, including utilities; or, if relevant, the portion of rent that you paid in the calculation period (Basic rent + utility costs + advance payments for heating costs, if relevant). Additional expenses such as electricity, telephone, Internet access, or newspaper subscriptions should not be factored into this rent cost. If you had extra expenses for heat and / or hot water, these may be added in at a fixed rate (see below). If your rent changed within the calculation period, then please write out, on a separate page, the amount of rent cost per each month. **Supporting Documents:** A copy of your housing contract / rental agreement, or a bank transaction statement showing the transfer payment of your rent, or a letter of confirmation from the person to whom you pay rent.
- 8** **Additional heating and hot water expenses.** Additional monthly expenses for heating and hot water are costs for single-storey gas heating, continuous-flow water heaters, electric hot water heaters, night storage heaters, stove heater (i.e. coal stoves), electric radiators, or similar. If this applies to you, please check this box, and under "Rent", please enter the amount of your rent minus these costs. Since we factor in these heating costs as a fixed sum, we require no supporting documents. Please note: All other expenses for electricity and gas (for example, electric or gas kitchen stoves, electric lights, power appliances) are not additional heating and hot water costs, since they are considered as basic needs at a fixed sum.
- 9** **Higher rent costs due to limited choice of apartments.** Persons who may claim consideration for the hardship 'disability / chronic illness' may factor in the higher costs of housing accommodation and heating. **Supporting Documents:** A copy, or submission in person, of a disability certificate, or a doctor's written statement documenting the existence of a disability / chronic illness.
- 10** **Health care insurance expenses.** Please enter the costs for health care insurance that you paid during the months of the calculation period here. **Supporting Documents:** The copy of a health care insurance statement, or a bank account statement showing the payment amount of your health care insurance fee. If you paid the student standard rate (currently ca. €77,90), then a copy of your insurance card is sufficient. Please note: if you paid no fees, i.e. in the case that other parties covered the fees for your health care insurance, please check the box. In this case, we need no supporting documents.
- 11** **Financial support for dependent persons living in your household.** Please list all persons in your household whom you financially support here. They will be factored in the calculation as an additional financial necessity at 353 € per person and month. If you do not have enough space on the form, please list additional persons on an extra page. If you were eligible to collect family benefits (Kindergeld), please inform us of this. If you list persons of full legal age, then you must state their earned income here and, if necessary, supporting documents as evidence of it - this will affect the overall calculation.
- 12** **Additional costs due to chronic illness/disability of a household member** can be regarded as lump sum. **Supporting documents:** A copy, or submission in person, of the disability certificate or a doctor's written statement documenting the existence of a disability/chronic illness of that person.
- 13** **I come from another country.** These expenses require no supporting documents; they will be calculated as a fixed sum. This fixed amount serves to cover the costs of visas, translations or similar expenses.
- 14** **Cost of living for other persons** who do not live in your household. The information you enter should refer to the calculation period. **Supporting documents:** Copy of an agreement for cost-of-living or financial support, a corresponding bank account statement, or a letter of explanation from the person whom you support.
- 15** **Special dietary needs.** Please enter the estimated extra monthly costs within the calculation period. **Supporting documents:** Copy of a doctor's written statement attesting to the necessity of a special diet.