

! Remember: The application is due at the end of the respective semester's re-registration period !
(First year students: your deadline ends six weeks after enrolling)

Application for grants to the semester ticket out of the Social Funds

I hereby apply for a grant to the semester ticket according to the Social Funds Statutes of TUB and/or UdKB after §18a BerIHG.

Line

Semester of application:

Enrolment number:

Enrolled at:

1 Winter

2 Summer

20____/____

TU

UDK



3 Name		Given name	
4 Street, No.		Address line 2, c/o	
5 ZIP/Postal Code	City	Country	
6 Phone (optional, but helpful)		E-Mail (optional, but helpful)	
7 Course Programme		Date of Birth	

Bank account information

8 IBAN	BIC
9 Name of Bank	Account holder (Name, given name, if it is not your account)

According to §2, Section 2 of the Social Funds Statutes I present the following hardship(s):

Tick the applicable box. You must state at least one reason. Every reason stated is to be proved by applicable documents.

10 I will be working on my final thesis on the last day of the re-registration period. Date of registration: _____

11 I am currently doing an internship/practical training course according to my study regulations. It is unpaid or a low-pay internship/practical training course. It started on: Date: _____

12 My passport holds an entry regarding a restricted work permit.

13 I have at least one child living with me or I have at least child I am obligated to pay alimony/maintenance for.

14 I am a single parent living alone with my child/children providing for them.

15 I am nursing a sick, recovering or, disabled person or I am paying alimony/maintenance for a sick, recovering, or disable person.

16 I have special, expensive dietary needs because of a disease, allergy, or disability.

17 I am pregnant and at least in the 12th week of pregnancy.

18 I have reduced earning capacity according to §69, Section 5 of Sozialgesetzbuch IX (Ausweis G).

19 I receive integration allowance according to §54, Section 1, Nos. 1-3 of Sozialgesetzbuch XII.

20 I have a significantly low income. After paying my fixed costs (rent, health insurance), I have less than 55 per cent of the basic needs for living (cf. §2, Section 2, No. 10 of Social Funds Statutes and Explanations).

21 Over the last six months, I've had to pay medical and/or psychological treatments that were not covered by my health insurance, court and/or attorney fees or government agency reclaims (unemployment, housing benefits) in the amount of: Total amount: _____
€

22 I claim the following comparable hardships: Please use an extra sheet of paper if necessary

! The information provided must be proved by applicable documents for the calculation period covered !
 (Six months: Summer term: August to January, Winter term: February to July)

23 I am obligated to pay alimony/maintenance for the following people or I am paying alimony/maintenance and/or I have a child and/or children. (Also note the explanation regarding this application on the following pages.)

Number

24 Child/children up to and including the age of 5

25 Child/children from 6 to 13 years of age

26 Child/children from 14 to 17 years of age

27 Child/children from 18 to 25 years of age

28 Spouse

29 Other person(s)

30	<input type="checkbox"/> I pay rent and my share of it is:		<input type="checkbox"/> I have moved during calculation period covered or my rent has changed since the month of:	Month <input type="text"/>
		per month		
31	Rent/Month:	€ <input type="text"/>	Rent:	€ <input type="text"/>
32	Electricity:	€ <input type="text"/>	Electricity:	€ <input type="text"/>
33	Gas:	€ <input type="text"/>	Gas:	€ <input type="text"/>
34	TV/radio licence, phone: (lump sum)	<input type="text"/> €30	TV/radio licence, phone: (lump sum)	<input type="text"/> €30
35	Total	€ <input type="text"/>	Total	€ <input type="text"/>
36	<input type="checkbox"/> I live in a shared flat or split the rent with a spouse, friend, or parents.			
37	<input type="checkbox"/> I do not pay rent.			
38	<input type="checkbox"/> I have paid a security deposit during the calculation period covered			€ <input type="text"/>

39 **I have health insurance. The monthly fees are:** €

40 **I do not pay health insurance. I have family health co-insurance.**

41 **The following is to be deducted from my income (negative income):**

42 I have repaid debt(s) during the calculation period covered. Total €

43 I have purchased consumables during the calculation period covered. Consumables are usually used in practical and/or creative course programmes. €

44 I pay tuition fees in a fee-based course programme. per month €

45 I paid daycare fees. €

**I have had the following source(s) of income in Euro during the calculation period covered according to §2,
Section 4 of the Social Funds Statutes:**

If applying in July (for the winter term), the months of February to July apply.

If applying in February (for the summer term), the months of August to January apply.

I have had **little or no** income at all and have lived off my **savings** in part or completely.

	February or August	March or September	April or October	May or November	June or December	July or January
Art des Einkommens	Total in € per month	Total in € per month	Total in € per month	Total in € per month	Total in € per month	Total in € per month
Salary and/or wages	€	€	€	€	€	€
BAföG	€	€	€	€	€	€
Housing benefits (see Explanations)	€	€	€	€	€	€
Unemployment benefits for myself	€	€	€	€	€	€
Unemployment benefits for my child/children*	€	€	€	€	€	€
Child benefits for myself	€	€	€	€	€	€
Child benefits for my child/children*	€	€	€	€	€	€
Parents' money (see Explanations)	€	€	€	€	€	€
Alimony/maintenance for myself	€	€	€	€	€	€
Alimony/maintenance for my child/children*	€	€	€	€	€	€
Pension(s)	€	€	€	€	€	€
Loans (either by a bank or friends)	€	€	€	€	€	€
Grants/scholarship	€	€	€	€	€	€
Financial support by parents and/or relatives	€	€	€	€	€	€
Other sources of income (interest, dividends, heirloom, ebay):	€	€	€	€	€	€
Total	€	€	€	€	€	€

*These sources of income will only be taken into account for the calculation of plausibility (Cf. line 69).

- 65 My main place of residence is outside the area of validity 'Berlin ABC' and therefore I pay for the additional ticket to the semester ticket (Part C, Point 1.5 of VBB-rates).
- 66 My main place of residence is at maximum two kilometres away from my place of study.
- 67 I have a blocked account.

68 I confirm that I do not own wealth and/or assets according to the Social Funds Statutes. This means that I do not own mehr assets than tenfold the re-registration fees plus a lump sum of €1,000 for every person I have to pay alimony/maintenance for.

69 I am aware that my documents must clearly show that I was able to live off my average income and that my application will be denied if that is not the case.

I confirm that I have given the information in this form and the attached documents to the best of my knowledge and conscience.

I am aware that I have to pay the semester contribution fees in full to the university in order to be enrolled and/or re-registered. This is independent of the approval of my grant application.

I am aware that I must let the semester ticket office know if I have been granted exemption from paying the semester ticket fees in part or in whole for the term in which I have applied for a grant.

Hand in this form only initially without attachments, please. It will speed up the application process if we will let you know via request what documents you need to hand in for proof.

70 _____
Date Signature

The information provided in this form will be stored electronically. TU and/or UdK will have no access to these sets of data. However, they will transfer the allotted grants. The semester ticket office will answer any and all questions regarding the stored data should you have any.

Send the application to the following address:

**Technische Universität
Semesterticketbüro
Straße des 17. Juni 135
10623 Berlin**

E-Mail: semesterticket@tu-berlin.de

Web: <http://asta.tu-berlin.de/semstix>

Phone: 030 314 280 38

Fax: 030 314 281 62

Room: H2130a-33

If you have any questions, feel free to come by our office during office hours. You can also make free copies of your documents here.

If you use online banking, it would be very helpful if you could sort your statements so that one page would show rent payments and another your wages/income and another your health insurance fees, etc.

The processing of your application usually takes up to one term. We always try to process all applications by the coming period of re-registration so you may be able to use the grant in order to pay the re-registration fees.

Please hand in this form only – without attachments – initially.

If you have not handed in all necessary documents along with your application, please wait until you hear from us via letter. This may take up to three months.

Our office hours as well as explanations to the application can be viewed at our website.