

**! Remember: The application is due at the end of the respective semester's re-registration period !
(newly enrolled 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 regarding §18 BerlHG.

Semester of Application:

Enrollment number ("Matrikelnummer"):

Enrolled at:

1 ☐ Winter
2 ☐ Summer 20

☐ TU ☐ ASH
☐ UdK



3 Name		Given Name(s):	
4 Street, No.		Address line 2, c/o	
5 ZIP/ Postal Code	City	Country	
6 Phone number (optional, but very helpful!)		Email (optional, but also very helpful!)	
7 Course Programme		Date of Birth	

Bank account information:

8 IBAN	BIC
9 Name of Bank	Account holder

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

Tick the applicable box. You must tick at least one box. Every reason stated must be proven 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 low-pay internship/practical training course. It started on:
- 12 ☐ My passport holds an entry regarding a restricted work permit.
- 13 ☐ I have at least one child living with me or or I have at least one child I am obliged 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 disabled person.
- 16 ☐ I have special, expensive dietary needs because of 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 significantly low income. After paying my fixed costs (rent, health insurance), I have less than 55% of the basic needs for living (cf. §2, Section 2, No. 10 of Social Funds Statutes and Explanations).
- 21 ☐ Over the last 6 months, I 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:
- 22 ☐ I claim the following, comparable hardships:

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

23 ☐ I am obliged to pay alimony/maintenance for the following people or I am paying alimony/maintenance and/or I have a child/children.

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 ☐ I pay rent and my share of it is:

☐ I moved during the calculation period ^{Month}
or my rent changed since the month of:

31 Rent/Month:

Rent/Month:

32 Electricity:

Electricity:

33 Gas:

Gas:

34 ☐ I am at risk of homelessness or have moved into a new home due to being homeless or threatened with homelessness during the calculation period.

35 ☐ I live in a shared flat or split my rent with a spouse, friend, or parents.

36 ☐ I do not pay rent.

37 ☐ I have paid a security deposit during the calculation period covered:

38 ☐ I have health insurance. The monthly fees are:

39 ☐ I do not pay health insurance. I have family co-insurance.

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

41 ☐ I have repaid debts during the calculation period covered:

42 ☐ I have purchased consumables during the calculation period covered:
Consumables are usually used in practical and/or creative course program(s).

43 ☐ I pay fees for a fee-based course program:

44 ☐ I paid day care fees:

45 ☐ I covered costs for my child's social and cultural participation
(e.g. sports club, music school). Per month:

!The information provided must be proven by applicable documents for the calculation period covered!

I have had the following source(s) of income in Euro during the calculation period 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.

*These sources of income will only be taken into account for the calculation of plausibility (Cf. line 67)

	February or August	March or September	April or October	May or November	June or December	July or January
⁴⁶ Salary and/or wages						
⁴⁷ BAföG						
⁴⁸ Housing benefits(see explanations)						
⁴⁹ Unemployment benefits for myself						
⁵⁰ Unemployment benefits for my child/children*						
⁵¹ Child benefits for myself						
⁵² Child benefits for my child/children*						
⁵³ Parent's money (see explanations)						
⁵⁴ Alimony/ maintenance for myself						
⁵⁵ Alimony/ maintenance for my child/children*						
⁵⁶ Pension(s)						
⁵⁷ Loans (either by a bank or friends)						
⁵⁸ Grants/ scholarships						
⁵⁹ Financial support by parents and/or relatives						
⁶⁰ Other income sources (interest, dividends, heirloom, ebay)						
⁶¹ Total						

- ⁶³ ☐ My main place of residence is outside the area of validity 'Berlin ABC' and therefore I pay for the additional semester ticket (Part C, Point 1.5 of VBB-rates) (irrelevant while the semester ticket is a Deutschland-Ticket).
- ⁶⁴ ☐ My main place of residence is at maximum two km away from my place of study.
- ⁶⁵ ☐ I have a blocked account.

⁶⁶ I confirm that I do not own wealth and/or assets according to the Social Funds Statutes. This means that I do not own more assets than tenfold re-registration fees plus a lump sum of 1000€ or every person I have to pay alimony/maintenance for.

⁶⁷ I am aware that my documents must clearly show that I was able to live off my average income (Plausibility) 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 whole for the term in which I have applied for a grant.

Date

Signature

Hand in this form only initially, without attachments! We will let you know which documents we need as proof.

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:

**Semesterticketbüro
AStA TU Berlin
Sekretariat TK 2
Straße des 17. Juni 135
D-10623 Berlin**

Or send the application via Email:

semesterticket@asta.tu-berlin.de

If you have any questions, feel free to come to our face-to-face consultations, or our online consultations. You can find Information about this on our website.

You can also make free copies of your documents in our office – just come by and ask to use our printers.

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.