

Attachment 1: Application for a refund of the bus and train semester ticket and the Kulturticket fee according to the hardship clause

Application deadline: SoSe 30. June, 23:59/ WiSe: 15. January, 23.59

Personal information:

Last name: _____

First name: _____

Phone Number: _____

Street, house number: _____

Postcode, residence: _____

E-mail address: _____

Enrolment number: _____

Bank details:

IBAN: _____

BIC: _____

Owner of the account: _____

1. Information about your monthly income (please cross out where inapplicable)

- | | | |
|---|-------|---|
| a. Monthly governmental student support (BAföG) and scholarships | _____ | € |
| b. Financial support from your parents (e.g. child benefit, rent, livelihood) | _____ | € |
| c. Other income (e.g., job, loan, subsidy, housing subsidy) | _____ | € |
| d. Income from spouse | _____ | € |
| e. Income from your dependent children (except child benefit) | _____ | € |

2. Total amount of one-time income during the semester (please cross out where inapplicable)

- | | | |
|---|-------|---|
| a. Governmental student support (BAföG) and scholarships | _____ | € |
| b. Financial support from your parents (e.g. child benefit, rent, livelihood) | _____ | € |
| c. Other income (e.g. job, loan, subsidy, housing subsidy) | _____ | € |
| d. Income from spouse | _____ | € |
| e. Income from your dependent children (except child benefit) | _____ | € |

3. Semester abroad (if applicable)

I will be in my semester abroad in _____ from _____ until _____.

4. Disclosure of special charges (please select)

Yes No

- Own household (including shared apartments „WG“)
- Health and/or life insurance (except if you're insured through your parents/spouse)
- Special burdens, e.g., chronic illnesses, pregnancy, single parent, ...
- Dependent children, if yes: number of children under 18 years old: _____

5. Copies of the following certificates must be attached to the application:

- a. Certificate of enrolment for the current semester
- b. Informal signed statement of income
- c. Certificate from your health insurance in accordance with §13a BAföG about health and / or nursing care insurance, if not insured through your parents/spouse
- d. if applicable, informal signed income declaration from your spouse
- e. if applicable, a medical certificate about existing chronic illnesses or pregnancy
- f. if applicable, a copy of the birth certificate of the child/children and a written declaration that the child/children represent an additional financial burden
- g. if applicable, a written statement that the applicant is mainly responsible for the care and upbringing of the child/children
- h. if applicable, proof of the semester abroad

Attention: Only complete submitted applications will be considered! Incomplete applications cannot be processed. The person submitting the application acknowledges that there is no legal entitlement to a refund.

I certify that the information I have provided is complete and correct. Deliberately incorrect or incomplete information may result in rejection and recovery, as well as civil or criminal penalties. I am aware that the AStA will post the decision coded with my matriculation number in the AStA building and will inform the applicant of the decision by mail. Furthermore, I am aware that the information attached to the application and the application itself will be kept for five years.

Place, Date:

Signature by applicant (handwritten):

**Formless income declaration of the applicant
for the semester _____**

Surname, first name: _____

I hereby certify that I will have _____ € per month during the above semester.

Place, date

Signature

**Formless income declaration of the spouse or registered civil partner
for the semester _____**

Surname, first name of applicant:

own surname, first name:

I hereby certify that I will have _____€per month during the above semester.

Place, date

Signature