

Please submit this form until July 31, 2018. New students must submit within 6 weeks after enrolment.

There is an extended deadline of 14 days after this date. If you choose to make use of this grace period, all supporting documents should be turned in completely within this time frame.

Application for a Financial Aid Subsidy for Semesterticket from the Social Fund



I hereby apply for a financial aid subsidy for the Semesterticket in accordance with the Sozialfondssatzung §18 a V BerlHG.

[Please check all that apply.]

- 1 I was newly matriculated at KHB in winter semester 2018/2019 (including Master students).
 I would like to receive correspondence in English.

**Application Semester
WiSe 2018/2019**

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

Bank transfer number [required]

4	IBAN
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[In case this is not your own bank account, we require the following information:]

5	First name, last name of the account holder	Address
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6 The following information refers to the **calculation period: January 1 to June 30, 2018**

For the calculation period, I claim the following FINANCIAL NEEDS:

- 7 I paid rent for my apartment/room at a monthly rate of (excluding phone, internet, electricity): € _____ ,
- 8 I had extra monthly costs for heating 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 a higher-than-standard rent as given above.
 I did not pay rent during the calculation period.

- 10 I paid a monthly fee for health insurance at the rate of: € _____ ,
 I paid no monthly fee for health insurance (e.g. I had family health 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 (e.g. children/dependents):

Name	Date of Birth (day/month/year)	Explanation, if needed	Eligible for 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

- 12 A person of my household (see 11) had additional costs due to disability/chronic illness.
 I lived outside the Berlin ABC public transport zone (but inside the VBB area).

13 Because I come from another country, I had/have additional expenses for the start/continuation of my studies, e.g. travel costs, translation costs, fees to administrative authorities, to uni-assist etc.

14 I paid support (e.g. living costs) for persons not living in my household, in a monthly amount of: € _____ ,

15 I had additional monthly costs for special nutrition due to food allergies or dietary intolerance(s), in the amount of: € _____ ,

16 During the calculation period, I had expenses for 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 additional costs that presented me with exceptional financial difficulties (e.g. rental security deposit, additional service-, repair- or utility bills, court fees, etc.), in the amount of:

€ ,

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

[Please submit any income of you and your dependents (as stated under clause 11, if applicable). **Please make a precise statement for each month and do not leave blanks.** If you did not have income in a certain month, fill in "0 €".]

Month	Amount/Type of Income (support from family, ALG, Wohn-/ Kindergeld, jobs, savings used etc.)
Jan 2018	€
Feb 2018	€
Mar 2018	€
Apr 2018	€
May 2018	€
Jun 2018	€

In the calculation period I had the following

19 **Debts** [bank overdraft, personal loan, credit card debts, etc.] 20 **Assets** [if above the amount of exemption]

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

- 21 On this date: _____ I registered for graduation from my course of study (Studienabschluss).
- 22 From the dates of _____ to _____ I served an unpaid or low-paid **internship** that lasted a minimum of three months and required a time commitment of at least 30 hours per week. At least one day of the 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 total amount of this costs exceeded 250 € during the calculation period.
- 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 eligible for social welfare payments according to **SGB XII or SGB II** (such as ALG II).
- 29 I had a **disability/chronical illness**.
- 30 I **provided care for a relative** in need during the calculation period.
- 31 I claim the following **other comparable hardship(s)** [this does not refer to financial hardships]:

I affirm in good conscience that the statements in the 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 complete fee for the Semesterticket to the University**, as a prerequisite to enrol or to re-register for the next semester. I agree to my personal data being stored electronically. I recognise that my data will not be shared with third parties nor used for any other purpose but the evaluation of my claim to a financial aid subsidy, and possibly for the payment of said subsidy. The Semesterticket Office checks the following information solely with the Registrar's Office (Immatrikulationsbüro), in order to confirm whether the fee for the Semesterticket 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 other cases where in doubt.

X Date

X Signature

Explanation and Annotation to Semesterticket Financial Aid - Page 1

(In case of questions or if you need help, please contact us. We are looking forward to helping you.)

THIS FORM IS ONLY VALID IF YOU ARE MATRICULATED AT KHB.

Any student who is matriculated at KHB Berlin may apply for a financial aid subsidy for the Semesterticket. All students whose monthly income does not exceed their financial needs have a right to a financial aid subsidy. The amount of subsidy is determined not only by the relation between each individual's income and financial needs, but also by the number of exceptional hardships. The amount of subsidy is further limited by the total sum of all approved applications and 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 Semesterticket Office within the **submission period**, before the final deadline (Application for summer semester: January 1 to February 28 and for **winter semester: June 1 to July 31**, for newly registered students: within 6 weeks after enrolment). Further information: www.semtix.de

Supporting documents: Please do not turn in any original documents. **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 sums are unchanged over two months or more, one document (e.g. bank statement) from one month of that period will be sufficient). Copies of bank statements are sufficient evidence for all kinds of income and expenses (including bank overdraft). Except for the relevant transactions, all entries on bank statements may be blacked out. **Sensitive documents, such as passports or doctor's written statements, may simply be presented in person in the Semesterticket Office.**

- 1** Please check this box, if you were newly enrolled at the KHB for the application semester. (also applies to Masters' students). It makes no difference whether you already studied somewhere else or whether you are actually in your first semester of studies in general (Hochschulsemester). 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 your 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 W.E.N., if you live in a student residential housing for example, or you may give other details which must appear in your postal address in order for letters to be delivered to you (e.g. 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 AGNES do not reach us!).
- 3 Contact information.** Providing your email address and telephone number is voluntary and not required. But it makes our job easier, in case we need to reach you regarding further details.
- 4 Bank account information.** 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 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.
- 5 Alternate bank account holder.** In case the bank account to which we would transfer your potential subsidy is not your own, it is imperative that we must receive the first and last name and the complete address of the bank account holder.
- 6 Calculation period.** The calculation period consists of the months that your claims and supporting documents must refer to. For the application for **winter semester, this refers to the months January to June**, and for summer semester to the months July to December. Please note: For newly enrolled students who are applying for a subsidy outside of the regular application period, there is a different calculation period (see 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 applicable). 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 heating and/or hot water, these may be added in at a fixed rate (see below). If your rent changed within the calculation period, please write out, on a separate page, the amount of rent for each month. **Supporting documents:** A copy of your housing contract/rental agreement, or a bank statement showing the 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 heaters (e.g. 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 (e.g. electric or gas kitchen stoves, electric lights, power appliances) are not additional heating and water costs, since they are considered as basic needs at a fixed sum.
- 9 Higher rent due to a limited choice of apartments.** Persons who claim consideration for the hardship 'disability'/'chronic illness' may factor in the higher costs of housing 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 insurance, that you paid during the months of the calculation period, here. **Supporting documents:** Copy of a health care insurance statement, or a bank statement showing the payment of your health care insurance fee. If you paid the student standard rate (currently approx. 90,99 €), 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 of 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. 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 child benefits (Kindergeld), please inform us of this. If you list persons of full legal age, then you must state their income and, if necessary, provide supporting documents as evidence of it - this will affect the overall calculation.
- 12 For additional costs due to chronic illness/disability of a household member** a fixed sum may be allowed. **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 Costs 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 agreement for financial support, a corresponding bank statement, or a letter of explanation from the person whom you pay 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. If costs exceeded 61 € per month, please provide bills documenting the costs for one exemplary month within the calculation period.

Explanation and Annotation to Semesterticket Financial Aid - Page 2

(In case of questions or if you need help, please contact us. We are looking forward to helping you.)

- 16 Extra costs for medical or psychological care.** All medical expenses that were not covered by your health insurance plan can be claimed here, e.g. expenses for contraception/sexually transmitted disease prevention, medications or supplemental medical insurance. **Supporting documents:** Copies of receipts or bills from the calculation period, etc.
- 17 Exceptional expenses.** Please make a list of your extra expenses on an additional page and briefly explain the exceptional 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 aids (BAFÖG), housing assistance (Wohngeld), scholarships or grants, ALG II, parental support, (educational) loans, paid family allowances (Kindergeld) (for you, the applicant, as well as for your children), parental benefits (Elterngeld), etc. If you used up savings, please state the exact amount per month and provide proof accordingly. All sources of income for the calculation period must be stated, including those received in cash. Also state all income of persons as stated under clause 11, if applicable. If there was a month in which you had no income, please write "0 €" or "no income". **Please submit supporting evidence for all claims:** e.g. copies of earnings statements, pay stubs, letters of explanation from parents, bank statements, letters of approval to claim the following: federal student aid (BAFÖG), social welfare (ALG II). If your income is unchanged for more than a month, a single supporting document from that period is sufficient. If any income cannot be documented please confer with us.
- | Month | Income |
|----------|---------------------------|
| January | Bafög 585 € |
| February | Bafög 585 €, Family 120 € |
| March | 0 €, no income |
| April | Job 645,45 € |
- [Example]*
- 19 Debts.** 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 statements, loan or payment agreements, letters of explanation from private creditors, or similar.
- 20 Assets.** Please state your personal savings here, if they do exceed the amount of exemption. The amount of exemption for personal savings is 4850 € for persons under age 21, 4950 € at age 21, plus an extra 200 € for every additional year of age after that. Assets above these amounts must be claimed and proof must be provided. For further regulations see the Sozialfondssatzung. **Supporting documents:** e.g. bank account statements.
- 21 Graduation.** This refers to scheduled exams required for graduation (exit exams, master's and bachelor's theses, oral exams required for graduation). 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 **winter semester from December to July** and for summer semester from June to January). Doctoral studies do not count as exceptional hardship "graduation". **Supporting documents:** Copy of a confirmation of registration for your exit exams or final thesis, proof of graduation, diploma, or a corresponding document that shows the date of your examination, registration or the submission date of your thesis.
- 22 Internship.** Serving in an internship presents an exceptional hardship, if the internship was unpaid or low-paid, lasted at least three 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:** e.g. a letter of confirmation of your internship position (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 exceptional hardship. **Supporting documents:** A copy, or personal submission, of your residence permit (Aufenthaltserlaubnis), evidence of restricted mobility for work, or a comparable entry in your passport.
- 24 Medicinal expenses greater than 250,- €.** This refers to the costs entered in box 16 for medicinal or psychological care that were not covered by your health care insurance plan. If these costs exceeded 250,- € during the calculation period, this constitutes an exceptional hardship. **Supporting documents:** Copies of receipts or bills from within the calculation period.
- 25 Pregnancy.** This exceptional hardship will be granted as long as you were pregnant for at least one day of the calculation period. If your child was born during the calculation period, we will additionally grant the hardship "I was raising a child under age 18" (see below). **Supporting documents:** Copy, or the submission in person, of your maternity card or a doctor's testimony.
- 26 Single parent.** This hardship will be granted if you alone were responsible for caring and raising at least one child. **Supporting documents:** e.g. copies of a document showing that you received child support, or the relevant pages of your notice of eligibility for ALG II.
- 27 Child under age 18.** This hardship will be granted if you were raising a child or children under age 18 during the calculation period. **Supporting documents:** e.g. copy of birth certificate, entry pages in your passport, or other document which gives the birth date of the child/children.
- 28 Receiving benefits under SGB II or SGB XII.** **Supporting document:** Copy of ALG II notice, or alternatively, your approval letter for social welfare benefits, or a bank account statement, which documents the benefit payment within the calculation period.
- 29 Chronic illness/disability.** **Supporting documents:** A copy, or personal submission, of your disability certificate or a doctor's written statement documenting the existence of a disability or a chronic illness.
- 30 Tending for a person in need of care.** This refers to providing 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 hardship(s).** Here you can describe any other individual situations and factors of other hardships that made the payment of the Semesterticket difficult. Other comparable hardships should be in proportion to the hardships listed above. For example, a statement such as "racist discrimination during job search" would be relevant here. If hardships have already been mentioned above, please do not list them again (e.g. "could not work due to pregnancy"). If needed, use an extra page to describe the comparable hardships. Expenses are not relevant here and should be listed in boxes 15 to 17, if applicable.
- 32 Protection of personal data.** In order to determine whether you have paid the fee for the Semesterticket, we will compare your personal data 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, if you are/were enrolled or on leave from your studies, or whether you are/were (partly) exempted from paying ticket fees. The Semesterticket 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 transcribed). This audit investigation serves solely the purpose to monitor our accounting methods and the integrity of our allocation of resources from the Social Fund.

While compiling your documents of proof, please note the following:

- ⇒ **Please do not provide original documents - copies are sufficient.** We do not account for your original documents. If needed, you can make copies at the Semesterticket Office during the consultation hours.
- ⇒ **Please mark relevant data in your bank account statements clearly,** e.g. rental payments or income. If payments or income is unchanged for two or more months, one single document of proof from the relevant calculation period is sufficient.
- ⇒ **Non-relevant data should not be sent to us or blanked out.** Thank you!