

Please send us this form until August 31, 2025 (newly enrolled students within 6 weeks after enrollment). We offer an extended deadline of 14 days after this date. If you send us your subsidy application within this period, please include all supporting documents.

# 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 Sozialfondssatzung §18 a V BerlHG.



[Please fill in all applicable fields.]

Application Semester  
WiSe 2025/26

- 1 ☐ I was newly enrolled at KHB in winter semester 2025/26 (including Master's students).  
☐ I would like to receive correspondence in English.

|   |   |            |   |                             |
|---|---|------------|---|-----------------------------|
| 2 | Last name   | First name | Date of Birth (day/month/year)                                | Student ID (Matrikelnummer) |
|   | c/o [in case of a different name at your doorbell and/or mailbox] |            | Apartment number [Room-, Apt.-No., W.E.N., student residence] |                             |
|   | Street and house number   |            | Postal code/PLZ   | City                        |
| 3 | E-mail [not required, but helpful]                                |            | Phone number [not required, but helpful]                      |                             |

Bank transfer number

|   |      |
|---|------|
| 4 | IBAN |
|---|------|

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

|   |   |         |
|---|---|---------|
| 5 | First name, last name of the account holder | Address |
|---|---|---------|

6 The following information refers to the **period relevant for our calculation: January 1 to June 30, 2025**

## Within 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 indicated above.
- ☐ I did not pay any rent in 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 who live 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 in 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 who do not live 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:

€

,

KHB
- 17

☐ During the calculation period, I faced additional costs that were an exceptional financial burden (e.g. rental security deposit, additional payments for utilities, bills for repairs, court fees, etc.), in the amount of:

€

,

KHB

18 In the Calculation Period, I had the following INCOME (net):

[Please indicate a specific sum for all sources of income in each month (also for savings you used and income of members of your household mentioned in 11) and do not leave any blanks. If you did not have any income in a certain month,

| Month    | Sums & Types of Income (jobs, support from family, savings used, Bürger-/Wohn-/Kindergeld, |
|----------|--|
| Jan 2025 | €  |
| Feb 2025 | €  |
| Mar 2025 | €  |
| Apr 2025 | €  |
| May 2025 | €  |
| Jun 2025 | €  |

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 HARSHIP(S) within the calculation period:

- 21

☐ I registered for **graduation** (Studienabschluss) on the following date:
- 22

☐ From the dates of to I did/am doing 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 is within the calculation period.
- 23

☐ I had a **limited or no work permit (Arbeitserlaubnis)**.
- 24

☐ I had to pay for **expenses for medical or psychological care** that were not covered by my health care insurance and the total amount of these costs exceeded 250 € during the calculation period.
- 25

☐ I was **pregnant**.
- 26

☐ I was a **single parent**.
- 27

☐ I was raising a **child/children under the age of 18**.
- 28

☐ I or my child was eligible for social security payments according to **SGB XII or SGB II** (e.g. Bürgergeld).
- 29

☐ I had a **disability or chronic illness**.
- 30

☐ I **provided care for a relative/close person** in need.
- 31

☐ I claim the following **other comparable hardship(s)** [this does not refer to financial hardships]:

I hereby confirm that to the best of my knowledge, all declarations in this form as well as in the attached documents are complete and correct.

- 32

I understand that even if a financial aid subsidy is later granted to me, I am still obliged to **fully pay the fee for the semester ticket to the university** as a prerequisite to enrol or to re-register for the next semester. I agree that my personal data are processed and 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 compares the following information solely with the enrolment office (Immatrikulationsbüro) in order to confirm whether the fee for the semester ticket has been paid by you: Name, student ID (Matrikelnummer), date of birth. In case of ambiguities due to translation or in other cases of doubt, the respective original text in German is decisive.

X

Date

X

Signature

# Explanation to the Application Form - Page 1

(If you have any questions, please e-mail us: [semtix@refrat.hu-berlin.de](mailto:semtix@refrat.hu-berlin.de))

## THIS FORM IS ONLY VALID IF YOU ARE ENROLLED AT KHB.

Any student who is enrolled at KHB may apply for a financial aid subsidy for the semester ticket. All students whose monthly income does not exceed the financial need calculated according to the statute of the social fund are eligible for this subsidy. The amount of subsidy is determined not only by the relation of each individual applicant's income and expenses as well as incited hardships. It is also limited by the total sum of all approved applications and the available funds in each semester. The greater the number of students who are granted financial aid, the smaller the amount of subsidy available for each individual may be.

The application for this subsidy must be sent to the semesterticket office within the **application period** (in the summer semester: January 1 to February 28, in the winter semester: **July 4 to September 4**, for newly enrolled students within 6 weeks after enrolment). Here you can find further information: [www.semtix.de](http://www.semtix.de)

**Supporting documents:** Please send us **copies of your documents** and do not send us your original documents. If possible, the supporting documents should contain only 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 documents from previous applications, as long as the numbers for the calculations 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 to prove 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 KHB in the application semester (this also applies to Master's 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 can be applied: All your statements and supporting documents have to refer to the last six month before application (e.g. application in September -> calculation period is March to August). Please adapt this in the application form by hand, if applicable.
- 2 Personal information.** In the field "c/o" 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 field "Apartment number" you can state e.g. a W.E.N. if you live in a student residential housing, or you may indicate other details that should appear on your postal address in order for letters to be delivered to you (e.g. Hinterhaus).  
**Important note: If your address changes, please inform us (changes of address communicated to the enrolment office (Immatrikulationbüro) or stated in AGNES do not reach us!).**
- 3 Contact information.** Providing your e-mail address and phone number is voluntary and not required, but it makes our work much easier, especially in case we need to contact you regarding further details about your application.
- 4 Bank account information.** We pay the subsidy by bank transfer to a bank account. For that purpose, we require your account information. The 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 Different bank account holder.** In case the bank account to which we would transfer your potential subsidy is not your own, we need to know the first and last name as well as the full 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 the **winter semester, this refers to the months of January to June**, for the summer semester to the months of July to December. Please note: For newly enrolled students who are applying for a subsidy outside of the regular application period, there a different calculation period may be applied (see
- 7 Rent.** Enter your monthly rent, including utilities; or, if relevant, the part of the 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 can not be considered as rental costs. 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 the amount of rent for each month on a separate page. **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 in the field for "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 higher costs of housing and heating. **Supporting documents:** A copy of a disability certificate or a doctor's written statement about the disability/chronic illness.
- 10 Health insurance expenses.** Please enter the costs for health insurance that you paid during the months of the calculation period in this field. **Supporting documents:** Copy of a health insurance statement, or a bank statement showing the payment of your health insurance fee. If you paid the student standard rate (currently approx. 120 €), a copy of your insurance card is sufficient. **Please note: If you paid no fees or other parties (e.g. employer, family, JobCenter) covered the fees of your health care insurance, please check the second 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 considered in the calculation as an additional financial necessity 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 child benefits (Kindergeld), please inform us of this. If you list persons of full legal age, then you must state their income and provide supporting documents for them as well, which will be considered in 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 of the disability certificate, or a doctor's written statement about the 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 sum covers 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 your average monthly costs within the calculation period. **Supporting documents:** Copy of a doctor's written statement attesting to the necessity of a special diet. If these costs exceed 61 € per month, please provide bills documenting the costs for one exemplary month within the calculation period.

# Explanation to the Application Form - Page 2

(If you have any questions, please e-mail us: [semtix@refrat.hu-berlin.de](mailto:semtix@refrat.hu-berlin.de))

- 16 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 insurances. **Supporting documents:** Copies of receipts or bills from the calculation period etc.
- 17 Exceptional expenses.** Please make a list of these 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 may be your salary (minus taxes and fees, if applicable), federal student aids (Bafög), housing assistance (Wohngeld), scholarships/grants, Bürgergeld, parental support, (educational) loans, family allowances (Kindergeld) (for yourself 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 in 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 pay slips, letters of explanation from parents, bank statements, letters of approval to claim the following: federal student aid (Bafög), social security (Bürgergeld), loans. If your income is unchanged for more than a month, a single supporting document from that period is sufficient. If your income cannot be supported by any documents, please confer with us.
- 19 Debts.** Any debts you claim must have existed during the calculation period. The following may be considered: 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 exceed the amount of exemption. The amount of exemption for personal savings is 4100 € for anyone up to the age of 21. For persons who are 21 and older it is 4100 € plus 200 € for every additional year of age. 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 be within the calculation period of the current application semester (plus one additional month before and after, i.e. **for winter semester from December to July** and for summer semester from June to January). Doctoral studies cannot be considered for this hardship. **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
- 22 Internship.** An internship can be considered as a 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 be within the calculation period. Please state the beginning and end dates of the internship. **Supporting documents:** e.g. a letter of confirmation of your internship position, including time period, weekly/monthly hours, and compensation/payment.
- 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 as a hardship. **Supporting documents:** A copy 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 medical or psychological care that were not covered by your health insurance. If these costs exceeded 250 € during the calculation period, they are considered as a hardship. **Supporting documents:** Copies of receipts or bills from within the calculation period.
- 25 Pregnancy.** This 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 note.
- 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 relevant pages of your notice of eligibility for Bürgergeld, or court notices.
- 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 includes the birth date of the child/children.
- 28 Payments according to SGB II or SGB XII.** **Supporting document:** Copy of Bürgergeld notice/approval letter for social security, or a bank account statement which documents the benefit payment within the calculation period.
- 29 Chronic illness/disability.** **Supporting documents:** A copy of your disability certificate or a doctor's written statement about the disability or 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 semester ticket difficult. Other comparable hardships should be comparable to the hardships listed above (for example, racist discrimination during job search). 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 can not be considered 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 semester ticket, we will compare your personal data with the enrolment office. Your name, your student ID (Matrikelnummer), and your birth date will be compared with the data files at the enrolment 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. Further, 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.

| Month    | Income                    |
|----------|---------------------------|
| January  | Bafög 585 €               |
| February | Savings 100 €, Family 220 |
| March    | 0 € (no income)           |
| April    | Job 645,45 €              |

[Example]

## Please note the following when you compile your supporting documents:

- ⇒ **Please do not send us original documents - copies are sufficient.** We take no responsibility for your original documents. If needed, you can make copies at the semesterticket office (please contact us via e-mail for this).
- ⇒ **Please mark relevant transactions in your bank account statements clearly,** e.g. rental payments or income. If payments or income are 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!