

Personal initials: _____	Total funding amount: _____
Loan Nr.: _____	Funding period in months: _____
	Monthly funding amount: _____

-Application for Long Term Sickness Aid-

Information on the Situation

I am currently or recently was seriously ill and therefore not capable of working. The period of my disability lasted longer than a week and does not date back longer than three months.

(Please attach a copy of the certificate of incapacity for work.)

Do you currently draw benefits under BAföG, SGB II or SGB XII? Or are you eligible on the merits for such benefits? (Please attach a negative BAföG notice.)

☐ Yes☐ No

From when to when were you disabled as a result of your illness?

From _____ to _____
Date Date

Are you still working for other employers?

☐ No☐ Yes, namely for:

Name of the employer

Name of the employer

Name of the employer

-Information on Demand, Expenditures, Income and Assets-

Surname:	_____
Name:	_____
Place of birth:	_____
Date of birth:	_____
Phone number:	_____
E-mail:	_____
Address:	_____
Zip code + city	_____
Marital status:	_____
Do you have children?	☐ No ☐ Yes, namely _____. Thereof, _____ live in my household.
University membership:	☐ JLU ☐ THM (Please attach a certificate of enrolment.)
Nationality:	☐ _____ ☐ German
Residence permit:	☐ §16 AufenthG ☐ Other residence permit (Please attach your residence permit as well as, if applicable, the probationary work permit in copy.)

Please explain to us in detail how you have covered your livelihood during the past three months?

Information on the Personal Demand

Gross cold rent:

(your personal share and the share of the persons listed below)

(Please attach a copy of the rental contract.) _____ €

Monthly heating costs:

(your personal share and the share of the persons listed below)

(Please attach a copy of the heating costs billing.) _____ €

☐ Heating costs are paid directly to the landlord.☐ Heating costs are paid directly to the energy provider.**Monthly health insurance contribution:**☐ dependent coverage → Name of the policyholder: _____

(Please attach a certificate of the state of dependent coverage.)

Are you or is a household member currently pregnant? (Please attach a copy of the expectant mother's record of prenatal and natal care.)☐ No☐ Yes → I am in the _____ week of pregnancy.☐ Yes → Name of the household member: _____**Do you or does a household member require costly food for medical reasons?**

(Please attach a copy of the doctor's certificate and the cost justification.)

☐ No☐ Yes → The increased cost is: _____ €**Do you or does a household member have to pay maintenance to persons not living in the household?**

(Please provide proof in copy.)

☐ No☐ Yes → Amount of monthly maintenance payments: _____ €

Name of the person entitled to maintenance: _____

Degree of relationship: _____

Do you or does a household member claim increased demands which are not one-off?

(The repayment of debt and interest receivables are not recognized as an increased demand.)

(Please provide proof in copy.)

☐ No☐ Yes → _____: _____ €

_____: _____ €

In case a residence title pursuant to §16 Abs. 1 AufenthG justifies the stay in Germany: In what way is the security of livelihood proven to the residence authorities?☐ Commitment pursuant to §68 AufenthG,☐ Ongoing employment.☐ Frozen account.☐ Differently: _____**Which persons, besides you, also live in your household, with whom you form an economic and committed union?** (e.g. your partner or relatives, who regularly contribute to the cost of living and / or live on the household income) (Please attach a copy of the registration certificate.)

1.

Surname, name _____

Date of birth _____

Age: _____

Amount of health insurance contribution: _____ €

University membership:

☐ THM☐ JLU☐ None/Other

2.

Surname, name _____

Date of birth _____

Age: _____

Amount of health insurance contribution: _____ €

University membership:

☐ THM☐ JLU☐ None/Other

Information on Income and Assets

Please submit complete and truthful information on your current income and assets. The presentation of false facts, as well as the omission of funding-relevant facts implement the crime of fraud and can be prosecuted. If you live in a needs community (life-partner) please enter the information here. If there is not enough space, please add it to a separate sheet.

I hold the following current accounts and savings (Please attach account statements in copy):

Financial institution: _____	Financial institution: _____
IBAN: _____	IBAN: _____
BIC: _____	BIC: _____
Financial institution: _____	Financial institution: _____
IBAN: _____	IBAN: _____
BIC: _____	BIC: _____

I hold the following credit cards (Please attach credit card statements in copy):

Last four digits of credit card number: _____
Last four digits of credit card number: _____
Last four digits of credit card number: _____

What kind of income did you have during the past three months?

The funding official in charge will consider whether it is income within the meaning of the procurement directives. Please always state the type of income (e.g. income from employment, loans, donations, etc.) and the origin of income (e.g. name of the employer or lender). In addition, please specify the period to which the income figures relate.

(Please attach copies of the payslips, income statements and cash receipts.)

_____	_____	_____ €	☐ fluctuating (sum of the last 90 days) ☐ one-off ☐ received cash ☐ monthly ☐ received non-cash
Type of income	Origin of income		
_____	_____	_____ €	☐ fluctuating (sum of the last 90 days) ☐ one-off ☐ received cash ☐ monthly ☐ received non-cash
Type of income	Origin of income		
_____	_____	_____ €	☐ fluctuating (sum of the last 90 days) ☐ one-off ☐ received cash ☐ monthly ☐ received non-cash
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Type of income	Origin of income		
_____	_____	_____ €	☐ fluctuating (sum of the last 90 days) ☐ one-off ☐ received cash ☐ monthly ☐ received non-cash
Type of income	Origin of income		

Will your monthly income change in the next month? If so, how:

I possess cash: _____ €

I possess monetary-value assets. (Securities, shares, etc.) (Please provide proof in copy.)

_____	_____ €
Type of asset	
_____	_____ €
Type of asset	
_____	_____ €
Type of asset	

Below you have the possibility to make further comments on your income and assets:

Statement on expenditure in the course of the assessment of appropriateness **according to AuVer**

In order to get a better understanding of your living situation and in order to take this into account according to the entitlement and funding sum calculation, we would like you to complete the following form. Please fill in your expenditures and those of the persons sharing your household during the last three months before the application.

When did you take cognizance of your distress? (Date) (§2a AuVer)	
What was the level of expenditure on payment of rent in the past three months in total? (§3 Abs. 1 Nr. 1 AuVer) (§10 Abs. 3 VR)	_____ €
Were any expenditures on payment of rent paid in cash in the past three months?	☐ Yes ☐ No
What was the level of expenditure on health insurance contributions in the past three months in total? (§3 Abs. 1 Nr. 1 AuVer) (§10 Abs. 3 VR)	_____ €
Were any expenditures on health insurance contributions placed in cash in the past three months?	☐ Yes ☐ No
Did you or other household members have expenditures on maintenance payments for people who do not live in your household in the past three months? (§10 Abs. 4 VR)	☐ Yes ☐ No Name of the person liable for maintenance if different from the applicant: _____
First and last name of the person entitled to maintenance, degree of relationship	
First and last name of the person entitled to maintenance, degree of relationship	
First and last name of the person entitled to maintenance, degree of relationship	
Did you or other household members have expenditures on semester fees in the past three months? (§10 Abs. 5 VR)	☐ No ☐ Yes, in total: _____ €
Did you or other household members have expenditures on deposits in the past three months? (§10 Abs. 5 VR)	☐ No ☐ Yes, in total: _____ €
Did you or other household members have expenditures on identity documents in the past three months? (§10 Abs. 5 VR)	☐ No ☐ Yes, in total: _____ €
Did you or other household members have expenditures on claim settlements which were reimbursed by an insurance company in the past three months? (§3 Abs. 1 Nr. 10 AuVer)	☐ No ☐ Yes, in total: _____ €
Did you or other household members have expenditures on health care in the past three months? (§3 Abs. 1 Nr. 12 AuVer)	☐ No ☐ Yes, in total: _____ €
Did you or other household members have expenditures on removal in the past three months? (§3 Abs. 1 Nr. 7 AuVer)	☐ No ☐ Yes, in total: _____ €
Did you or other household members have expenditures on one-time purchases that were irrefutable for your academic success in the past three months? (e.g. learning materials, laptop, printer) (§3 Abs. 1 Nr. 6 AuVer)	☐ No ☐ Yes, in total: _____ €
Did you or other household members have expenditures on debt-restructuring in the past three months? (§3 Abs. 1 Nr. 3 AuVer)	☐ No ☐ Yes, in total: _____ €

Did you or other household members have expenditures on contributions to a liability insurance on motor vehicles in the past three months? (§3 Abs. 1 Nr. 4a AuVer)	☐ No ☐ Yes, in total: _____ €
Did you or other household members have expenditures on motor vehicle tax in the past three months? (§3 Abs. 1 Nr. 4b AuVer)	☐ No ☐ Yes, in total: _____ €
Did you or other household members have expenditures on motor vehicle repairing charges in the past three months? (§3 Abs. 1 Nr. 4c AuVer)	☐ No ☐ Yes, in total: _____ €
Did you or other household members have expenditures which served directly or indirectly to taking up employment in the past three months? (§3 Abs. 1 Nr. 5 AuVer)	☐ No ☐ Yes, in total: _____ €
Did you or other household members have expenditures on fuel costs for official trips between home and the place of employment? (§3 Abs. 1 Nr. 4d AuVer)	☐ No ☐ Yes If yes: Distance between place of employment and home: _____ km Frequency of trips: _____

Have you taken out a loan during the last three months that you have already repaid? (§3 Abs. 1 Nr. 9 AuVer)		☐ No ☐ Yes	
Name of the creditor	Did you receive the loan in cash or non-cash?	Did you repay the loan in cash or non-cash?	Repaid amount
			_____ €
			_____ €
			_____ €
			_____ €

Did you or other household members have expenditures on the repayment of debts under an instalment agreement? (§3 Abs. 1 Nr. 2 AuVer)		☐ Yes ☐ No
Name of the household member (if not applicant)	Name of the creditor	Amount of the monthly instalments
		_____ €
		_____ €
		_____ €
		_____ €

Did you or other household members receive money from persons not living in your household in order to perform banking transactions for these individuals in the past three months? (§3 Abs. 1 Nr. 8 AuVer)			☐ Yes ☐ No
Name of the household member (if not applicant)	Name of the person not living in the household	Recipient / Purpose of the transaction	Amount
			_____ €
			_____ €
			_____ €

Have you or other household members received earmarked funding by a public or non-profit organisation in the past three months? (§3 Abs. 1 Nr. 11 AuVer)			☐ Yes ☐ No
Name of the household member (if not applicant)	Name of the public or non-profit organisation	Funding aim	Amount
			_____ €
			_____ €
			_____ €

Are you or have you or other household members been pregnant in the past three months? (§4 Abs. 1 Nr. 1 AuVer)		☐ Yes ☐ No
Name of the household member (if not applicant)	Expected or actual date of delivery	

Privacy Statement and Release from Confidentiality

The data collected as part of the funding process will be utilised, automatically processed, and stored according to §28 (1) BDSG to determine the eligibility of the applicant within the framework of the Public Procurement Directives and the statute of the "Fördervereins für unschuldig in Not geratene Studierende e.V.". The collected data will be kept for documentary purposes.

Furthermore, according to the framework of the Public Procurement Directives and the funding coordination, as well as in order to prevent fraud, the foundation is entitled to exchange, orally and in writing, data and information that were created as part of the application procedure with the following institutions:

- a. Protestant Student Association Giessen
- b. Catholic Student Community Giessen
- c. International Office of JLU
- d. International Office of THM
- e. Department Service and Advice (Beratung & Service) of the Studentenwerk Giessen
- f. German Academic Exchange Service (DAAD)

As far as a supplementary temporary aid is co-financed by the DAAD, data collected for the purpose of handling the funding procedure will be passed on digitised to the International Office of the respective university.

The Foundation will not pass data and information to other agencies, authorities, or persons other than the ones listed above.

If you do not sign this statement of privacy and release from confidentiality, a supplementary temporary aid cannot be granted.

Date of application

Applicant's signature

Declaration

I hereby confirm that the information given above is true and I have not withheld any relevant information, especially concerning my income and assets. I agree to my data being recorded electronically and stored for processing.

Date of application

Applicant's signature