

Information on the Situation

I am staying in Germany with a residence permit according to §16 AufenthG and am in a language course preparatory to my studies. I currently only have a limited work permit during the semester break. My savings and income are currently insufficient to cover the cost of my daily needs.

(Bitte Beleg über die Teilnahme am studienvorbereitenden Sprachkurs beilegen)

I intend to study at one of the following three universities in 12 months:

- Justus-Liebig-Universität
- Technische Hochschule Mittelhessen
- Hochschule Fulda

I am in Germany since _____
Date

I will presumably have a work permit again from _____
Date

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 shares 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.

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.)

_____	_____	_____ €	<input type="checkbox"/> fluctuating (sum of the last 90 days)
Type of income	Origin of income		<input type="checkbox"/> one-off <input type="checkbox"/> received cash
			<input type="checkbox"/> monthly <input type="checkbox"/> received non-cash
_____	_____	_____ €	<input type="checkbox"/> fluctuating (sum of the last 90 days)
Type of income	Origin of income		<input type="checkbox"/> one-off <input type="checkbox"/> received cash
			<input type="checkbox"/> monthly <input type="checkbox"/> received non-cash
_____	_____	_____ €	<input type="checkbox"/> fluctuating (sum of the last 90 days)
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_____	_____	_____ €	<input type="checkbox"/> fluctuating (sum of the last 90 days)
Type of income	Origin of income		<input type="checkbox"/> one-off <input type="checkbox"/> received cash
			<input type="checkbox"/> monthly <input type="checkbox"/> received non-cash
_____	_____	_____ €	<input type="checkbox"/> fluctuating (sum of the last 90 days)
Type of income	Origin of income		<input type="checkbox"/> one-off <input type="checkbox"/> received cash
			<input type="checkbox"/> monthly <input type="checkbox"/> received non-cash

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

I possess cash: _____ €

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 the person have in 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.)

_____	_____	_____ €	<input type="checkbox"/> fluctuating (sum of the last 90 days)
Type of income	Origin of income		<input type="checkbox"/> one-off <input type="checkbox"/> received cash
			<input type="checkbox"/> monthly <input type="checkbox"/> received non-cash

_____	_____	_____ €	<input type="checkbox"/> fluctuating (sum of the last 90 days)
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_____	_____	_____ €	<input type="checkbox"/> fluctuating (sum of the last 90 days)
Type of income	Origin of income		<input type="checkbox"/> one-off <input type="checkbox"/> received cash
			<input type="checkbox"/> monthly <input type="checkbox"/> received non-cash

Does their monthly income change in the next month? If so, how:

The person possesses cash: _____ €

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 the person have in 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.)

_____	_____	_____ €	<input type="checkbox"/> fluctuating (sum of the last 90 days)
Type of income	Origin of income		<input type="checkbox"/> one-off <input type="checkbox"/> received cash
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_____	_____	_____ €	<input type="checkbox"/> fluctuating (sum of the last 90 days)
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_____	_____	_____ €	<input type="checkbox"/> fluctuating (sum of the last 90 days)
Type of income	Origin of income		<input type="checkbox"/> one-off <input type="checkbox"/> received cash
			<input type="checkbox"/> monthly <input type="checkbox"/> received non-cash
_____	_____	_____ €	<input type="checkbox"/> fluctuating (sum of the last 90 days)
Type of income	Origin of income		<input type="checkbox"/> one-off <input type="checkbox"/> received cash
			<input type="checkbox"/> monthly <input type="checkbox"/> received non-cash
_____	_____	_____ €	<input type="checkbox"/> fluctuating (sum of the last 90 days)
Type of income	Origin of income		<input type="checkbox"/> one-off <input type="checkbox"/> received cash
			<input type="checkbox"/> monthly <input type="checkbox"/> received non-cash

Does their monthly income change in the next month? If so, how:

The person possesses cash: _____ €

Were any expenditures on health insurance contributions placed in cash in the past three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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)	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> No <input type="checkbox"/> Yes, in total: _____ €
Did you or other household members have expenditures on deposits in the past three months? (§10 Abs. 5 VR)	<input type="checkbox"/> No <input type="checkbox"/> Yes, in total: _____ €
Did you or other household members have expenditures on identity documents in the past three months? (§10 Abs. 5 VR)	<input type="checkbox"/> No <input type="checkbox"/> 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)	<input type="checkbox"/> No <input type="checkbox"/> 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)	<input type="checkbox"/> No <input type="checkbox"/> Yes, in total: _____ €
Did you or other household members have expenditures on removal in the past three months? (§3 Abs. 1 Nr. 7 AuVer)	<input type="checkbox"/> No <input type="checkbox"/> 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)	<input type="checkbox"/> No <input type="checkbox"/> 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)	<input type="checkbox"/> No <input type="checkbox"/> 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)	<input type="checkbox"/> No <input type="checkbox"/> 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)	<input type="checkbox"/> No <input type="checkbox"/> 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)	<input type="checkbox"/> No <input type="checkbox"/> 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)	<input type="checkbox"/> No <input type="checkbox"/> 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)	<input type="checkbox"/> No <input type="checkbox"/> 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)		<input type="checkbox"/> No <input type="checkbox"/> 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)		<input type="checkbox"/> Yes <input type="checkbox"/> 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)			<input type="checkbox"/> Yes <input type="checkbox"/> 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)			<input type="checkbox"/> Yes <input type="checkbox"/> 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)		<input type="checkbox"/> Yes <input type="checkbox"/> 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 certify that the information given above is true and I have not concealed any relevant information, in particular about my income and assets, and apply for bridging aid. I agree to my data being recorded electronically and stored for processing.

 Date of application

 Applicant's signature