

Förderverein für unschuldig in Not geratene Studierende e.V. Otto-Behaghel-Strasse 25D 35394 Giessen Homepage: www.solifonds-giessen.de E-mail: kontakt@solifonds-hessen.de

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

# -Application for Bridging Aid-

Surname:	
Name:	
Place of birth:	
Date of birth:	
Phone number:	
E-mail:	
Address:	
Zip code + city	
Marital status:	
Do you have children?	<ul> <li>No</li> <li>Yes, namely</li> <li>Thereof, live in my household.</li> </ul>
University membership:	I JLU I 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.)
My desired bank account	t for the funding payment:
IBAN:	
Financial institution:	
BIC:	

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	n on the Personal Demand	
Gross cold rent:		€
(your personal share and the share of the persons listed be	elow) (Please attach a copy of the rental contract.)	_
Monthly heating costs:		€
(your personal share and the shares of the persons listed b	pelow) (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:		€
$\Box$ dependent coverage $\rightarrow$ Name of the policyholder:		
(Please attach a certificate of the state of dependent cov	erage.)	
Are you or is a household member currently r	pregnant? (Please attach a copy of the expectant mother's record o	f prenatal
and natal care.)		P
,	es $\rightarrow$ I am in the week of pregnancy.	
2		

	$\Box$ Yes $ ightarrow$ Name of the household member	:	
Do you or does a household membe	r require costly food for medical reason	ıs?	
	(Please attach a copy of the doctor's certi	ficate and the cost ju	ustification.)
□No	$\Box$ Yes $\rightarrow$ The increased cost is:	€	
Do you or does a household member	r have to pay maintenance to persons r	not living in the l	household?
	(Please provide proof in copy.)	•	
□No	$\Box$ Yes $\rightarrow$ Amount of monthly maintenance	e payments:	€
Name of the p	person entitled to maintenance:		
	Degree of relationship:		
-	r claim increased demands which are not set of the set	ot one-off?	
□No	□Yes →	:	€
		:	€
In case a residence title pursuant to	§16 Abs. 1 AufenthG justifies the stay ir	n Germany: In w	hat way is the
security of livelihood proven to the r	esidence authorities?		
Commitment pursuant to §68 AufenthG,			
□ Ongoing employment.			
□ Frozen account.			
Diffently:			

Which persons, besides you, also live in you union? (e.g. your partner or relatives, who regularly a copy of the registration certificate.)					
1.					
Surname, name		Date of birth		Age:	
Amount of health insurance contribution:	_€	University membership:	□тнм	□JLU	□None/Other
2.					
Surname, name		Date of birth		Age:	
Amount of health insurance contribution:	_€	University membership:		DJLU	□None/Other

## Information on Income and Assets

-	ormation on your current income and assets. The presentation of funding-relevant facts implement the crime of fraud and can be
I hold the following current accounts and	savings (Please attach account statements in copy):
Financial institution:	Financial institution:
IBAN:	IBAN:
віс:	BIC:
Financial institution:	Financial institution:
IBAN:	IBAN:
віс:	BIC:
3	

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

type of income (e.g. income from employment, loans, donations, etc.) and the or 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
Type of income	Origin of income	0	monthly received non-cash
		€	☐ fluctuating (sum of the last 90 days) ☐ one-off ☐ received cash
Type of income	Origin of income		□ monthly □ received non-cash
		€	☐ fluctuating (sum of the last 90 days) ☐ one-off □ received cash
Type of income	Origin of income	C	□ monthly □ received non-cash
		C C	□ fluctuating (sum of the last 90 days)
Type of income	Origin of income	€	□ one-off □ received cash □ monthly □ received non-cash
			□ fluctuating (sum of the last 90 days)
Tuno of incomo	Origin of income	€	□ one-off □ received cash □ monthly □ received non-cash
Type of income	Origin of income		
			$\Box$ fluctuating (sum of the last 90 days)
		€	$\Box$ one-off $\Box$ received cash
Гуре of income	Origin of income		□ monthly □ received non-cash
			□ fluctuating (sum of the last 90 days)
		€	$\Box$ one-off $\Box$ received cash
Type of income	Origin of income		monthly     received non-cash
	income change in the next mon		
I possess cash:	€		

			-
	Type of asset		€
	Turne of accet		€
	Type of asset		€
	Type of asset		€
low	you have the possibility to make furt	ther comments on your income and assets:	
		. <u>.</u>	
	Information on Income and A	Assets of Other Persons Living in Your House	hold
	submit complete and truthful info	ormation on the current income and assets of fur ment exists (committed union). The presentation of	
ovid	submit complete and truthful info ed that a common financial manager	ormation on the current income and assets of fur ment exists (committed union). The presentation of cts implement the crime of fraud and can be prosecu	false facts, as
ovid ell as	submit complete and truthful info ed that a common financial manager the omission of funding-relevant fac	ment exists (committed union). The presentation of cts implement the crime of fraud and can be prosecu	false facts, as
ovid ell as	submit complete and truthful info ed that a common financial manager	ment exists (committed union). The presentation of cts implement the crime of fraud and can be prosecu	false facts, as
ovid ell as ame	submit complete and truthful info ed that a common financial manager s the omission of funding-relevant fac e of the person:	ment exists (committed union). The presentation of cts implement the crime of fraud and can be prosecu	false facts, as ited.
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ovid ell as ame ne pe	submit complete and truthful info ed that a common financial manager s the omission of funding-relevant fac e of the person:	ment exists (committed union). The presentation of cts implement the crime of fraud and can be prosecu	false facts, as ited.
ovid ell as ame ne pe	e submit complete and truthful info ded that a common financial manager s the omission of funding-relevant fac e of the person: erson holds the following current acco	ment exists (committed union). The presentation of cts implement the crime of fraud and can be prosecu 	false facts, as ited.
ame ame ancia	e submit complete and truthful info ded that a common financial manager s the omission of funding-relevant fac e of the person: erson holds the following current acco	ment exists (committed union). The presentation of cts implement the crime of fraud and can be prosecu 	false facts, as ited.
ne pe nancia AN: C:	submit complete and truthful info ded that a common financial manager s the omission of funding-relevant fac e of the person: erson holds the following current acco l institution:	ment exists (committed union). The presentation of cts implement the crime of fraud and can be prosecu ounts and savings (Please attach account statements in copy) Financial institution:	false facts, as ited.

The funding official in charge will consider whether it is income within the meaning of the procurement directives. Please alwa ype of income (e.g. income from employment, loans, donations, etc.) and the origin of income (e.g. name of the employer or loadition, please specify the period to which the income figures relate.  Please attach copies of the payslips, income statements and cash receipts.)  Please attach copies of the payslips, income statements and cash receipts.)  Please attach copies of the payslips, income statements and cash receipts.)  Please attach copies of the payslips, income statements and cash receipts.)  Please attach copies of the payslips, income statements and cash receipts.)  Please attach copies of the payslips, income statements and cash receipts.)  Please attach copies of the payslips, income statements and cash receipts.)  Please attach copies of the payslips, income statements and cash receipts.)  Please attach copies of the payslips, income statements and cash receipts.)  Please attach copies of the payslips, income statements and cash receipts.)  Please attach copies of the payslips, income statements and cash receipts.)  Please attach copies of the payslips, income statements and cash receipts.)  Please attach copies of the payslips, income statements and cash receipts.)  Please attach copies of the payslips, income statements and cash receipts.)  Please attach copies of the payslips, income statements and cash receipts.)  Please attach copies of the payslips, income statements and cash receipts.)  Please attach copies of the payslips, income statements and cash receipts.)  Please attach copies of the payslips, income statements and cash receipts.)  Please attach copies of the payslips, income statements and cash receipts. Please attach copies of the payslips, income statements and cash receipts. Please attach copies of the payslips, income statements and cash receipts. Please attach copies of the payslips, income statements attach copies of the payslips, income statements atta
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 alway pool income (e.g. name of the employer or loddition, please specify the period to which the income figures relate.         Please attach copies of the payslips, income statements and cash receipts.)
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 alwa ype of income (e.g. name of the employer or laddition, please specify the period to which the income figures relate.         Please attach copies of the payslips, income statements and cash receipts.)
Image: Symmetry of income       Image
Type of income       Origin of income
• ype of income       • Origin of income       • one-off □ received cash         • ype of income       • monthly       □ received non-ce         • ype of income       • one-off □ received cash       □ one-off □ received cash         • ype of income       • Origin of income       • fluctuating (sum of the last 90 days)         • ype of income       • Origin of income       • fluctuating (sum of the last 90 days)         • ype of income       • Origin of income       • fluctuating (sum of the last 90 days)         • ype of income       • Origin of income       • fluctuating (sum of the last 90 days)         • ype of income       • Origin of income       • one-off □ received cash         • ype of income       • Origin of income       • one-off □ received cash         • ype of income       • one-off □ received cash       • one-off □ received cash         • one-off □ received cash       • one-off □ received cash       • one-off □ received cash
Type of income       Origin of income       €       □ one-off □ received cash         Type of income       □ monthly       □ received non-ce         □ fluctuating (sum of the last 90 days)       □ one-off □ received cash         □ rype of income       Origin of income       €         □ one-off □ received cash       □ monthly       □ received non-ce         □ fluctuating (sum of the last 90 days)       □ received cash       □ monthly         □ fluctuating (sum of the last 90 days)       □ fluctuating (sum of the last 90 days)       □ fluctuating (sum of the last 90 days)
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Type of income       □ monthly       □ received non-c         □ fluctuating (sum of the last 90 days)
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□ fluctuating (sum of the last 90 days)
Type of income       □ monthly       □ received non-c         □ fluctuating (sum of the last 90 days)         €       □ one-off       □ received cash
Type of income Origin of income I monthly received tash

			es, etc.) (Please provide p	.,,	
	Type of asset				€
	Type of asset				€
	Type of asset				€
low y	you have the possibility to make fur	ther comments	on their income and	d assets:	
	Information on Income and A submit complete and truthful info ed that a common financial manage	ormation on th ment exists (co	e current income a mmitted union). Th	and assets of fu e presentation of	rther perso
ovide	the omission of funding-relevant fa	cts implement t		nd can be prosect	ited.
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BIC:		BIC:	
hold the following	g <b>credit cards</b> (Please attach credit card		<b>py):</b> redit card number:
	l	Last four digits of c	redit card number:
	l	Last four digits of c	redit card number:
The funding official in ch type of income (e.g. inco	-	thin the meaning o etc.) and the origin	<b>?</b> If the procurement directives. Please always state the of income (e.g. name of the employer or lender). In
Please attach copies of	the payslips, income statements and cash	receipts.)	
Гуре of income	Origin of income	€	<ul> <li>☐ fluctuating (sum of the last 90 days)</li> <li>☐ one-off □ received cash</li> <li>□ monthly</li> <li>□ received non-cash</li> </ul>
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
		€	□ fluctuating (sum of the last 90 days) □ one-off □ received cash
Type of income	Origin of income		□ monthly □ received non-cash
Type of income	Origin of income	€	<ul> <li>one-off  received cash</li> <li>monthly  received non-cash</li> <li>fluctuating (sum of the last 90 days)</li> </ul>
Type of income	Origin of income	€	□ 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
Does their monthly	income change in the next mon	th? If so, how:	
The person possess	es cash: €		

Type of asset					
//					
Гуре of asset					
Гуре of asset					
ou have the possibility	y to make further	comments on t	heir 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	□Yes □No				
expenditures on maintenance payments for	Name of the persor	n liable fo	r maintenanc	e if differe	nt from the
people who do not live in your household in	applicant:				
the past three months? (§10 Abs. 4 VR)					
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 ex	nenditures on				
semester fees in the past three months? (§10)		□No	□Yes, in to	tal:	€
Did you or other household members have ex					°
deposits in the past three months? (§10 Abs. 5		□No	□Yes, in to	tal:	€
Did you or other household members have ex	•		-		
identity documents in the past three months?		□No	□Yes, in to	tal:	€
(§10 Abs. 5 VR)					
Did you or other household members have ex	penditures on				
claim settlements which were reimbursed by a	an insurance				
company in the past three months? (§3 Abs. 1	Nr. 10 AuVer)	□No	□Yes, in to	tal:	€
Did you or other household members have ex	penditures on				
health care in the past three months?		□No	□Yes, in to	tal:	€
(§3 Abs. 1 Nr. 12 AuVer)					
Did you or other household members have ex					
removal in the past three months? (§3 Abs. 1 N	•	□No	□Yes, in to	tal:	€
Did you or other household members have ex					
time purchases that were irrefutable for your					
in the past three months? (e.g. learning materi	ials, laptop, printer)	<b>—</b> ••			c
(§3 Abs. 1 Nr. 6 AuVer)		□No	□Yes, in to	tal:	€
Did you or other household members have ex					
debt-restructuring in the past three months? ( AuVer)	93 ADS. 1 NT. 3	□No	□Yes, in to	tal·	€
Did you or other household members have ex	nenditures on			.ai.	t
contributions to a liability insurance on motor					
past three months? (§3 Abs. 1 Nr. 4a AuVer)		□No	□Yes, in to	tal:	€
Did you or other household members have ex	penditures on				
motor vehicle tax in the past three months? (§		□No	□Yes, in to	tal:	€
AuVer)					
Did you or other household members have ex	penditures on				
motor vehicle repairing charges in the past thr	ee months? (§3	□No	□Yes, in to	tal:	€
Abs. 1 Nr. 4c AuVer)					
Did you or other household members have ex	-				
served directly or indirectly to taking up emplo	oyment in the past				
three months? (§3 Abs. 1 Nr. 5 AuVer)		□No	□Yes, in to	tal:	€
Did you or other household members have ex		□No	□Yes		
costs for official trips between home and the	place of				
employment?		If yes:			
(§3 Abs. 1 Nr. 4d AuVer)			e between		
			f employment		
		and ho	ne	km	
		Freque	ncy of trips:		
		, eque	ity of trips.		

Have you taken out a loan during the	e 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 hav under an instalment agreement? (§3 Abs.	e expenditures on the repayment of debts 1 Nr. 2 AuVer)	
		□Yes □No
Name of the household member (if not applicant)	Name of the creditor	Amount of the monthly instalments
		€
		€
		€
		€

-	nembers receive money from per n banking transactions for these per)	<b>-</b> .	□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 me				
profit organisation in the past the	□Yes	□No		
Name of the household	Name of the public or non-			
member (if not applicant)	profit organisation	Funding aim	Amount	
				€
				€
				€

Are you or have you or other household members been pregnant in the past three	9		
months? (§4 Abs. 1 Nr. 1 AuVer)		□Yes	□No
Name of the household member (if not applicant)	Expected or actual date o		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