

## Request for granting a free table

Period: \_\_\_\_\_ - \_\_\_\_\_

Free tables are voluntary services provided by the Studierenden-Service-Verein e.V. (SSV). Therefore, there is no legal claim. The completed application must be submitted by the 20th of the previous month at the latest. Supporting documents, in particular complete bank statements for the last three months and a certificate of enrollment must be submitted in the ASStA social counseling hours in person.

The application period begins on the 1st of the following month. The cards for approved free tables are to be collected from the counter during opening hours in the respective month of allocation. The personally assigned free table card must be returned to the counter by the 20th of the month following the last month of release. Otherwise the deposit will be forfeited.

### Personal Data:

Name, first Name	
Adress	
Nationality	
E-Mail	

### Study:

University/college		Semester	
Course of study		<input type="checkbox"/> Bachelor	<input type="checkbox"/> Master

### Work:

Do you have a job?	<input type="checkbox"/> yes <input type="checkbox"/> no	Are you in the application process?	<input type="checkbox"/> yes <input type="checkbox"/> no
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### Social:

Social involvement?	<input type="checkbox"/> yes <input type="checkbox"/> no	Children (number)	
Do you live alone?	<input type="checkbox"/> yes <input type="checkbox"/> no	I have a disability	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you live in a dormitory?	<input type="checkbox"/> yes <input type="checkbox"/> no	Are you eligible for Bafög?	<input type="checkbox"/> yes <input type="checkbox"/> no

### Financing of studies: per month

Support from family:	€	
BAfög, scholarship:	€	
Income from own work:	€	
Other:	€	
Assets (bank account, shares, foreign accounts, ...)	€	

### Burdens: per month

Rent	€	
Utilities (electricity, gas, water, Internet, ...):	€	
Health insurance contribution:	€	
Other (e.g.: kindergarden):	€	
Debts:	€	

I assure that I have provided all information completely and correctly and undertake to reimburse the SSV for any benefits provided if the Social Services Department becomes aware of any contradictory information. Furthermore, I agree that my data may be processed electronically, but not passed on in a personalized form. I hereby confirm that I have read the general terms and conditions (above) and agree with them.

Date, Signature: \_\_\_\_\_

----- Not to be filled in by the applicant -----

received by : \_\_\_\_\_

- Bank statements
- Certificate of enrollment
- Information on social volunteering

\_\_\_\_\_ Date, Signature