

Application for the Social Fund of the ÖH University of Graz

Name: _____ Student ID Number: _____

Check-List:

- ☐ Completed and signed **application form**
- ☐ **Confirmation of enrollment** for the current semester
- ☐ Copy of **student ID card**
- ☐ **Transcript of records** for the last two semesters
- ☐ **Proof of income** of the applicant (including social benefits and financial support from family and friends), and if applicable, proof of income of partner, parents, children, or siblings living in the same household (including social benefits and support from family and friends)
- ☐ **Receipts** or documents for expenses above € 200,00 (with a short explanation)
- ☐ **Continuous bank statements of the last six months** (for the applicant and/or all persons living in the same household)
- ☐ **Residence registration form** (Meldezettel) of the applicant and, if applicable, of all people living in the same household, including proof of relationship (marriage certificate for spouses; joint sworn declaration for partners; birth certificate for parents/children)
- ☐ For third-country nationals: a copy of a valid **residence permit**
- ☐ **Signed sworn declaration** confirming the truthfulness of all information and documents provided in this application (false declarations may have legal consequences)
- ☐ **Signed consent** to the processing of personal data (as per Art. 5-9 DSGVO). For digital applications, a scanned signature or qualified electronic signature (e.g., iD Austria) is sufficient.
- ☐ **Social insurance record** to prove employment. If not available, a written confirmation from the insurance office (e.g., by e-mail) stating that such a record cannot be issued is sufficient.
- ☐ **Rental agreement** of the applicant (if available)
- ☐ Proof of **existing savings** (e.g., savings account, securities account, building savings contract)

Incomplete information or missing documents will result in rejection of the application!

Application Form

Personal Information:

First name: _____ Last name: _____

E-Mail (Uni): _____

Phone number: _____

Street: _____ Postal code & city: _____

Nationality: _____

Place of birth: _____ Date of birth: _____

Marital status: _____

Gender ☐ female ☐ male ☐ non-binary ☐ diverse

Do you have children? ☐ yes ☐ no

If yes, how many: _____ and what age? _____

Field of study: _____

Current semester: _____

Have you already received support from the Social Fund? ☐ yes ☐ no

If yes, when? _____

Have you received funds from the ÖH Federal Representation's Social Fund last semester? ☐ yes ☐ no

If yes, how much: _____

Are you currently receiving other financial support from the ÖH? ☐ yes ☐ no

If yes, which one? _____

Do you have savings or other assets? ☐ yes ☐ no

Additional information: _____

Information about your monthly income

What income do you live on? Please present your financial situation truthfully.

To prove financial need, the applicant must clearly list the entire income of the last 6 months as well as all monthly expenses. All individual expenses exceeding EUR 200 must be specified and justified. All entries must be supported by bank account statements, with income and expenses clearly marked.

If you receive money in cash from parents (or someone else), a signed declaration from the parents (or other person) is required.

Who lives in your household?

☐ alone ☐ shared flat ☐ with partner ☐ with siblings ☐ with parents

If you live with your parents, please fill in:

Name of mother/father	Adress	Occupation	Monthly income (EUR)

If you live with a partner, please fill in:

Name of your partner	Adress	Occupation	Monthly income (EUR)

Monthly overview of income and expenses for: _____
(month and year)

Income	Amount in €
Employment	
Study grant	
Social benefits	
Financial support (from parents, grandparents, etc.)	
Other	
Total income:	€

Expenses	Amount in €
Housing	
Phone bill, internet, broadcasting fees (ORF fees)	
Insurance	
Study costs + study materials (ÖH fee, books, materials, etc.)	
Food and drugstore items	
Other living costs (clothing, etc.)	
Restaurants, cafés	
Transport costs	
Medical costs and pharmacy	
Other:	
Total expenses:	€

Monthly overview of income and expenses for: _____
(month and year)

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Study grant	
Social benefits	
Financial support (from parents, grandparents, etc.)	
Other	
Total income:	€

Expenses	Amount in €
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Other:	
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Restaurants, cafés	
Transport costs	
Medical costs and pharmacy	
Other:	
Total expenses:	€

Description of Current Emergency Situation

Please submit a description written in block letters (clear handwriting) or typed on a computer!

If the handwriting is not legible, the application will be rejected automatically!

What counts as an emergency situation?

Unforeseeable events that acutely endanger your livelihood or your studies and that you cannot finance yourself.

Examples: Rent arrears; Electricity/gas cut-off; Defective washing machine / refrigerator / heating; No money for food, medication or hygiene products; Sudden loss of job; Urgent study-related purchase (e.g. laptop); Unexpected medical / therapy costs

Please describe briefly:

1. What happened? (event, date)
2. Which costs are affected? (amounts, deadlines)
3. Why is your own money not sufficient?
4. What have you already done about it?
5. What amount is urgently needed and for what purpose?

Attach supporting documents (reminders, invoices, official notices, etc.).

Bank Details

IBAN: _____

BIC: _____

Account holder: _____

The applicant is responsible for ensuring that the application is complete and correctly filled out and that all information is supported by suitable documentation.

The ÖH University of Graz assumes no liability for transmission errors or other mistakes in the submission of the application; all liability is excluded.

Submitting this application does not entitle the applicant to a legal claim for support from the Department of Social Affairs of the ÖH Uni Graz.

By signing, I confirm that all information provided is truthful, and that I have read, understood, and acknowledged the attached data protection declaration as well as the notes above.

Place and date

Signature