

# Application for a Mensafreitisch

Name of applicant:		Matriculation nr.:	
TiHo-email-address:		Mobile phone nr.:	
Address:			

I am applying for a  Monatsfreitisch for the month of \_\_\_\_\_  
 Halbjahresfreitisch  
 Please note: Only one box may be ticked.

I already had a Mensafreitisch last month/half-year:      Yes       No   
 If yes, which one? \_\_\_\_\_

Income:

Total monthly income \_\_\_\_\_  
 • Of which from parents: \_\_\_\_\_  
 • Of which student loan in the amount of: \_\_\_\_\_  
 • Of which scholarship in the amount of: \_\_\_\_\_ Full scholarship   
 • Of which part-time job in the amount of: \_\_\_\_\_  
 • Other income amounting to: \_\_\_\_\_ through: \_\_\_\_\_

Expenses:

- Do you still live with your parents?      Yes       No
- Total monthly rent: \_\_\_\_\_  
 Paid by other persons?      Yes       No   
 (i.e. not paid for by the above-mentioned income)
- Special expenses (e.g. travel costs for caring for relatives/daycare– excluding health insurance):  
 \_\_\_\_\_

Family circumstances:

- single parent:      Yes       No
- How many children? \_\_\_\_\_
- Caring for a relative:      Yes       No
- Disability/chronic illness:      Yes       No
- Are siblings financially supported by their parents?  
 If yes, how many? \_\_\_\_\_  
 Amount: \_\_\_\_\_
- I have a pet with monthly costs >210 €      Yes       No   
 (if applicable, justify medical necessity):
- I own and maintain my own car:      Yes       No   
 (Please justify necessity!)

Space for further justification of the application:

I hereby confirm that all the information I have provided is true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature