

**Please attach photo here**  
(the application cannot be processed without a photo)!

# Application Form

for halls of residence in Hamburg



**Wish to move in, at the earliest, on:** \_\_\_\_\_

The application procedure is described in the information brochure "Living in the Studierendenwerk's halls of residence" and on the internet at [www.studierendenwerk-hamburg.de](http://www.studierendenwerk-hamburg.de). The application is no legal claim to a place in a hall. **At the Studierendenwerk you can either apply directly to one of the 23 halls or leave the choice to the Studierendenwerk.**

**I apply for a place in the hall of residence** 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_

**I am willing to accept an offer of your choice in one of the halls with the Studierendenwerk.**

**for a single room ( ) with couples/families: for \_\_\_\_\_ places in a flat**

**Number of children also moving in: \_\_\_\_\_ age: \_\_\_\_\_**

In some halls we offer unfurnished rooms. Would you accept an unfurnished room Yes ( ) No ( )

Have you ever lived in a Hamburg hall of residence, from the Studierendenwerk or any other institution?

Yes ( ) No ( )

1. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

2. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Have you ever made an application before? Yes ( ), on \_\_\_\_\_ No ( )

## Personal details

Family name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ in (city/state): \_\_\_\_\_

Nationality: \_\_\_\_\_ male ( ) female ( ) marital status: \_\_\_\_\_

Where do you live now? The Studierendenwerk will contact you at this address.

\_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Is this address your home address? Yes ( ) No ( ) e-mail: \_\_\_\_\_

If not, what is your home address ?

\_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Date and city/state of baccalaureate (or equivalent): \_\_\_\_\_

Matriculation/application at following Hamburg College: \_\_\_\_\_

Course begin (month/year) \_\_\_\_\_

Subject: \_\_\_\_\_ Which semester are you in now? \_\_\_\_\_

**A certificate of matriculation at a Hamburg college is required for accomodation in a hall of residence.**

**What have you done since leaving school, e. g. work, studies, living abroad, military or civilian service, internship, etc.? Please note the months/years and the activities**

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(add extra sheet if necessary)

## Financial details

**How will you support yourself during your studies?** (Please give figures in Euro)

I have applied for BAföG-allowance    Yes ( )        No ( )

Monthly BAföG-allowance		€	_____
Monthly funding from family members (parents, spouse, relatives etc.)		€	_____
Monthly pension/payments from Federal Provision Law (BVG)		€	_____
Grant/name of grant authority _____	monthly	€	_____
I earn income (net)	monthly	€	_____
Other forms of income	monthly	€	_____
<b>Total disposable income</b>	monthly	€	_____

**You may be required to provide proof of income.**

## Note

Preference is given to applicants who, due to their disabilities, encounter greater difficulties in finding suitable accommodation. You must make a written hardship application and, where necessary, also provide an independent report, medical report and a severely handicapped pass.

The applicant accepts that the personal data in this form will be stored and processed, and made available to administrators working in admissions.

An application can only be considered if the information is complete and correct. A rent contract can be terminated without notice if information given proves incorrect.

Any changes - particularly to the address - must be reported immediately. Applicants who cannot be contacted will be struck off the waiting list

To keep our waiting list updated, you will receive mails in regular intervals, asking if you are still interested to move into one of our student residences. If you do not confirm your interest within the given time, we assume that you are no longer interested and will remove your name from our waiting list.

## Declaration

**I confirm that all questions have been fully and correctly answered.**

\_\_\_\_\_ Place

\_\_\_\_\_ Date

\_\_\_\_\_ Signature