

CONFIRMATION OF NEEDINESS

**for the purpose of applying for travel grants at OTH Regensburg by the Verein der Freunde
der OTH Regensburg e.V.**

Surname/first name of the applicant

I hereby confirm that my monthly income does not exceed the limit of €1,208 (BAföG funding rate plus the basic allowance pursuant to Section 23(1) BAföG).

I pay my monthly rent of _____ euros myself.

I receive assistance with my monthly rent costs in the amount of _____ euros.

Bank statements for at least three consecutive months are enclosed.

Ort, Datum: _____

Unterschrift: _____