

## REQUEST FINANCIAL SUPPORT SOCIAL SERVICE \*

Personal data is collected from you in this form. Odisee is the controller of your personal data and can only process these data when you have given your consent by filling in your details. We recommend that you fill in the form as correct and as complete as possible. The more information you fill in, the better we can process and follow up your request. Your personal data will only be processed in order to check whether we can grant you financial support. Your data will be processed in an application from a software supplier of Odisee. You have the right to request the controller to obtain access, rectification or erasure of your data or to withdraw your consent. Such request can be directed to [els.jacobs@stuvoplus.be](mailto:els.jacobs@stuvoplus.be). For more specific questions about the protection of your personal data, you can contact the Data Protection Officer of Odisee via [privacy@odisee.be](mailto:privacy@odisee.be).

Name and first name: .....	Sex: Male / Female
Date of birth: ...../...../.....	Nationality: .....
Official Address: .....	
Student room address: .....	
E-mail address: .....	Mobile phone: .....
Student number: .....	Belgian national number: _ _ _ _ - _ _ _ - _ _
Bank account number student: BE_ _ _ _ _ _ _ _ _ _	
I want to be informed about possible student jobs at Odisee / KU Leuven Campus Brussel: Yes / No	

### 1. Current and /or previous studies

Secondary school degree obtained in ..... (year)				
Overview studies after high school:				
ACADEMIC YEAR	UNIVERSITY	STUDY PROGRAM	REGISTERED CREDITS	OBTAINED CREDITS
2021 – 2022				
2020 – 2021				
2019 – 2020				
2018 – 2019				
2017 – 2018				

➔ Add the detailed exam result of the previous academic years for studies outside our university college

### 2. Student situation (tick the box that applies to your situation)

- Independent student  
(You have your own income and costs.)
- Single student  
(You are an (half) orphan, you did not yet receive an integration income from the OCMW/CPAS during 12 months,...)



### 3. Study grant of the Flemish Community

- No
- Yes (Add the decision letter/e-mail of the Department of Study Grants for this and/or past academic year)
  - o Amount 2021 – 2022 (if already known): €.....
  - o Amount 2020 – 2021: €.....
- I do not know (Ask an employee of the Social Services' office for a calculation)

### 4. Family Situation

Mention below all persons officially living on your address					
	Name and first name	Date of birth	Activity, studies or profession	Dependent?	66% disabled?
Partner				YES / NO	YES / NO
Children				YES / NO	YES / NO
				YES / NO	YES / NO
				YES / NO	YES / NO
				YES / NO	YES / NO
Other persons				YES / NO	YES / NO

Did any changes occur in your family situation (e.g. unemployment, divorce, decease, illness, ...)? If yes, please specify the event(s) and date(s).

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### 5. Financial information

#### a) Overview of your monthly income:

	STUDENT INCOME	INCOME PARTNER
Monthly income	€..... (net/month)	€..... (net/month)
Unemployment benefit	€..... (net/month)	€..... (net/month)
Illness allowance	€..... (net/month)	€..... (net/month)
Pension (retirement)	€..... (net/month)	€..... (net/month)
Social aid from OCMW/CPAS	€..... (net/month)	€..... (net/month)
Alimony	€..... (net/month)	€..... (net/month)
Total amount child allowance	€..... (net/month)	€..... (net/month)
Other (rent 2 <sup>nd</sup> property, ...)	€..... (net/month)	€..... (net/month)



**Please add the following documents to the request form:**

- a copy of the income tax statement with the family or personal income of 2019, taxation year 2020
- a pay slip with the current monthly income of 2020 and 2021 (including holiday pay and end of year bonus), if possible the fiscal attestations of 2020 if you already have them
- an attestation with the overview for 2021 of received monthly amounts of unemployment benefit (paid by the union or HVW/Capac), pension (National Pension Department), illness benefit (health insurance), disability (health insurance company or 'FOD Sociale Zekerheid'), social aid from the OCMW/CPAS, ... (bank account transcript)
- proof of received alimony, child allowance, ... (bank account transcript)
- proof of payment monthly rent or payment of monthly installment of a loan, ...
- proof of exceptional or medical costs, debts, ...
- invoice of the monthly electricity, gas and water costs
- invoice of the internet, telephone and TV costs
- in case of (collective) debt settlement: an attestation of your debt mediator

**6. Student budget** (ALWAYS complete this part, no matter which status you have)

<b>COSTS</b>		
<b>Accommodation</b>		
Rent	€..... (per month)	<i>Add a copy of your rental contract and recent invoices of the costs</i>
Electricity and gas	€..... (per month)	
Water	€..... (per month)	
Internet	€..... (per month)	
Mobile phone	€..... (per month)	
<b>Tuition fee</b>	€..... (per year)	
<b>Transportation</b>		
Train	€.....	<i>Add a copy of your season ticket or proof of transport costs</i>
Bus/Tram	€.....	
Metro	€.....	
Bike + maintenance	<b>YES / NO</b>	
Car	<b>YES / NO</b>	
Books and course material	€..... (per year)	<i>Add your book list</i>
Study material	<b>€ 50 fixed sum</b>	
ICT (Computer, printer, cartridges, ...)	<b>€ 400 fixed sum</b>	
Study trip	€.....	<i>Add your estimated costs</i>
Costs of internship (abroad)	€.....	<i>Add your estimated costs</i>
Medical costs (not refunded by health insurance)	€.....	<i>Add invoices/pharmacy costs</i>



Other expenses (except car loan) + justification	€.....	<i>Specify and prove</i>
	€.....	
	€.....	
	€.....	
<b>INCOME</b>		
Student job(s)	€.....	<i>Add pay slips</i>

**7. Motivation of the request** (Why are you asking for support?)

Note: Please specify the kind of support you need and explain why. This support can have many forms: financial help for student accommodation, an intervention in the payment of your tuition fee, financial help for a study trip or other school invoice(s) for study material, a specific amount, free use of a laptop from the university college, a short or long term loan, ...

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**REMARK: Request forms that are not handed in personally without having talked to one of the staff members of the Social Services' office, will not be handled.**

The requestor declares to have filled in this request form completely and honestly and will notify the Social Services' office about all changes that take place after handing in this form.

Date

Signature

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<p><b>Social Service Campus Brussel</b> Els Jacobs Tel. 02 210 16 69 <a href="mailto:Els.jacobs@stuvoplus.be">Els.jacobs@stuvoplus.be</a></p> <p>Marie-Odette Moreau Tel. 02 608 49 25 <a href="mailto:Marieodette.moreau@stuvoplus.be">Marieodette.moreau@stuvoplus.be</a></p> <p>Marieke Steurs Tel. 02 609 88 16 <a href="mailto:Marieke.steurs@stuvoplus.be">Marieke.steurs@stuvoplus.be</a></p> <p>OR: <a href="mailto:socialedienstbrussel@stuvoplus.be">socialedienstbrussel@stuvoplus.be</a></p>	
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