

Contergan Foundation for Handicapped
Persons
Von-Gablenz-Str. 2 - 6
50679 Cologne
Germany

Application for financing renovation and conversions

in accordance with § 13 Section 3 of the Contergan Foundation Act

I hereby apply for capital financing

- my monthly annuity in the amount of €.....
- a partial amount of my monthly annuity in the amount of.....€
for the period of

.... years (1 year minimum - 10 years maximum)

Personal details:

Surname:

First name:

Date of Birth:

STC Number

Address
Street and house number:

Postal code and place:

Contact details:

Telephone/Mobile number:

Email Address:

Please complete:

Costs

| | |
|-------|--------|
| | €..... |
| | €..... |
| | €..... |
| | €..... |
| | €..... |
| | €..... |

Amount: €.....

Financing plan

Own capital €.....

Financing amount €.....

..... €.....

Amount: €.....

My monthly income or the monthly income of my spouse or registered partner comprises the following:

..... €.....
..... €.....
..... €.....
..... €.....
..... €.....
..... €.....

The total monthly income amounts to €.....

I have sought advice from other state service providers about possible claims for support for the aforementioned measure / measures under other laws:

- Social Services Department (Department of Housing and Social Affairs) Integration Office
 - Health Insurance
 - Employment
 - Administration
-

Third-party funds are not

- available
- only available to a limited extent. Amount:.....

I enclose the following documents or, submit them when they are available:

- Cost estimates detailing the expected costs
- Financing Plan Proof
- of Income

Supplement in the case of officially appointed supervision in matters concerning the administration of assets

Declaration of the person in charge of administration of assets:

I hereby submit the above application on behalf of the person in my care

.....
(Name of the person in care)

I enclose proof of my entitlement to represent the interests of the aforementioned person as an **attachment in the original or as a certified photocopy** (caregiver identity card or comparable).

Contact details of the caregiver:

Name:

First name:

Address
Street and house number:

Postal code and place:

.....
(Signature of the Caregiver)

....., dated.....
(Place) (Date)