

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

Application regarding other interests

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

I hereby apply for capital financing

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: €.....

The respective monthly liabilities relevant for financing (interest and repayment of loans taken up or to be taken up, other monthly liabilities) are as follows:

.....€

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:

- Invoices, cost estimates or other documents, which verify the costs claimed
- Verification of the secured overall financing if the total expenses exceed the application amount
- Verification of income (for instance income statements from the last three months, also for the spouse or life partner)
- If applicable, rejection letters from other government funding agencies

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)