**Self-declaration**

**University of Rostock**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born on \_\_\_\_\_\_\_\_\_\_­­­­­­ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Matriculation no.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, course of study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester\_\_\_\_\_\_\_\_\_\_\_\_\_

I like to further confirm the following statements by my signature:

I declare that the Corona crisis has caused a loss of income due to:

[ ]  reduced or eliminated income from secondary employment

[ ]  reduced or no financial support from my family

[ ]  other reasons:

My monthly loss of income amounts to:

[ ]  over 500.00 EUR

[ ]  over 400.00 EUR

[ ]  over 300.00 EUR

[ ]  over 200.00 EUR

[ ]  over 100.00 EUR

I further affirm that I am in financial distress due to this loss of income and that I currently have no options to secure my livelihood.

The current balance of my bank account is:

[ ]  over 1,000.00 EUR

[ ]  over 800.00 EUR to 1,000.00 EUR

[ ]  over 600.00 EUR to 800.00 EUR

[ ]  over 400.00 EUR to 600.00 EUR

[ ]  under 400,00 EUR

I certify that the information given above is true and correct to the best of my knowledge and belief and that I have not withheld any information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place, Date Signature