

## Proof of hours for the subsidy of Baby and childcare costs

update: 8/2021

for the Winter semester 20\_\_\_\_/20\_\_\_\_ Summer semester 20\_\_\_\_

**Please complete before submission!**

Name of the applicant: \_\_\_\_\_

Name of the child/children: \_\_\_\_\_

**The statement of the supervisor(s), a copy of the respective identity card (front and back), as well as, if applicable, the further proofs listed in the information sheet (e.g. confirmation of the teacher) must be attached to the proof of hours.**

Variant*	Date	Time from	Time until	Care time in hours	Cost per hour	Name caregiver	Signature of caregiver

\* Explanation of variants - see leaflet Subsidy for baby and childcare costs

## **Confirmation applicant**

With my signature, I, as the applicant, assure the correctness of all information, especially that at the above-mentioned times my child had to be looked after exclusively for the reason stated in the application. I have informed the Department for Student and Examination Affairs of any changes. I am responsible for any necessary taxation of the allowances. I undertake to inform the caregiver(s) of the possibly required taxation of the allowance.

Place, date, signature: \_\_\_\_\_

## **Bank account**

Please transfer the grant to the following account:

Financial institution: \_\_\_\_\_

Account holder: \_\_\_\_\_

BIC: \_\_\_\_\_

IBAN: \_\_\_\_\_

I or, if applicable, another legal guardian of my child/children have already submitted an application to the Hamburg University of Fine Arts for a subsidy for baby and childcare costs this semester:

yes       no

If yes, please state the name of the applicant: \_\_\_\_\_

## **Declaration of the caregiver (1) outside the regular care hours**

Please complete in full and hand in with the timesheet.

**Caregiver outside the regular care time(s):**

Second name: \_\_\_\_\_

First name: \_\_\_\_\_

With my signature I assure that I am not related to the child/children in my care and that the information I have provided is correct.

I agree to the processing and storage of my data for a specific purpose.

The obligation to declare and pay taxes on the income generated by the care is my responsibility as the caregiver.

**A copy of my identity card (front and back) is attached to the declaration.**

Place, date, signature: \_\_\_\_\_

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