Spring Residence hall admission x Social support application

Dear Students!

In this document, we provide assistance in making the Residence hall, and Social Support Application interface as smooth as possible.
We ask you to read the information carefully and only contact us as a last resort!
IMPORTANT: The name of the document should be named by the type of document and your name.
EXAMPLE: self_support_declaration_last_first name
We only accept documents in this form and only in PDF or format!

Relevant documents:
The “Relevant documents” section contains the template documents required to verify the requested fields.
During the admission process, we will only accept these documents and the certificates specified in the description!

Please send the missing documents to the following address: hianypotlas@mome.hu
The missing documents are only accepted by submitted to this address!

Contact if needed assistance during application: hok@mome.hu, kollegiumibizottsag@mome.hu

MOHOLY-NAGY
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1. NAME *

2. NEPTUN CODE *

If none:
“NO NEPTUNE CODE”

3. Email *

☐ I APPLY FOR SOCIAL SUPPORT

☐ I APPLY FOR SOCIAL SUPPORT

☐ I APPLY FOR SCHEER SUPPORT

On the application interface, please select the “I apply for Residence hall” or “I apply for social support” options, depending on which one are you applying for.
If the applicant is applying for both Residence hall accommodation and social support, please select both options!

TAX NUMBER

4. CLASS ▼ *

BA1 BA2 BA3 MA1 MA2

5. PERNAMENT ADDRESS *

Indicate the permanent address on your certificate of residence!

Certificate of permanent residences

Drag and drop your file here *

Scan and upload a copy of your certificate of residence issued by your government authority in PDF format!

Certificate confirming living in a shared household

Drag and drop your file here

*

The fact of living in a shared household must be verified with a document issued by the district/municipal office . If the documentt issued by the district/municipal office does not include the names and dates of birth of the persons living in the same household, it is also necessary to submit a declaration on the address card of the persons living in the same household. Please upload the scanned copy of this document.

7. Orphanhood

*

Half orphan

I’m neither orphan nor half-orphan

Certificate of orphanhood

Drag and drop your file here

In case of orphanhood, please scan and upload the death certificate.

8. Preferential treatment *

- None
- Disadvantaged
- Highly disadvantaged

Certificate of preferential treatment

9. Drag and drop your file here

We accept a certificate from the local social authority regarding a disadvantaged or a highly disadvantaged situation.
Please scan and upload the relevant document!

10. Family *

- Self-sustaining
- Divorced parents
- None of the above

Certificate of self-sufficiency

11 Drag and drop your file here

If you are self-sustainer, please fill out and scan the document called “Declaration of Self-Supporting” among the relevant documents.

Certificate confirming parents are divorced

12 Drag and drop your file here

In the case of divorced parents, please attach a scanned copy of the divorce certificate proving the fact of divorce.

13. Own income *

In HUF, if none, enter 0!

Certificate of own income

Drag and drop your file here

Please fill this out ONLY if you are self-sustainer.
In this case, a certificate from your employer of your wages from the last 3 months is required,
or a bank statement from your bank showing your incomes from the last 3 months. Please indicate the average of your earnings for the last 3 months in **NET** amount. In all cases, an official document is required to prove your income. We CAN'T accept written explanations.

14. Number of providers with employment *

Enter their number (If none, enter 0)!

15. Number of self-employed or entrepreneur providers *

Enter their number (If none, enter 0)!

Enter the providers, self-taxed providers, or reduced providers.
(for example: pensioner)

Number of providers with reduced income (pensioners, disability pensioners) *

Enter their number (If none, enter 0)!

Enter the providers, self-taxed providers, or reduced providers.
(for example: pensioner)

16. Income of provider #1 *

In HUF, if none, enter 0!

Certificate of income for provider #1

Drag and drop your file here

Enter the average of your provider or providers (mother, father, guardian, grandparent, etc.)'s monthly earnings for the past 3 months and prove this with an income certificate issued by your countrys Tax and Customs Authority or a bank statement issued by a bank, or an employer's certificate of income for the past 3 months. In the case of a grandparent, a pension certificate must be presented.

Self-sustainers do not need to fill the fields regarding the income of their providers.

The name and total amount of income must be visible on all bank statements. It is important that the name of the payer is also visible on incoming transfers!
Please mask up the expenses stated on bank statements!

17. Income of provider #2 *

In HUF, if none, enter 0!

Certificate of income for provider #2

Drag and drop your file here

Enter the average of your provider or providers (mother, father, guardian, grandparent, etc.)'s monthly earnings for the past 3 months and prove this with an income certificate issued by your countrys Tax and Customs Authority or a bank statement issued by a bank, or an employer's certificate of income for the past 3 months. In the case of a grandparent, a pension certificate must be presented.

Self-sustainers do not need to fill the fields regarding the income of their providers.

The name and total amount of income must be visible on all bank statements. It is important that the name of the payer is also visible on incoming transfers!
Please mask up the expenses stated on bank statements!

18. Income of provider #3 *

In HUF, if none, enter 0!

Certificate of income for provider #3

Drag and drop your file here

19. Income of provider #4 *

In HUF, if none, enter 0!

Certificate of income for provider #4

Drag and drop your file here

20. Number of siblings and half-siblings younger than 18 years and/or in school *

Enter their number (If none, enter 0)!

Siblings' (school attendance) certificate

Drag and drop your file here

Please enter the number of your siblings and half-siblings participating in education. You can prove this with a school attendance certificate, which must be attached!

As a self-sustainer, it is not mandatory to fill in the field for siblings participating in education.

We do not accept the student ID of siblings instead of a certificate!

21. Number of children you have *

Enter their number (If none, enter 0)!

Certification of own children

Drag and drop your file here

If you have your own child, attach a scan of the child's birth certificate.

Proof of disability

Drag and drop your file here

Regarding the applicant’s own disability, please fill out and upload the “Certificate of disability” attached above, with the seal and signature of the general practitioner / medical specialist.
Please attach this in case of at least 50% health impairment, or in case of a student requiring constant/increased supervision, or regular personal/technical assistance.

Student's own sickness expenses

Drag and drop your file here

Regarding the applicant’s own general expenses due to a long-term illness, please fill out and upload the document “Student's own sickness expenses” attached above.

Medical expenses of a relative living in the same household as the student

Drag and drop your file here

Regarding general expenses due to a long-term illness of a relative living in the same household as the student, please fill out the document “Medical expenses of a relative living in the same household as the student” attached above.

25. Other comments

If you have any comments for us,
please write here!

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