



To  
**Albert Schweitzer Haus Wien**  
**StudentInnenheim**  
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1090 Wien

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Opening hours:  
Mon, Wed, Thu & Fri: 09 - 13, Tue: 13 - 17

## Application form for student residence

Application deadlines: winter semester until March 31<sup>st</sup> / summer semester until October 31<sup>st</sup>

**I hereby apply for a room in the Albert Schweitzer Haus Wien and therefore provide the following information:**

Application for the academic year: \_\_\_\_\_  winter semester  summer semester

Desired date for moving in: \_\_\_\_\_ Probable duration of stay: \_\_\_\_\_ semesters

### Personal data

Sex:  Male  Female Academic degree: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ City: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Number of children: \_\_\_\_\_ Confession: \_\_\_\_\_

Emergency contact (name and telephone number): \_\_\_\_\_

### How do you finance your studies?

Financial support by your parents: Yes  No  Monthly income (netto): \_\_\_\_\_

Employed: Yes  No  Monthly income (netto): \_\_\_\_\_

Name of company/employer: \_\_\_\_\_



Recipient of scholarships/financial aid: Yes  No  Monthly income (netto): \_\_\_\_\_

Institution or authority from which you receive aid: \_\_\_\_\_

Special social circumstances to be taken into account: \_\_\_\_\_

Disabilities or physical restrictions: Yes  No

I need a wheelchair accessible room: Yes  No

Kind of disability/physical restriction: \_\_\_\_\_

**Current level of education**

**Beginners/freshmen**

High school: \_\_\_\_\_ Date of graduation: \_\_\_\_\_

Intended field of study: \_\_\_\_\_

University: \_\_\_\_\_

or

**Already enrolled**

University: \_\_\_\_\_ Enrolled since: \_\_\_\_\_ semesters

Field of study: \_\_\_\_\_

Intended degree (f.e. Bachelor, Master, PhD) \_\_\_\_\_ Matriculation number: \_\_\_\_\_

**Your favourite leisure activities (please check up to 3 boxes)**

Drawing/Painting;  Cooking/Baking;  Acting;  Sports (type of sports: \_\_\_\_\_);

Dancing;  Making music (Instrument: \_\_\_\_\_);  Listening to music;  Singing;

Yoga;  Internet (chats, twitter, etc.);  Wintersports;  Meditation;  Photography;  Art;

Reading;  Hiking;  Climbing;  Games;  Board games;  Watching movies

Other activities / talents / personal engagements: \_\_\_\_\_

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**Family/Parents**

Mother (first and last name): \_\_\_\_\_

Occupation: \_\_\_\_\_

Father (first and last name): \_\_\_\_\_

Occupation: \_\_\_\_\_

Monthly family income (netto): \_\_\_\_\_

**Siblings sponsored by parents (younger than 27 years):**

Name/Age: \_\_\_\_\_ Name/Age: \_\_\_\_\_

Name/Age: \_\_\_\_\_ Name/Age: \_\_\_\_\_

**Desired kind of room:**

For current prices please refer to our homepage: [www.albert-schweitzer-haus.at](http://www.albert-schweitzer-haus.at)

Note: wishes can only be taken into account according to availability

- Single room in a Dublette/Triplette (= two/three single rooms with shared kitchenette + bathroom)
- Single room (bathroom on the hallway)
- Wheelchair accessible single apartment
- Double room apartment/couple apartment
- Double room (with shared bathroom and terrace)

**Comments:** \_\_\_\_\_  
(e.g. Name of desired roommate, etc.)

**Why would you like to live in Albert Schweitzer Haus?**

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**Please enclose the following documents with your application:**

- **Current study confirmation and/or copy of high school diploma (can be handed in after graduation)**
- **Copy of passport**
- **Passport photo signed on the back**

**Please note:**

After acceptance in the student residence, a deposit of € 500,-- has to be transferred to the bank account of the Albert Schweitzer Haus Betriebsgesellschaft mbH at Erste Bank AG, IBAN: AT702011128731221200, BIC: GIBAATWWXXX before moving in.

**Data privacy**

Your information will be treated confidentially and used exclusively in context with your application for Albert Schweitzer Haus or by the other Diakoniewerk student residences in Vienna.

**Information:**

- I want to receive current information concerning the area of activity of Diakoniewerk (education, social issues, health).

**Agreement**

I acknowledge with my signature,

- that a decision can only be made after the presence of all documents necessary.
- that I commit myself to immediately announce all changes concerning the information stated in this application.
- that after I have been approved to Albert Schweitzer Haus and the deposit has been paid, the first rent is due, even in case of non-utilisation.
- that Studentenheimgesetz (student residence law), Benützungsvertrag (user contract including enlosures) Heimstatut (student residence statute) and Heimordnung (house rules) are applicable and binding.
- that the success in my studies is crucial for staying in Albert Schweitzer Haus.

**I hereby declare that the information provided by me in this form is true and correct.**

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Applicant signature