

COMMISSION OF ATTRIBUTION FILE
Food Aid AGORAé



Don't hesitate to visit us if you have questions !

For any feedback or questions, please contact us at: agorae@fe2a.fr

Address of the AGORAé : **1 rue Pierre Gaubert, 49000 ANGERS**

To guarantee the anonymity of the students completing the AGORAé Food Aid Award Commission file, the first part (nominative) and the second part (with the file number) are separated. The credentials are also anonymized. Thus, only the second part (anonymous) is studied in committee.

Good to know : grocery access fees last between 3 and 6 months. You can file a renewal file at the end of the fee. We will reassess your case and your situation. Your basket will then be able to evolve.

Grocery store schedules will be posted on our Facebook page.

Dossier n° :

Last name :

First name :

Birth date : / /

Gender : Male Female Other

Phone number :

Email :

Nationality :

Student number :

School/University, year of study :

Speciality :

Signature

Cadre réservé à l'AGORAé

Date of the application: / /

Referent :

Requirements :

Obligatory requirements :

- School certificate
- Copy of last tax notice (if you're taxable) (independent or attached)
- Rent Receipt or Lease Agreement
- CAF certificate for housing allowance and/or welfare
- Last phone bill

Parts requested according to your situation:

- Last 3 salary or summer job bulletins
- Notification of scholarship (and Housing)
- Certification of Caregiver Honour
- Certificate of repayment of a bank loan
- Employment Division attestation
- Family Booklet

You are in a share flat :

- If you make the request in several: provide the supporting documents of the persons concerned (ex: the CAF certificate of persons, and if student the school certificate, etc.)
- If only one person makes the request: specify us on the Calculation of resources table, if you share all your costs (rent, bills, etc.)

Dossier n° :

Familial status :

Please circle the situation that suits you :

- Single
- Married
- Divorced
- Cohabitation
- Civil union
- Other :

Number of dependent children :

Do you live in parental home? Yes No

Do you make an independent tax return? Yes No

Last amount reported €

Do you regularly have a salaried activity? Yes No

Contract type :

- CDI
- CDD
- Intérim

Start : / / End : / , Working time :

Studies :

University registration	Level of studies	If you are a student: state the name of your school, your studies and the year	Result obtained: Admit or not	Scholarship : yes or no	Housed in a CROUS university residence	Already a beneficiary of the grocery store ?
2021/2022						
2020/2021						

Household composition :

Refers to the applicant's home, that means he/she, the person with whom he/she is married or in a civil partnership and their children.

People living in this house	Age	Marital status	Job/Schooling	Observations
1 – Requesteur				
2 -				

Number of people taken into the sum of « Reste à Vivre » (money left after expenses) :

Monthly resources	Amount	Monthly fees	Amount
Scholarship		Rent	
CAF Housing Allowance		Electricity	
Revenue*		Gaz	
Caregivers **		Water	
One-off aid (financial aid provided by CROUS)		Mobile phone	
Internship		Fixed Phone	
CAF Family Allowance		Internet	
Disable Adult Allowance		Mutual	
Unemployment benefits		Housing insurance	
Bank loan		Vehicle insurance	
Other (savings, seasonal work, etc.)		Fees	
		Transportation or fuel charges (for job/study)	
		Borrowing	
		CAF/CROUS overpayment or other to be refunded	
		Housing tax/income taxes	
		Child care expenses	
		Other :	
TOTAL		TOTAL	

Complete the chart according of your situation, all of the boxes do not need to be completed.

* Revenus : si vous avez un travail rémunéré

** Aides familiales : cela concerne les aides financières que vous pouvez recevoir d'un membre de votre famille ou entourage. Veuillez joindre une attestation sur l'honneur des personnes qui vous aident financièrement.

*** Emprunts : si vous remboursez un emprunt, indiquez nous le montant mensuel de celui-ci. Veuillez joindre une attestation de l'emprunt, et de la somme à rembourser chaque mois. Pour tout montant « annuel » ou réglé en une seule fois, divisez le en 12.

Formule de calcul de votre RAV journalier :

Votre RAV =€/jour

Your request's motives

This part will allow us to become aware of your personal situation and to better understand your needs. It will allow us to provide an appropriate response. The concept of personal project is very important in the AGORAé project. So, if you want to pass your permit, do an internship abroad, reduce your salary and that has a strong influence on your budget, let us know!

1) Why do you want to benefit from the grocery store AGORAé ?

2) ? Do you have a project that the AGORAé would help you to perform (internship abroad, driver's license, reduce your salaried work)?

2) To what extent and how would you like to participate in the AGORAé project? How would you like to use the savings generated by it?

Reserved to the AGORAé

Opinion of the Committee:

Date of the committee : / /

Opinion of the committee : approve / disapprove

Shopping card amount€

If rejection, motive:

Visa of members of the committee :