

**Attachment**

for self-disclosure/determination of financial circumstances  
community of need



Please tick as appropriate.



As a general rule, please do not submit original documents, but rather copies.



Information about our digital offers, the information sheet SGB II and other appendices to the application can be found at [www.jobcenter.digital](http://www.jobcenter.digital).



You can find further information about the respective number in the instructions for filling out the form at [www.arbeitsagentur.de/linien-sgb2](http://www.arbeitsagentur.de/linien-sgb2).

The following data is subject to social secrecy (see "Information sheet SGB II"). Your information is collected based on Sections 60 - 65 of the First Book of the Social Code (SGB I) and Sections 67a, b, c of the Tenth Book of the Social Code (SGB X) for the benefits according to the Second Book of the Social Code (SGB II). You can obtain data protection information from the job center responsible for you and also online at [www.arbeitsagentur.de/datenernahme](http://www.arbeitsagentur.de/datenernahme).

**1. Personal data of the applicant**

family name	First name
birth date	Gender
Number of the needs community (if available)	

Department

team

The following assets at home and/or abroad are available in the community of needs: 20

**2. Accounts, investments and other assets**

ÿ Please fill out the table on page 2. Enter the names of the people and their respective account balances in the table the credit.

**3. Land not used by the owner and/or residential property not used by the owner (including ownership shares)**

<input type="checkbox"/> house plot	<input type="checkbox"/> condominium	<input checked="" type="radio"/> 44	<input type="checkbox"/> undeveloped property
Share of co-ownership in %	Market value in euros	Rent/lease income in euros	

ÿ For rental/lease income, please fill out the **EK attachment** out of.

**4. Motor vehicles (e.g. cars, motorcycles)**

Number of motor vehicles in my community of needs

ÿ If the value of the respective motor vehicle is more than 15,000 euros, please include the names of the people and the value of each one motor vehicle.

Name of the person	Value of the motor vehicle
Name of the person	Value of the motor vehicle
Name of the person	Value of the motor vehicle

**5. Gifts/Donations/Transfers**

ÿ Amounts that people living in the community of need have given away, donated or transferred from their assets within the last 10 years must be stated here.

Name of the person	Amount in euros
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**6. Mainly self-employed activity**

Are you or someone else carrying out self-employment?

Yes  No

Name of the person	Number of years a self-employed person Activity was carried out as a whole
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**VM**

Editing notes

To be filled out by the job center only

Entry stamp

**2. Accounts, investments and other assets**

<b>Person's name:</b>				
Cash	<b>Euro</b>	<b>Euro</b>	<b>Euro</b>	<b>Euro</b>
Current accounts	<b>Euro</b>	<b>Euro</b>	<b>Euro</b>	<b>Euro</b>
Credit card accounts, Paypal and other accounts	<b>Euro</b>	<b>Euro</b>	<b>Euro</b>	<b>Euro</b>
Savings deposits (e.g. savings accounts, savings books, Daily money account, premium savings)	<b>Euro</b>	<b>Euro</b>	<b>Euro</b>	<b>Euro</b>
Savings bonds or other securities (for example Stocks, bonds, fund shares)	<b>Euro</b>	<b>Euro</b>	<b>Euro</b>	<b>Euro</b>
Building savings contracts	<b>Euro</b>	<b>Euro</b>	<b>Euro</b>	<b>Euro</b>
Capital life insurance, private Pension insurance (unless it is... serve as retirement provision)	<b>Euro</b>	<b>Euro</b>	<b>Euro</b>	<b>Euro</b>
Insurance with premium refunds (for example occupational disability insurance, Funeral insurance, accident insurance)	<b>Euro</b>	<b>Euro</b>	<b>Euro</b>	<b>Euro</b>
Other assets (e.g. cryptocurrencies, precious metals, antiques, paintings, jewelry)	<b>Euro</b>	<b>Euro</b>	<b>Euro</b>	<b>Euro</b>

A member of the community of needs is exempt from the pension insurance obligation **and** the investments specified in section 2 of this appendix are at least partially used for this purpose  
Pension provision for this person: \_\_\_\_\_ (person's name)

**Further information**

For each member of your community of needs, a request for access can be made to the Federal Central Tax Office (BZSt) in order to clarify the income and financial situation of your community of needs (Section 93 paragraphs 8 and 9 of the tax code). The BZSt transmits the account master data of your accounts and - if there is concrete suspicion - possibly also of the accounts of third parties for which you are specified as the authorized or beneficial owner within the meaning of Section 1 Paragraph 6 of the Money Laundering Act (including the name of the account holder), date of birth, IBAN and authorization). This applies to accounts that have not been closed for more than three years.

**I confirm that the information is correct.**

Place, date

Signature of the applicant (for minors: signature of the legal representative)

**Processing notes (to be completed by the job center only)**

Changes were made to the following sections in the presence of the customer:

Show of hands, date: \_\_\_\_\_ Signature of the customer \_\_\_\_\_

Other comments from the job center: