

Further authorization application

Application for continued approval of citizen's benefit after the Second Book of the Social Code (SGB II)



Please tick as appropriate.



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



You can also apply for continued approval online. Information about our digital offers, the information sheet SGB II and other appendices to the application can be found at 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.

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 under SGB II. You can obtain data protection information from the job center responsible for you and also online at www.arbeitsagentur.de/datenentnahme.

Please note that sections 2 to 5 not only ask about changes, but also about the current conditions. In section 6, please indicate any further changes in personal and economic circumstances that have occurred since the last application and have not yet been communicated to the job center.

If you need more space for your answers than provided for in the form, please use a separate sheet of paper and attach it to your application.

1. Personal data of the applicant

family name		First name
birth date	Gender	
Street, house number		
Postal code	Place of residence	
Number of benefit community		

2. General information about my household

Number of people in my accommodation (total): _____

My marital status or the marital status of a member of my community of need has changed or will change. 4

Name of the person	Type of Change	Day of change
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My entire community of needs will be moving out _____ into a new one of the apartment or has already moved into a new apartment that day.
 ÿ Please fill out the **KDU attachment** out of.

One or more people in my community of needs or household have moved in or out or will be moving in or out. 5

First name	family name
move in date	Excerpt on

ÿ Please provide a **registration certificate** for each person who has moved in.
 ÿ Please fill out the **WEP attachment** for your partner/spouse and for unmarried children between the ages of 15 and 24 out of
 ÿ For unmarried children under 15 years of age, please fill out the **KI attachment** out of.
 ÿ For other relatives or in-laws (e.g. grandparents, siblings over 25, married children, aunts or uncles), please submit attachment **HG a**.



2WBA

Editing notes

To be filled out by the job center only

Entry stamp

Date of Application

End of the current one approval section

Department

team

Application complete on

Statistical recording on

Hand sign, date

Cash notes

Noted Hand Show Date

Arranged Hand Show Date

3. Costs for accommodation and heating

I incur costs for accommodation and heating.

 Yes No I live in a rented apartment or in another residential arrangement.

ÿ Other living conditions include guesthouses, refugee accommodation or emergency accommodation.

The following costs apply for accommodation:

 Basic rent (excluding additional costs) Complete rent (with additional costs) Additional costs (excluding heating costs) heating costs other housing costs 31

ÿ Please provide current evidence stating the due date, for example utility bill, fee notice, heating bill, landlord certificate and/or delivery or supply contract (e.g. water supply contract).

 I live in the property.Used living space in square meters (m²): _____

The following costs apply to ownership:

 Debt interest without repayment installments 32 Additional costs (excluding heating costs), for example property tax, water Heating costs; I use the following type of heating (e.g. electricity, gas): _____

ÿ Please provide current evidence stating the respective due date, for example repayment plan and/or the respective delivery, supply, insurance or maintenance contract or fee notice (e.g. water supply contract, property tax notice).

4. Income levels of the members of the community of needs

ÿ Here you must enter your income and the income of the members of the community of needs.

ÿ Citizens' money does not count as income and should not be stated here.

ÿ When submitting an application, **bank statements** must always be submitted. Please provide your most recent bank statements three months ago.

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 Income from employment (full-time and part-time/mini-job) 19ÿ Please provide a **statement of earnings**.ÿ If requested by the job center, please also leave a **certificate of income** filled out by the employer.

Name of the person

Name and company address of the employer

 The activity is/was carried out as a holiday job. 34

Name of the person

Name and company address of the employer

 The activity is/was carried out as a holiday job. Non-profit or voluntary activity for which (tax-free) **expense allowances/flat-rate expenses** are paid

35

Name of the person

Type of activity

incoming payments

ÿ Please provide current evidence of the specific activity, the type and amount of the allowance/flat-rate expense allowance, the receipt of payment and the expenses incurred in this context.

 Carrying out **self-employment** (also in agriculture and forestry)

Name of the person

ÿ Please fill out the **EKS attachment** out of. **Unemployment benefit** according to Book Three of the Social Code

Name of the person

ÿ Please present the approval notice from the employment agency.

Pensions (for example from statutory social insurance such as old age pension, disability pension, miners' compensation benefits, accident/injury pension, survivor's pension and basic pension), company pensions, Pensions, foreign pensions, labor market pensions

Name of the person	Pension type
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Name of the person	Pension type
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ÿ Please present the current pension notice.

Maintenance payments or benefits according to the **Maintenance Advances Act**

Name of the person	Type of payment
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ÿ Please provide current proof of the type and extent of payments received.

ÿ If you and/or a member of your community of need have the **current** and **regular** income listed below, please enter the type of income in the table below and provide current evidence.

- Income from **rental, subletting or leasing** (also from agriculture and forestry)
- other **wage replacement benefits** (e.g. transitional allowance, sick pay)
- Benefits** in kind (e.g. free meals)
- Housing benefit, social assistance, other social benefits (not citizens' benefit)**
- BAföG, vocational training allowance, training allowance**
- other **current income** (e.g. parental allowance, care allowance, tips, income from a Federal Voluntary Service)

Name of the person	Income/benefit type
Name of the person	Income/benefit type

one-time income **37** and **irregular** income **38** (e.g. tax refunds, bankruptcy money, Interest, other investment income, gifts)

Name of the person

Type of income	Income level	Payment received on
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ÿ Please provide current evidence.

Child benefit 39

ÿ Please present the child benefit notice. **40**

The members of the community of need have **none of the income mentioned above.**

5. Deductions from income (business expenses) 41

ÿ The information is only required if income is available.

The deductions from income (business expenses) have changed:

Yes No

Name of the person	Type of deduction
Monthly amount in euros	Day of change

ÿ Please provide current evidence.

6. Other changes

ÿ Please indicate here any changes to your information in the (initial) application that you have not yet communicated, for example (not a final one Enumeration):

- You or a member of your community of needs has established a marriage-like community or separated from your partner separated.
- The address or bank details have changed or will change.
- You or a member of your community of needs would now like to assert a claim for additional requirements (e.g. additional requirements, for pregnant women **12** , additional requirements for expensive nutrition **14**).
- There have been or will be changes to health or nursing care insurance.
- There have been or will be changes to the assets (e.g. inheritance).

Name of the person	Type of Change	Day of change
Name of the person	Type of Change	Day of change

ÿ Please provide current evidence.

7. Education and participation

Please note that people under the age of 25 may be entitled to education and participation benefits. Further information can be obtained from your job center/the responsible local authority.

Please note that your application usually takes effect on the first of the month and you must therefore provide information - in particular about the inflow of income - for the entire month in which you submit your application (Section 37 Paragraph 2 Sentence 2 SGB II).

My obligation to cooperate

People who apply for or receive benefits according to SGB II are **obliged to cooperate**: This means that **all information** in the application and in the appendices submitted for this **must be correct and complete** . **Changes** that occur after the application has been submitted and that may affect the benefits (e.g. starting work, moving) must be **reported to the responsible job center immediately**. The obligations to cooperate must **be observed by all members of a community of needs**.

If these obligations to cooperate are violated, all benefits paid in excess will generally be demanded back from all eligible persons in a community of needs . If there are other people in your community of needs, you as a representative should include all members when filling out the application and coordinate the essential information and the information that concerns them with them. Please also ensure that all members receive all the necessary information (e.g. notices).

A breach of the obligation to cooperate can also lead to **administrative offenses or criminal proceedings** against the person who has disregarded the above-mentioned obligations. The job center collects information about income and assets (e.g. wages, capital gains, pensions) from various agencies by means of automated data comparison. Concealed income and assets therefore regularly become known afterwards.

- A guardian has been appointed by the **guardianship court/district court** .
ÿ Please provide proof of supervision (appointment certificate or ID of the supervisor).

Name of the person being cared for

Place, date	Signature of supervisor
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I confirm that the information is correct.

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