

Attachment

to determine the extent of the need for help if there is one household community



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.



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 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.

1. Personal data of the applicant

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

2. Information about the person in my household 5



ÿ If you live in a household with relatives or in-laws (e.g. parents, grandparents, step-parents, siblings over 25, uncles, aunts), **please fill out this form for each relative/in-law.**

First name	family name
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3. Information about the relationship/sisterhood

ÿ If there is a family relationship/
If there is a marriage, it is sufficient to provide information about one of these people.

Person in the community of need to whom the family relationship/
brotherhood exists

First name	family name
Family relationship/sisterhood	

4. Benefits

- The person named in Section 2 **does not pay any benefits to the needs community.**
- ÿ **If the person does not pay benefits to the benefit community, only information on Section 5 is required.**
- The person named in Section 2 **pays benefits** (e.g. pocket money) **to the community of needs.**
- ÿ Please indicate for which person and to what extent the benefits are provided.
Please also indicate the time interval between payments (e.g. monthly, 1/4-annually, 1/2 yearly, annually).

Person in the community of need who receives the benefits

First name	family name
Amount of benefit in euros	Payment rhythm



2

HG

Editing notes

To be filled out by the job center only

Entry stamp

Department

team

Person in the community of need who receives the benefits	
First name	family name
Amount of benefit in euros	Payment rhythm
Person in the community of need who receives the benefits	
First name	family name
Amount of benefit in euros	Payment rhythm

5. Information about the cost of accommodation

The person named in Section 2 is **not** the owner or tenant of the shared apartment.

She lives free of charge.

You contribute to the costs of accommodation in the following amount:

Monthly payment amount in euros

The person named in Section 2 is the owner or tenant of the shared apartment.

The community of needs lives free of charge.

The needs community contributes the following amount to the costs of accommodation:

Monthly payment amount in euros

Monthly amount of the total payment for the entire accommodation in euros (if known)

ÿ If a flat rate is paid that includes accommodation as well as meals, please only state the part here
the accommodation is omitted.

ÿ Please inform relatives or in-laws that rental income is generally taxable income,
 which must be declared to the tax office as part of the tax return.

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)	
<input type="checkbox"/> Changes were made to the following sections in the presence of the customer:	
Show of hands, date: _____	Signature of the customer _____
<input type="checkbox"/> Other comments from the job center:	