

Attachment

to determine the income situation of a person in the
Person aged 15 or over living in a community of need



Please tick as appropriate.



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



Here you will find a video to help you fill it out. At www.jobcenter.digital You will receive information about our digital offers, the information sheet SGB II and other attachments to the application.



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](http://www.arbeitsagentur.de/datenernahme).

1. Personal data of the applicant

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

2. The information in this appendix refers to the following person aged 15 and over in the community of need

4

Salutation	First name
family name	birth date

3. Income 19

0

Benefits to secure a living in accordance with SGB II (citizen's benefit) do not count as income and do not need to be stated here.

Income from employment (full-time and part-time/mini-job)

Name and company address of the employer

Payment of labor income occurs:

in the current month the following month

Please provide a **statement of earnings**.

If requested by the job center, please also leave a **certificate of income** filled out by the employer.

The job center can ask you to choose a tax class that is more favorable for you.

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

charitable or voluntary work for which (tax-free) **Expense allowances** are paid

35

Type of activity	incoming payments
------------------	-------------------

Please provide current evidence of the specific activity, the type and amount of the reimbursement, the receipt of payment and the expenses incurred in this context.



2

EK

Editing notes

To be filled out by the job center only

Entry stamp

Department

team

Earnings statement

Income certificate

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

ÿ Please fill out the **EKS attachment** out of.

Unemployment benefit according to Book III of the Social Code (SGB III)

ÿ Please present the approval notice from the employment agency.

The entitlement to unemployment benefit is suspended or has expired due to a **blocking period** according to SGB III. 36

ÿ Please provide the relevant notice.

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

ÿ Please present the current pension notice.

Maintenance payments or benefits according to the **Maintenance Advance Law**

ÿ Please provide current proof of the type and extent of payments received.

ÿ If you 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

BAföG, vocational training allowance, training allowance

other **current income** (e.g. parental allowance, maternity allowance, Child allowance, care allowance, tips, income from a federal voluntary service)

Income/benefit type

Income/benefit type

Income/benefit type

Income/benefit type

One-off income and **irregular** income (e.g. tax refunds, insolvency money, interest, other capital gains, inheritances, gifts)

ÿ You can enter multiple incomes. 37 38

Type of income	Income level	Payment received on

Type of income	Income level	Payment received on

ÿ For further information, please use a separate sheet if necessary. Please provide proof of the amount of income and receipt of payments.

Child benefit 39

ÿ Please present the child benefit notice. 40

Editing notes

To be filled out by the job center only

EKS facility

Unemployment benefit notice

Notice

Pension notice

Child benefit notice

4.2 Other deductions

I have a minor child outside the community of need.
 ÿ You can receive an increased allowance if you have a minor child. For minor children with whom you do not live in a community of need, please provide appropriate evidence (e.g. birth certificate, maintenance certificate).

Payments to a dependent person outside the community of needs
 Reason for a maintenance title

Person entitled to maintenance	Family relationship
--------------------------------	---------------------

Person entitled to maintenance	Family relationship
--------------------------------	---------------------

ÿ Please present the maintenance title (e.g. judgment, court agreement, maintenance certificate) and provide evidence of the actual payments. 42

Parental income taken into account when providing educational support (vocational training allowance, training allowance, BAföG) for a child

Child's family name	First name of the child
---------------------	-------------------------

Child's family name	First name of the child
---------------------	-------------------------

ÿ Please present the current notification.

4.3 Expenses for legally required insurance – including other things income

ÿ For private insurance that is appropriate in terms of reason and amount and does not belong to the insurance mentioned below (e.g. liability, household contents), a flat rate of 30.00 euros per month will be deducted from your income.
To receive this flat rate, you do not need to provide any information or provide any evidence.

The following insurance contributions are paid:

ÿ Please provide current proof of insurance.

Motor vehicle liability insurance (without partial comprehensive insurance, fully comprehensive insurance, cover letter)

other legally required insurance (e.g. liability insurance for certain professional groups such as lawyers or midwives)

Contributions to subsidized retirement provision in accordance with Section 82 of the Income Tax Act (for example Contributions to the "Riester pension")

private insurance for underage children 41

Child's family name	Child's first name	kind of insurance
---------------------	--------------------	-------------------

Child's family name	Child's first name	kind of insurance
---------------------	--------------------	-------------------

There is no compulsory insurance in statutory health/nursing insurance and pension insurance. Contributions are paid to cover the event of illness, need for care and retirement provision.

My obligations to cooperate

If there are changes in the level of income (e.g. wages) or expenses including maintenance payments, you or the members of your community of needs are obliged to inform them immediately and to provide relevant evidence.

I confirm that the information is correct.

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

Editing notes

To be filled out by the job center only

birth certificate, Maintenance title

Maintenance title

Bank statements

Notice

Motor vehicle liability insurance

retirement provision

In the following Sections were in Presence of the customer Customer changes made:

Hand sign, date

Signature of the customer