

## 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.



At [www.jobcenter.digital](http://www.jobcenter.digital) you can find information about our digital offers, the information sheet SGB II and other appendices 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](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

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

Department
team

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

### 2. Accounts, investments and other assets

Please fill out the table on page 2. Enter the names of the people in the table as well as the respective account balance or that 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 type="checkbox"/> undeveloped property
Share of co-ownership in %	Market value in euros	Rent/lease income in euros

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

If the value is more than 15,000 euros, please enter the name of the person and the value of the respective 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


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

Name of the person	Amount in euros
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### 6. Self-employment

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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Editing notes  
To be filled out by the job center only

Entry stamp

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

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

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: