

Housing benefit application for rent subsidy

Please select the application type

Initial application/continuation application

Increase request

Housing benefit number/file number



ÿ

(please enter if known)

Address of the housing benefit authority

ÿ

Entry stamp

Your personal information		
1	family name ÿ	First name(s) ÿ
	Birth Name ÿ	Place of birth (also country if not Germany) ÿ
	birth date ÿ	Nationality(s) ÿ
	Gender <div style="display: flex; justify-content: space-around;"> masculine female various not specified </div>	
	Phone number (optional) ÿ	Email address (voluntary) ÿ
	 Proof(s): For applicants from third countries (non-EU countries): Please submit one Proof of your residence permit.	
	Marital status <div style="display: flex; justify-content: space-around;"> single married living separately registered life partnership </div> <div style="display: flex; justify-content: space-around;"> divorced widowed non-marital cohabitation </div>	
Employment status <div style="display: flex; justify-content: space-around;"> employee Self-employed person Trainee or student </div> <div style="display: flex; justify-content: space-around;"> Pensioner or retiree currently jobless other inactive person </div>		
Questions about the apartment for which you are applying for housing benefit		
 Important to know: You can only apply for housing benefit (rent subsidy) if you are a tenant of the apartment or a subtenant or have a rental-like usage agreement. Housing benefit is always tied to the apartment. If you move, you must reapply for housing benefit. The apartment must be the center of life for you and your household members. You can only receive housing benefit for one apartment receive.		
2	What is the address of the apartment for which you are applying for housing benefit?	
	Street ÿ	House number (if necessary, further additions) ÿ
	Postal code ÿ	Location ÿ
	If you do not yet live in the above-mentioned apartment, please provide your current address and the date you plan to move in.	
	Street ÿ	House number (if necessary, further additions) ÿ
	Postal code ÿ	Location ÿ
Planned move-in date ÿ		
3	Was the apartment subsidized with public funds (e.g. social housing) and is it therefore subject to rent control? (If necessary, ask your landlord/landlady.)	
	<div style="display: flex; justify-content: space-around;"> No Yes </div>	

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4	Do you already receive housing benefit for another apartment or have you applied for it?
No	Yes
5	Do you have a second home?
No	Yes

Who are your current household members?



Important to know: Household members are all people who live in the same apartment as you (children and adults). For example, your household does not include roommates in a student shared apartment or subtenants. Household members do not have to live in the apartment the entire time (for example if they are somewhere else on weekdays for work reasons).



It is important that the apartment is the center of your life. Children (including foster children) also count as household members if they live with the other parent but are cared for at least 1/3 of the time in your household.

If you care for more than one child at a slightly lower rate than 1/3, you can list the youngest of these children as a household member.



If there are more than 4 household members, please use another sheet.

6	Information for the 1st household	
	family name ÿ	First name(s) ÿ
	Birth Name ÿ	Place of birth (also country if not Germany) ÿ
	birth date ÿ	Nationality(s) ÿ
	Gender masculine female various not specified	
	Marital status (see question 1 for examples) ÿ	
	Relationship with you (e.g. (spouse) partner, (foster) child) ÿ	Employment status (see question 1 for examples) ÿ
	Information for the 2nd household	
	family name ÿ	First name(s) ÿ
	Birth Name ÿ	Place of birth (also country if not Germany) ÿ
	birth date ÿ	Nationality(s) ÿ
	Gender masculine female various not specified	
	Marital status (see question 1 for examples) ÿ	
	Relationship with you (e.g. (spouse) partner, (foster) child) ÿ	Employment status (see question 1 for examples) ÿ
	Information for the 3rd household member	
	family name ÿ	First name(s) ÿ
	Birth Name ÿ	Place of birth (also country if not Germany) ÿ
	birth date ÿ	Nationality(s) ÿ
	Gender masculine female various not specified	
	Marital status (see question 1 for examples) ÿ	
	Relationship with you (e.g. (spouse) partner, (foster) child) ÿ	Employment status (see question 1 for examples) ÿ
	Information for the 4th household member	
	family name ÿ	First name(s) ÿ





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A	Birth Name ÿ	Place of birth (also country if not Germany) ÿ		
	birth date ÿ	Nationality(s) ÿ		
	Gender masculine female various not specified			
	Marital status (see question 1 for examples) ÿ			
	Relationship with you (e.g. (spouse) partner, (foster) child) ÿ		Employment status (see question 1 for examples) ÿ	
	 <p>Proof(s): For household members from third countries (non-EU countries), please provide proof of yours residence permit. For children who live with the other parent and are registered here as household members, please indicate Please find out how care is regulated or divided between you and the other parent.</p>			
To be completed for household members from third countries (non-EU countries).				
If a third person has contacted the immigration authority/foreign representation in accordance with Section 68 of the Residence Act obligated to cover the costs of living, including living space, for you and/or another household member?				
No		Yes		
If so, who committed?				
family name ÿ		First name(s) ÿ		
Address (street, house number, if necessary, further additions, postal code, city) ÿ				
For whom was the obligation undertaken?				
family name ÿ		First name(s) ÿ		
How much are the costs covered for the living space?				
Amount in EUR/month ÿ				
7	Are there other people living in your apartment who are not part of your household (e.g. shared apartment members)?			
No		Yes		
If so, who?				
Family name (1st roommate) ÿ		First name(s) ÿ		
Family name (2nd roommate) ÿ		First name(s) ÿ		
Change in the number of household members				
 <p>Important to know: If a household member has died within the last 12 months, they count towards this Housing benefit calculation under certain conditions as a household member. This prevents that Housing benefit recipients receive less housing benefit immediately after the death of a household member (and therefore have difficulties paying rent, for example).</p>				
8th	Has a household member died within the last 12 months?			
No		Yes		
If so, who died and when?				
Family name First name(s) ÿ		Date ÿ		
Does the deceased household member have one of the transfer benefits listed in question 10 based?				
No		Yes		
Did you move after the death of the household member mentioned above?				
No		Yes		
After the death of the household member, do you have one of the people mentioned in question 6 included in the budget?				
No		Yes		
A				


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A	If yes, who and when?	
	family name ÿ	First name(s) ÿ Date ÿ
9	Will the number of household members increase or decrease in the coming months?	
	No Yes	
	If yes, when and why?	
	Date ÿ	Reason for the change (e.g. moving in, moving, birth) ÿ
	A move/move out is planned within the next 12 months to:	
	Date ÿ	
Receipt of transfer benefits		
	Important to know: Housing benefit and transfer payments are generally mutually exclusive. If you and/or another household member receive a transfer benefit that takes accommodation costs into account in the calculation, we recommend that you contact your housing benefit authority to discuss your To clarify eligibility. If your application for a transfer payment was made within the last two months If your application has been rejected, you may be able to receive housing benefit retroactively.	
		transfer payments are 1. Citizens' money (SGB II) 2. Basic security in old age/in the event of reduced earning capacity or assistance with living expenses ("social assistance", SGB XII) 3. Children and youth welfare services (SGB VIII) 4. Injury benefit in the amount of citizen's benefit (SGB VII) 5. Supplementary help for living expenses (according to BVG) 6. Help with living expenses in an inpatient facility 7. Benefits according to the Asylum Seekers Benefits Act 8. Benefits provided as a subsidy according to SGB II for trainees in special cases
10		Receive one of the above for you and/or another household member Transfer benefits? Have you applied for one or is such a benefit due? a sanction has been completely eliminated or the application for the benefit has been made within the last been rejected for two months?
	No Yes	
	If yes, who and what service?	
	Information for a 1st person	
	family name ÿ	First name(s) ÿ
	Which performance? (see above) ÿ	
	If the benefit has been applied for or is already being received, please enter:	
	Date of application ÿ	Date of approval ÿ
	If the service has been canceled or rejected, please enter:	
	Date of elimination ÿ	Date of rejection ÿ
Information for a second person		
family name ÿ	First name(s) ÿ	
Which performance? (see above) ÿ		
If the benefit has been applied for or is already being received, please enter:		
Date of application ÿ	Date of approval ÿ	
If the service has been canceled or rejected, please enter:		
Date of elimination ÿ	Date of rejection ÿ	

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Information for a 3rd person		
family name ÿ	First name(s) ÿ	
Which performance? (see above) ÿ		
If the benefit has been applied for or is already being received, please enter:		
Date of application ÿ	Date of approval ÿ	
If the service has been canceled or rejected, please enter:		
Date of elimination ÿ	Date of rejection ÿ	
	Proof(s): Please submit existing notifications of the above-mentioned transfer payments.	
Have you and/or another household member been paid by a transfer authority (as of the 11th ? Example job center, social welfare office) asked to apply for housing benefit?		
No		Yes
	Proof(s): Please attach the letter(s).	
What income do you and your household members have?		
	Important to know: All income (cash and benefits in kind) must be stated. Please do the same relevant information if people who are part of your household have no income.	
	Recipients of BAföG and vocational training allowance (BAB) who live alone are generally not eligible for housing benefit. In this case, we recommend that you contact your housing benefit authority To clarify your eligibility. Contributions to health and nursing care insurance as well as pension/ Life insurance can also include privately paid premiums.	
	Examples of the frequency information requested below are monthly, daily or annually. If there are more than 4 other household members, please use another sheet.	
	Examples of types of income (not exhaustive):	
	<ul style="list-style-type: none"> • Unemployment benefit • Training allowance • Foreign income • BAföG or BAB • Business income • Income from capital assets (for example interest/dividends) • Income from agriculture and forestry • Income from self-employment • Parental allowance/maternity allowance • Salary/wages (also for secondary employment) 	<ul style="list-style-type: none"> marginal employment, mini-job) • Money from other people who are not part of the household (for example from grandparents) • Sick pay • Short-time working allowance • Pensions, pensions • Benefits in kind (e.g. lunch with parents) • Maintenance/maintenance advance • Rental/leasing • Christmas and holiday bonuses • Other (e.g. volunteer activities)
12	Income of the applicant	
family name ÿ	First name(s) ÿ	
1. Type of income or no income ÿ	Gross in EUR ÿ	rotation ÿ
2. Method of intake ÿ	Gross in EUR ÿ	rotation ÿ
3. Method of intake ÿ	Gross in EUR ÿ	rotation ÿ
4. Method of intake ÿ	Gross in EUR ÿ	rotation ÿ
Are the following taxes paid?		
Steer	Pension/life insurance contributions	Contributions to health and nursing care insurance
Income of the 1st household member		
family name ÿ	First name(s) ÿ	
1. Type of income or no income ÿ	Gross in EUR ÿ	rotation ÿ
2. Method of intake ÿ	Gross in EUR ÿ	rotation ÿ

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A	3. Method of intake	Gross in EUR	rotation
	ÿ	ÿ	ÿ
4. Method of intake	Gross in EUR	rotation	
ÿ	ÿ	ÿ	
Are the following taxes paid?			
Steer	Pension/life insurance contributions	Contributions to health and nursing care insurance	
Income of the 2nd household member			
family name	First name(s)		
ÿ	ÿ		
1. Type of income or no income	Gross in EUR	rotation	
ÿ	ÿ	ÿ	
2. Method of intake	Gross in EUR	rotation	
ÿ	ÿ	ÿ	
3. Method of intake	Gross in EUR	rotation	
ÿ	ÿ	ÿ	
4. Method of intake	Gross in EUR	rotation	
ÿ	ÿ	ÿ	
Are the following taxes paid?			
Steer	Pension/life insurance contributions	Contributions to health and nursing care insurance	
Income of the 3rd household member			
family name	First name(s)		
ÿ	ÿ		
1. Type of income or no income	Gross in EUR	rotation	
ÿ	ÿ	ÿ	
2. Method of intake	Gross in EUR	rotation	
ÿ	ÿ	ÿ	
3. Method of intake	Gross in EUR	rotation	
ÿ	ÿ	ÿ	
4. Method of intake	Gross in EUR	rotation	
ÿ	ÿ	ÿ	
Are the following taxes paid?			
Steer	Pension/life insurance contributions	Contributions to health and nursing care insurance	
Income of the 4th household member			
family name	First name(s)		
ÿ	ÿ		
1. Type of income or no income	Gross in EUR	rotation	
ÿ	ÿ	ÿ	
2. Method of intake	Gross in EUR	rotation	
ÿ	ÿ	ÿ	
3. Method of intake	Gross in EUR	rotation	
ÿ	ÿ	ÿ	
4. Method of intake	Gross in EUR	rotation	
ÿ	ÿ	ÿ	
Are the following taxes paid?			
Steer	Pension/life insurance contributions	Contributions to health and nursing care insurance	
	Proof(s): Please submit the appropriate evidence for all income (for example salary certificate, pension certificate).		

Your allowances/deduction amounts


Important to know: When calculating your housing benefit, it can be taken into account in your favor if you and/or another household member

- have increased advertising costs,
- have a severe disability and/or a level of care,
- To pay alimony,
- have childcare costs,
- Victims of the Nazis are persecution.

There are also allowances if you live alone with children or if one or more of your children have their own income from training or employment (for example from a holiday job) or if you and/or another household member receiving a pension has achieved at least 33 years of basic pension periods.









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	Proof(s): Please submit all proof of income-related expenses, childcare costs, severe disability, Level of care, status as a victim of National Socialist persecution as well as maintenance payments and completed basic pension periods.	
13	Do you and/or another household member have business expenses that exceed the annual tax flat rate, or actual expenses in the case of marginal employment (mini-job)?	
Advertising costs include, for example, costs for travel to work or office supplies.		
No Yes		
If so, who and how much?		
Information for a 1st person		
family name	First name(s)	Expenses in EUR/month
ÿ	ÿ	ÿ
Information for a second person		
family name	First name(s)	Expenses in EUR/month
ÿ	ÿ	ÿ
14	Do you and/or another household member pay childcare costs (e.g. for... Kindergarten)?	
No Yes		
If so, who and how much?		
Please do not state any amounts that others outside your household pay (e.g. youth welfare office or employer). In addition, only expenses for care are relevant. Other expenses, for example for food, are not allowed be cited.		
Information for a 1st person		
family name	First name(s)	Expenses in EUR/month
ÿ	ÿ	ÿ
Information for a second person		
family name	First name(s)	Expenses in EUR/month
ÿ	ÿ	ÿ
15	Do you and/or another household member have a severe disability and/or a Level of care or are you and/or another household member a victim of National Socialist persecution or treated equally within the meaning of the Federal Compensation Act (BEG)?	
No Yes		
If yes, please fill out the following fields.		
Information for a 1st person		
family name	First name(s)	
ÿ	ÿ	
Severe disability (degree of disability)	Level of care	
ÿ	ÿ	
in need of care at home, in partial inpatient care Nursing or short-term care	Victims of National Socialist persecution or equals to them within the meaning of the BEG	
Information for a second person		
family name	First name(s)	
ÿ	ÿ	
Severe disability (degree of disability)	Level of care	
ÿ	ÿ	
in need of care at home, in partial inpatient care Nursing or short-term care	Victims of National Socialist persecution or equals to them within the meaning of the BEG	
16	Do you and/or another household member pay maintenance?	
No Yes		
If so, who pays the maintenance?		
Information for a 1st person		
family name	First name(s)	
ÿ	ÿ	
For whom is maintenance paid? (for example child)		
family name	First name(s)	
ÿ	ÿ	

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A	birth date	
	Address (street, house number, if necessary, further additions, postal code, city)	
	How is this person related to the person who pays alimony? related?	Amount of maintenance in EUR/month
	Information for a second person	
	family name	First name(s)
	For whom is maintenance paid? (for example child)	
	family name	First name(s)
	birth date	
	Address (street, house number, if necessary, further additions, postal code, city)	
	How is this person related to the person who pays alimony? related?	Amount of maintenance in EUR/month
Other questions about your income		
17	Are you and/or another household member entitled to maintenance? could not be enforced?	
	No Yes	
	If so, who has the claim and to what extent?	
	Information for a 1st person	
	family name	First name(s)
	Claim in EUR/month	Amount of claim not known
	Information for a second person	
	family name	First name(s)
	Claim in EUR/month	Amount of claim not known
	18	Did you and/or another household member have any one-off income in the last 12 months (e.g. one-off maintenance payments, additional pension payments, insurance benefits and severance payments) or are such one-off income available in the next 12 months expect?
No Yes		
If yes, please fill out the following fields.		
Information for a 1st person		
family name		First name(s)
Type of one-off income(s)		Amount in EUR/month
Date of payment		
Information for a second person		
family name		First name(s)
Type of one-off intake(s)		Amount in EUR/month
A		



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A	Date of payment ÿ				
 Proof(s): Please submit all proof of one-time income.					
19 Will you and/or another household member's income decrease or increase in the next 12 months? Reasons for changes can include starting work, applying for a pension, unemployment benefit, social assistance, training support or insurance benefits.					
<table border="0" style="width: 100%; text-align: center;"> <tr> <td>No</td> <td>Yes, reduce</td> <td>Yes, increase</td> </tr> </table>			No	Yes, reduce	Yes, increase
No	Yes, reduce	Yes, increase			
If yes, please fill out the following fields (gross receipts estimated if necessary).					
Information for a 1st person					
surname ÿ	First name(s) ÿ				
Type of income ÿ	Time of change ÿ				
Reason for the change ÿ	future gross income in EUR/month ÿ				
Information for a 2nd person					
surname ÿ	First name(s) ÿ				
Type of income ÿ	Time of change ÿ				
Reason for the change ÿ	future gross income in EUR/month ÿ				
 Evidence(s): Please submit all evidence of the changed income.					
<h2 style="text-align: center;">Your assets</h2>					
<div style="display: flex; align-items: flex-start;"> <div style="width: 50px; height: 50px; background-color: #28a745; border-radius: 50%; display: flex; align-items: center; justify-content: center; margin-right: 10px;">  </div> <div> <p>Important to know: You will only receive housing benefit if you and your household members do not have too much wealth.</p> <p>This may particularly be the case if you and your household members have assets that exceed EUR 60,000 for you plus EUR 30,000 per additional household member (1 person: EUR 60,000, 2 people: EUR 90,000, 3 people: EUR 120,000, etc.). Assets include, in particular, money (cash or in the bank), securities (e.g. stocks/funds), real estate or land that you do not live in (this also includes assets abroad).</p> </div> </div>					
20 Do you and/or another household member have total assets that exceed EUR 60,000 for you plus EUR 30,000 for each additional household member?					
<table border="0" style="width: 100%; text-align: center;"> <tr> <td>No</td> <td>Yes</td> </tr> </table>			No	Yes	
No	Yes				
If so, what type of assets and how much?					
Real estate, property (also abroad)	Value in EUR (approx.) ÿ				
Financial assets, receivables and others right	Value in EUR (approx.) ÿ				
Valuables, movable items (e.g. car, jewelry)	Value in EUR (approx.) ÿ				
Other assets (e.g. building savings contract, life insurance)	Value in EUR (approx.) ÿ				
 Proof(s): Please enclose relevant documents.					
Questions about rent					
<div style="display: flex; align-items: flex-start;"> <div style="width: 50px; height: 50px; background-color: #28a745; border-radius: 50%; display: flex; align-items: center; justify-content: center; margin-right: 10px;">  </div> <div> <p>to know: Your housing benefit entitlement is calculated based on your total rent minus the heating and hot water costs, household energy costs and rent for a garage or parking space. The following questions are necessary so that the housing benefit authority can determine the correct amount. For home residents and residents in the special living arrangement, questions 23 to 29 are not relevant and do not need to be answered.</p> </div> </div>					
 Proof(s): Please submit your rental agreement as well as evidence of the current amount of rent (in addition to the rental agreement, for example letters of rent increase or decrease, landlord certificate, proof of payment, bank statements). If you are a resident of a home, please submit your home contract and if you are a resident in a special form of accommodation, please submit your housing contract.					

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21	I am:		
	Main tenant/main tenant Home resident/home resident or Resident in a special living arrangement Other (e.g. owner of a Cooperative apartment or a rental-like apartment permanent residence right)	Subtenant/subtenant Resident of living space in one's own Multi-family house (house with more than 2 apartments)	
	There is an agreement between you and your landlord/landlady Family relationship?		
No			Yes
22	How big is your apartment?		
	Area (in square meters) ÿ		
	How much rent do you pay in total to your landlord (including all 23 Extra costs)?		
	Amount in EUR/month ÿ		
24	The following costs/fees are included in the rent:		
	heating costs		
	No	Yes	Amount in EUR/month ÿ
			Height not separate agreed
	Hot water costs		
	No	Yes	Amount in EUR/month ÿ
			Height not separate agreed
	Rent for (underground) garage/parking space/carport		
	No	Yes	Amount in EUR/month ÿ
			Height not separate agreed
	Service fee (for example, remuneration for general support services such as the provision of care and care services, home care services or emergency call services)		
	No	Yes	Amount in EUR/month ÿ
			Height not separate agreed
	household energy costs, which you pay to the landlord and not to third parties (e.g. electricity, gas)		
	No	Yes	Amount in EUR/month ÿ
			Height not separate agreed
25	Do you pay other costs to third parties and not to the landlord? (e.g. for garbage disposal, cable connection/antenna, water/wastewater)		
	No	Yes	Amount in EUR/month ÿ
26	Receive a share from another person or a public institution/body Your rent that the landlord receives from you?		
	No		Yes
	If so, by whom?		
	Name/surname ÿ	First name(s) ÿ	
	Amount in EUR/month ÿ	For which period? ÿ	
27	Will the rent for the apartment decrease or increase in the next 12 months?		
	No	Yes, reduce	Yes, increase
	If yes, please fill out the following fields.		
	Date of modification ÿ	the reason for the change ÿ	Future total rent in EUR/month ÿ
Additional information about other uses of the living space			
28	Of the entire living space		
	exclusively professional or commercial used	Area (in square meters) ÿ	

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A	other people for a fee or unpaid fee /	Area (in square meters)	ÿ
	co-occupied by other people for a fee or free of charge	Area (in square meters)	ÿ
 Proof(s): Please submit the relevant (sublease) agreement.			
How much do you receive for subletting or co-occupancy? 29 amount in EUR/month			
ÿ			
The fee includes:			
Costs for heating and hot water		Amount in EUR/month	ÿ
Household energy costs (electricity/ Gas consumption for household appliances/lighting)		Amount in EUR/month	ÿ
(Underground) garage/parking space/carport		Amount in EUR/month	ÿ
Questions about paying your housing benefit			
To whom should the housing benefit be transferred to?			
To me			
To another member of the household, to my landlord/landlady			
Name/surname		First name(s)	
ÿ		ÿ	
Address (street, house number, if necessary, further additions, postal code, city)			
ÿ			
Bank details			
IBAN		(Additional fields for foreign IBAN)	
ÿ			
name of the bank			
ÿ			
Important information			
<p>With your signature you confirm that all information in this application, in particular regarding the income of the household members, are correct and complete.</p> <p>You must inform the housing benefit authority of any changes to your application that you become aware of after you have submitted your application (for example if you move, members of your household move out or their or your income changes).</p> <ul style="list-style-type: none"> • Your information will be compared with other authorities (for example, whether there is still income from a mini-job, whether a Household member receives citizen's benefit, whether you and your household members are registered in the apartment). • If your information is incorrect, information is concealed or changes are not communicated, you may be committing an administrative offense (fine of up to EUR 2,000) or even a criminal offense (e.g. fraud). • Your data will be processed automatically and also used anonymously for housing benefit statistics. • Bank statements can be blacked out for the most personal purposes of the transfer (e.g. payments to political parties, trade unions and religious communities), but not for the amount. 			
31	I agree that my submitted account statements will be kept on file.		
I hereby confirm that I have taken note of the "Important Information" and the data protection information stated above.			
Date			
ÿ			
Signature of the applicant		If applicable: authorized representative or legal representative	
ÿ		ÿ	
 Proof(s): If the application is signed by a supervisor or an authorized representative, please submit a certificate of supervision or a power of attorney.			