

Main motion

Application for citizen's allowance according to the Second Book of the Social Code (SGB II)



Please tick the appropriate box.



Please do not submit original documents, but copies.



Our explanatory videos will help you fill out the form. Information about our digital offers, the SGB II information sheet and other attachments to the application can be found at www.jobcenter.digital.



Further information on the respective number can be found in the instructions for completing the form at www.arbeitsagentur.de/hinweise-sgb2.

The following data is subject to social secrecy (see "Information sheet SGB II"). Your information is collected on the basis of 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 benefits under the SGB II. You can obtain information on data protection from your local job center or online at www.arbeitsagentur.de/datenerhebung.

1. Personal data of the applicant

family name		First name
Birth name (if different)		birth date
Place of birth	Country of birth	
Gender	nationality	
ÿ Please enter the date of your entry into Germany here if you are not a German citizen.		
Date of entry		
Pension insurance number ¹	<input type="checkbox"/> Pension insurance number is not yet available and has been requested.	
Street, house number		
if applicable, residing at		
Postal code	Place of residence	
ÿ The information about the telephone number and email address is voluntary. ²		
Telephone number	E-mail address	

2. Application ³

from now on from a later date: _____
 for the following month: _____

3. My marital status and living situation

3.1 My marital status

single married widowed registered life partnership
 permanently separated since: _____
 divorced since: _____
 Dissolved civil partnership since: _____



2

HA

Editing notes
To be filled out by the job center only

Entry stamp

Date of Application

Customer number

Number of benefit community

Department team

The applicant has identified himself/herself by

- Identity card
- passport
- other identification document (for Example of electronic Residence permit):

Date of Expiry

AZR number

Personal identification number (for Romanian and Bulgarian nationals)

Data in STEP checked on

Application complete on

Statistical recording on





Hand signal, date

Cash notes

Determined, hand signal, date

Ordered, show of hands, date


3.2 My living situation

All attachments referred to below can be found at www.arbeitsagentur.de/download-sgb2.  The following information is used to check which persons belong to the community of need, household community or responsibility and Community of Responsibility.   

I live alone.

 If you live alone, no further information is required under 3.2. Please go to section 3.3.

I live with: 

 Since you are applying for the benefits, it is assumed that you have also taken on the role of representing your community of need. This does not apply if members of your community of need who are over 15 years old declare to the job center that they want to represent their interests themselves, for example by submitting their own application (Section 38 SGB II). No information is required here about the persons who are not represented.

 Multiple answers are possible here.

my spouse

 Please fill out the **WEP form** out of.

my registered life partner

 Please fill out the **WEP form** out of.

my partner in a community of responsibility and support ("marriage-like community")

 Please fill out the **WEP form** out of.


_____ unmarried child(ren) between 15 years and 24 years

 Please fill out a separate **WEP form** for each child out of.

_____ unmarried child(ren) under 15 years

 Please fill out a separate **form KI** for each child out of.

my parents or one parent

 If you as an applicant are under 25 years old, please complete one **WEP form** for each parent out of.
If you are 25 years or older, please complete an **HG form** for each parent .


_____ other relatives or in-laws (for example grandparents, siblings over 25 years of age, married Children, aunts or uncles)

 Please fill out the **form HG** for each relative/in-law out of.

_____ other persons (for example other people in a shared flat)

 If necessary, a community of responsibility and liability must be checked. Your job center will inform you whether you need an **attachment VE** have to fill out.

3.3 Accommodation and heating costs

I incur costs for accommodation and heating  Please fill out the **KDU form** out of.

Yes No


4. Personal details of the applicant

I have already applied for or received benefits from another job center within the last three years.

Yes No

Name of the other job center


 If yes, please provide appropriate evidence (e.g. notices).

I feel **healthy** enough to regularly perform an activity for at least **three hours a day** .  **8**

Yes No

I am entitled to benefits under the **Asylum Seekers Benefits Act** .  **9**

Yes No

 If yes, please provide appropriate evidence (e.g. residence permit, residence permit, toleration, Decision of the Federal Office for Migration and Refugees (BAMF)).

I am a **pupil, student or trainee.** 10 Yes No

Duration of school education from - to

ÿ If yes, please provide current evidence (e.g. school certificate).

Duration of study from - to

ÿ If yes, please provide current proof (e.g. certificate of enrollment).

Duration of training from - to

ÿ If yes, please provide the training contract.

During the training, I will be accommodated in a **dormitory, boarding school, a special facility for people with disabilities** or with the **trainer with full board** or **otherwise with reimbursement of costs** for accommodation and meals. 10

ÿ If yes, please provide current evidence.

I am currently or will soon be in a **residential facility** (e.g. hospital, nursing home, correctional facility). 11 Yes No

Duration of accommodation from - to

Type of inpatient facility

ÿ If yes, please provide a valid certificate of stay and duration.

5. Examination of additional requirements

ÿ The information is voluntary and only required if you wish to apply for additional needs.

 I am a **single parent**.

I am **pregnant**. ÿ Please 12
provide proof of your expected due date.

I have an additional requirement for **decentralized hot water production** (for example, instantaneous water heater/boiler). 13

I require expensive nutrition for medical reasons . ÿ Please fill out the **MEB form** out of. 14

I have a **disability and** receive 15

- Benefits for participation in working life according to Section 49, Book Nine of the Social Code (SGB IX) or
- other assistance in obtaining a suitable job or
- Integration assistance according to Section 112 SGB IX.

ÿ Please provide a current notice.

I am **not able to work** and hold an ID card according to Section 152 Paragraph 5 SGB IX with the **symbol G or aG**. 16

ÿ Please provide current proof (e.g. severely disabled person's card).

I have an **unavoidable special need** that I cannot cover through savings or in any other way (for example, costs of exercising visitation rights when parents live separately). 17

ÿ Please fill out **Annex BB** out of.

I am a **student and** there are costs for **textbooks/workbooks** . 18

ÿ Please provide appropriate evidence.

6. Income 19

ÿ To check your income situation, please fill out the **form EK** If you are self-employed, please **also** fill out the **EKS form** . ÿ When applying, you must always submit **bank statements** .

Please therefore provide bank statements for the last three months ago. 43

7. Assets 20

ÿ To provide a self-disclosure on the financial circumstances of all persons in the community of need, please fill out the **form VM** out of.

8. My life situation

8.1 Priority services 21

ÿ The following information is used to check whether there is a claim to other benefits or to third parties. ÿ Multiple answers are possible here. Please provide appropriate evidence.

In the last 5 years 22 ○

<input type="checkbox"/>	I was busy .		
	from to	Employer	<input type="checkbox"/> subject to social insurance <input type="checkbox"/> Mini-job
	from to	Employer	<input type="checkbox"/> subject to social insurance <input type="checkbox"/> Mini-job
<input type="checkbox"/>	I was self- employed.		
	from to	Type of activity	
<input type="checkbox"/>	I have completed military service or voluntary service (e.g. Voluntary Social Year, Federal Voluntary Service).		
<input type="checkbox"/>	I cared for relatives (care according to Book Eleven of the Social Code).		
<input type="checkbox"/>	I have received wage replacement benefits (e.g. sick pay, unemployment benefit, transitional allowance, parental allowance).		
	from to	Performance	
	from to	Performance	
<input type="checkbox"/>	none of these points apply to me. I have supported myself as follows (for example, financial support from relatives/friends, savings, inheritance):		

8.2 Claims against third parties 23 ○

<input type="checkbox"/>	I have already applied for other benefits or intend to apply for them . These include, for example, benefits under the Federal Training Assistance Act (BAföG), vocational training allowance (BAB), housing benefit, unemployment benefit, pensions (old-age, survivors' and basic pensions), sickness benefit, child benefit and child supplement. 24		
	Service type		Application date
	Social security provider/family fund		
	ÿ Please provide current proof.		
<input type="checkbox"/>	I am making claims against a (former) employer for outstanding wage or salary payments (for example in the event of insolvency/bankruptcy of the employer) or for periods after leaving the company (for example in the event of outstanding severance payments).		
	Employer		Address
	Reason		
	ÿ Please provide appropriate evidence (for example, correspondence with your lawyer or the court).		

I live separately from my spouse or registered life partner.

ÿ Please fill out the **form UH1** out of.

I am divorced or my civil partnership has been dissolved.

ÿ Please fill out the **form UH1** out of.

I'm pregnant.

ÿ Please fill out the **form UH2** out of.

I am

- under 18 years old or
 - between 18 and 24 years old and are in school or vocational training or want to start one soon
- and** at least one parent lives outside the community of need.

ÿ Please fill out the **form UH3** out of.

I have suffered damage to my health caused by a third party (for example, work, traffic, play, or Sports accident, medical malpractice or physical altercation). I therefore have to apply for benefits at the job center.

ÿ Please fill out the **form UF** out of.

I have a claim against third parties (for example, arising from contractual payment claims or claims for damages).

Description of the claim

ÿ Please provide proof of your claim with current documents.

A declaration of commitment was made on my behalf to the immigration authorities or the foreign mission.

25

Yes No

ÿ Please provide the declaration of commitment or appropriate documents.

9. Health and nursing care insurance 26 27



9.1 Compulsory insurance in statutory health and long-term care insurance

I am or was most recently compulsorily or family insured under **statutory health and long-term care insurance** .

When I become eligible for citizen's allowance, I would like to be insured with:

the previous health insurance company

name of the health insurance

Health insurance number (if known)

ÿ Please provide a current proof of your insurance from the health insurance company (for example, your valid electronic Health card). This proof will not be included in the file.

another health insurance company

name of the health insurance

Health insurance number (if known)

ÿ Please provide a current proof of your health insurance choice, if you change health insurance providers. 26

9.2 Private, voluntary statutory or lack of health and nursing care insurance

I have **private** or **voluntary statutory** health insurance.

ÿ Please fill out the **form SV, Section 3** .

I am not insured.

ÿ Please fill out the **form SV, Section 4** .

10. Education and participation

Please note that people under the age of 25 may be entitled to benefits for education and participation. You can obtain further information from your job center or the responsible municipal authority.

11. My bank details

• Benefits under SGB II are usually transferred to an account.

Account holder

IBAN28

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• You can usually find the IBAN on your bank statement.

12. My eServices 29

I would like to use the online service at www.jobcenter.digital and have a password-protected user account set up to handle important matters (e.g. notification of changes).

My duty to cooperate

Persons who apply for or receive benefits under the SGB II are obliged to cooperate.

This means that **all information** in the application and in the attachments submitted must be **correct and complete**. Any changes that occur after the application has been submitted and that may affect the benefits (for example, starting work, moving house) must be reported to the responsible job center **immediately**. The duty to cooperate must be observed by all members of a community of need.

If these cooperation obligations are violated, all persons entitled to benefits in a community of need will generally be **asked to repay any benefits paid in excess**. If there are other people in your community of need, you as a representative should involve all members when completing 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 duty to cooperate can also lead to **administrative offence or criminal proceedings** against the person who has disregarded the above-mentioned duties. The job centre obtains information about income and assets (e.g. wages, capital gains, pensions) from various sources by means of an automated data comparison. Therefore, undisclosed income and assets are regularly discovered retrospectively.

I have received the "Information sheet SGB II – Citizens' Allowance (Basic Security for Job Seekers)" and the instructions for completing it and am familiar with its contents. I will report any future changes (in particular to family, income and assets, as well as the extent of my ability to work) without being asked and without delay.

A guardian has been appointed by the **guardianship court/district court**.

• Please provide proof of care (certificate of appointment or ID of the carer).

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

Place, date	Signature of applicant
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Place, date	Signature of the legal representative of minor applicants
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Processing notes (to be filled out by the job center only)

Changes were made to the following sections in the presence of the customer:

Hand signal, date: _____ Customer's signature _____

Other comments from the Jobcenter: