

Alg II Hauptantrag

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Achtung: Dieses Dokument ist eine Ausfüllhilfe. Bitte das Originalformular in deutscher Sprache ausfüllen!

Beim selbständigen Ausfüllen kann es zu Fehlern kommen. Das kann unbeabsichtigte Konsequenzen nach sich ziehen. Wir empfehlen daher, eine Beratungsstelle aufzusuchen.

Alle Übersetzungen sind nach bestem Wissen und Gewissen auf ehrenamtlicher Basis erstellt. Der KuB e. V. übernimmt keine Haftung.

Please note: This document is a completion aid. Please fill in the original form in German!

Completing the form on your own may result in errors. This might have unintended consequences. We therefore recommend that you seek assistance at an advice center.

All translations are done by volunteers to the best of their knowledge and ability. KuB e. V. assumes no liability.

Übersetzung erstellt durch das Projekt "Formulare verstehbar machen" der Kontakt- und Beratungsstelle für Flüchtlinge und Migrant_innen (Berlin): kub-berlin.org/angebote/formulare

Spenden erbeten an: „Formulare verstehbar machen“ auf betterplace.org/projects/16145.

ÜBERSETZUNG / TRANSLATION

1.4 My personal details

I have already claimed benefits at or received benefits from a different Jobcenter. <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	
▶ If you checked "yes", please attach relevant evidence.			<input type="checkbox"/>
I am a late repatriate and do not hold German citizenship yet. <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
▶ If you checked "yes", please attach a notification verifying your admission.			
I am a beneficiary according to the Asylum Seekers' Benefits Act (Asylbewerberleistungsgesetz) . <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide corresponding supporting documents (e.g. residence permit, residence authorisation, toleration, notification from the Federal Office for Migration and Refugees (BAMF)).			<input type="checkbox"/>
▶ If you checked "No", you may not be entitled to receive SGB II benefits. In that case you can apply for benefits according to the Twelfth Book of the Sozialgesetzbuch (SGB XII).			
I am - as far as I can estimate - physically capable of working at least three hours a day . <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
▶ If you checked "No", you may not be entitled to receive SGB II benefits. In that case you can apply for benefits according to the Twelfth Book of the Sozialgesetzbuch (SGB XII).			
I am a student . <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
Duration of school education from – until	▶ If so, please provide appropriate proof, e.g. document certifying enrolment (Schulbescheinigung).		
I am a college student . <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
Duration of studies from – until	▶ If you checked "yes", please attach relevant evidence (e.g. confirmation of enrollment).		
I have applied for benefits according to the Federal Education and Trainings Assistance Act (Bundesausbildungsförderungsgesetz (BAföG)). <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
▶ If so, please provide proof of application or - if a decision on the application has been made - the corresponding notification of approval or rejection of your BAföG-application.			
I am an apprentice . <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	
Duration of apprenticeship from – until	▶ If you checked "yes", please attach the articles of apprenticeship.		
<input type="checkbox"/> During my apprenticeship I am living in a dormitory, boarding school or with my instructor with full board accomodation or **somewhere else with reimbursement of costs** for food and housing.		<input type="checkbox"/>	
▶ If you checked "yes", please attach relevant evidence.			
I am currently or will soon be placed in a stationary facility (e.g. hospital, retirement home, correctional facility) <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	
Duration of placement from – until	Type of inpatient facility		
▶ If so, please provide valid proof of your stay and the duration of your stay.		<input type="checkbox"/>	

2. Persons in my Bedarfsgemeinschaft (community of dependence)

▶ If you live alone, no further information is required in section 2. Please continue to section 3.

Next to me, ... people live in my Bedarfsgemeinschaft (community of dependence).

The following statements apply to my Bedarfsgemeinschaft (community of dependence):

- ▶ Multiple answers are possible.
- I live with my **spouse**. We are **not** permanently separated.
 - I live with my **registered same-sex life partner**. We do **not** live permanently separated from each other.
 - I live with my partner in a **Verantwortungs- und Einstehensgemeinschaft** („consensual union“).
 - I live with at least one **unmarried child younger than 25**.
 - I am **younger than 25** and live with my parents or one parent.

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2.1 Personal information of other people in my Bedarfsgemeinschaft (community of dependece)

► The following items apply to the persons belonging to the Bedarfsgemeinschaft besides you. Since you are applying for the benefits, we assume that you are also representing your Bedarfsgemeinschaft. This representation is no longer in effect when members of your Bedarfsgemeinschaft who are older than 15 inform the Jobcenter that they themselves want to assume responsibility for their own interests, e.g. by submitting their own application (§ 38 SGB II). It is not necessary that you provide information about persons who are not respresentend.

Please fill out **Annex KI** for every child under the age of 15 years, **Annex VE** for the person with whom you live in a community of responsibility and support, and **Annex WEP** for each person whom you represent. This also applies in the case of an underage child who does not permanently reside in your household (e.g. due to a decreed visitation right).

I attach ... **attachment/s KI**, ... **attachment VE** and ... **attachment/s WEP** to this form.

2.2 My Haushaltsgemeinschaft (common household)

There is/are ... person/s living in my household who does not/do not belong to the Bedarfsgemeinschaft (community of dependece) but to the Haushaltsgemeinschaft (common household).

► Please use **attachment HG** to provide information on the persons you are related to directly or by marriage.

3. Audit of increased need

This information is voluntary and only required if you wish to apply for increased need.

I am a **single parent**.

I am **pregnant**.

► Please provide documentation of the expected delivery date.

I have greater need for decentralised hot water production.

I require an **expensive diet** for medical reasons.

► Please complete **attachment MEB**.

I have a **disability and** receive

- benefits which allow me to participate in working life according to § 349 of the ninth book of the Sozialgesetzbuch (SGB IX) **or**
- other assistance allowing me to find suitable employment **or**
- social integration assistance according to § 54 Abs. 1 Satz 1 Nr. 1-3 SGB XII.

► Please provide relevant documentation.

I am **not able to work** and have obtained identification according to § 152 Abs. 5 SGB IX with the **code G or aG**.

► Please provide relevant documentation.

I have a special need that is **irrefutable, recurrent, and not merely a single instance**, which I am unable to compensate for with my own savings or from other sources (e.g. expenses that arise from excersising visitation rights in the case of seperately living parents).

► Please complete **attachment BB**.

4. Income

I earn an income and/or am a freelancer (also in from agriculture and forestry). Yes No

► If so, please fill in annex EK **Anlage EK** for you and, if applicable, every person in your Bedarfsgemeinschaft (community of dependece) who is 15 years old or older. If you are a freelancer please also fill in annex EKS **Anlage EKS**.

5. Assets

I have assets. Yes No

► Please enter information about the assets of every persons of your Bedarfsgemeinschaft in **attachment VM**.

6. Prior claims

6.1 Claims against the employment office (Agentur für Arbeit)

► If you have already applied for unemployment benefits according to the third book of the Sozialgesetzbuch (SGB III), please indicate this in **Section 6.4**. If unemployment benefits have already been granted, indicate this in **attachment EK Section 2**, even if you have entered a disqualification period. In each case, you do not need to enter any information in **Section 6.1**.

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Within the last five years prior to application

► The following information facilitate the assessment of whether or not you may have the right to claim unemployment benefits.

► Multiple answers are possible. Please provide relevant documentation.

I was **subject to social insurance contributions** in my employment.

from – until	Employer	Type of work
from – until	Employer	Type of work
from – until	Employer	Type of work

I was **self-employed**.

from – until	Type of work

I worked in **military or alternative service**.

I **provided care for relatives** (Care according to the eleventh book of the Sozialgesetzbuch (SGB XI)).

I received **unemployment compensation** (e.g. sick pay, unemployment benefits according to the third book of the Sozialgesetzbuch (SGB III))

from – until	Government agency	Benefits
from – until	Government agency	Benefits

6.2 Claims against employers

I raise a claim against a (former) employer for pending wage or salary payments (e.g. if the employer was unable to pay/bankrupt) or for periods after resigning (e.g. pending settlements).

Employer	Address
Reason	
Court	File number

► Please provide the name and the location of the court where the claim is pending.

6.3 Claims against third parties

I or my current partner live separated from the spouse or the registered same-sex partner.

► Please complete **attachment UH1**.

I or my current partner was married once and this marriage was divorced or this registered same-sex partnership was nullified.

► Please complete **attachment UH1**.

I or an unmarried member of my community of dependence / a member of my community of dependence not living in a registered same-sex civil partnership am/is pregnant or caring for an extramarital child under the age of 3 years and am/is thus unable to work.

► Please complete **attachment UH2**.

One person in my household is

- younger than 18 or
- between the age of 18 and 24 and is receiving educational or vocational training or will receive it soon.

One parent of this person does not live in the household.

► Please complete **attachment UH3**.

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<input type="checkbox"/> I am or my current partner is <ul style="list-style-type: none">• younger than 18 or• between the age of 18 and 24 and am/is receiving educational or vocational training or will receive it soon. At least one parents does not live in the household. ▶ Please complete attachment UH4 .	<input type="checkbox"/>
<input type="checkbox"/> I have suffered health problems (e.g. due to an accident at work, car accident, sport accident, medical negligence or a physical attack). This is why I need assistance. ▶ Please complete attachment UF .	<input type="checkbox"/>
<input type="checkbox"/> I am entitled to a claim against third parties (e.g. due to contractual payment entitlements or claims for compensation). Name of the claim	<input type="checkbox"/>
▶ Please provide relevant documents for the claim.	<input type="checkbox"/>
<input type="checkbox"/> A host guarantee was submitted to the foreigners' registration office or the diplomatic mission for myself and/or for a member of my community of dependence. ▶ Please provide suitable documentation (e.g. copy of the host guarantee).	<input type="checkbox"/>

6.4 Claims against social service authorities/family benefits department

<input type="checkbox"/> I have already applied for other benefits (e.g. Wohngeld (housing allowance), Arbeitslosengeld (unemployment benefits), pension, child benefits) or intend to submit an application . Type of benefit	Social service authorities/family benefits department
Date of application	Applied for benefits on
Name of the person for whom the benefits were applied for	
▶ Please provide evidence if a decision has already been made concerning your application(s).	

7. Health care and long-term insurance

7.1 Mandatory insurance within statutory health and long-term care insurance

<input type="checkbox"/> I have or last had mandatory or family insurance within statutory health and long-term care insurance		
Name of the insurance company	Location of the insurance company.	Insurance number (if known)
▶ Please attach a proof of your membership or a similar documentation of your health insurance. Alternatively, you can present your valid electronic health card.		
<input type="checkbox"/> I have family insurance and will have statutory insurance at <ul style="list-style-type: none"><input type="checkbox"/> the previous insurance company.<input type="checkbox"/> another insurance company. Name of the insurance company	Location of the insurance company.	
▶ Please attach a confirmation of your membership or a similar documentation of your health insurance, if you have switched to another insurance company.		

7.2 Private, voluntary statutory or missing health and long-term care insurance

<input type="checkbox"/> I have private or voluntary insurance .	<input type="checkbox"/> I do <u>not</u> have insurance.
▶ Please complete attachment SV, section 2 .	▶ Please complete attachment SV, section 3 .

8. Expenses for accomodation and heating

<input type="checkbox"/> I do have expenses due to accomodation and heating. ▶ Please complete attachment KDU .

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9. Education and participation

Please note that persons under the age of 25 are entitled to claim benefits for education and participation. To do so, please contact your jobcenter or your responsible municipal authority as a separate application is required.

10. Application at a later time

I claim benefits according to SGB II as of ...

Note, your application normally base on the first of the month (§ 37 Abs. 2 Satz 2 SGB II). So you have to declare what kind of incoming you may get inside this month where you want to have the benefits according. You have the possibility to declare the time inside a month when you want to have the benefits. Special Regulations in the future are only possible for the first of month after.

The information are object to the secrecy of social data (see "information sheet SGB II"). Your information will be used to claim benefits according to SGB II on the basis of §§60-65 Erstes Buch Sozialgesetzbuch (SGB I) und der §§ 67a, b, c Zehntes Buch Sozialgesetzbuch (SGB X) You can obtain information on data protection from the Job Centre in your jurisdiction as well as online at www.arbeitsagentur.de/datenerhebung.

People that have requested benefits according to SGB II are required to co-operate. That means the data you provided must be true and complete. Furthermore, you are obliged to notify your jobcenter immediately if your life circumstances change, e.g. you move or get a new job, and these changes could affect the benefits you claim. The obligation to co-operate applies to all persons belonging to your Bedarfsgemeinschaft (community of dependence).

Incorrectly paid benefits due to violations of the obligation to co-operate will in general be reclaimed from all persons entitled to benefits of your community of dependence. If your community of dependence consists of several persons, you, as representative, should involve all persons in filing in the form and coordinate with them all relevant data and the data which apply to them. Please make sure that all members receive all relevant information (e.g. decisions).

Violations can further lead to administrative offences or criminal prosecutions against the person violating the above mentioned obligation. The Jobcenter conducts automated data reconciliation processes with different third parties about income and assets (e.g. income, capital earnings, pensions). Therefore, concealed income and assets are usually discovered later on.

I have received the information sheet "SGB II — unemployment benefits II/income support (basic income for job seekers)" and the completion aid and know their content. I will immediately and without notification forward future changes (in particular regarding family, income or capital as well as my capacity to work)."

The **Betreuungsgericht/Amtsgericht** has ordered an assistant.

► Please provide documentation of assistant.

File number

The assistance refers to the following areas of life:

Location/date	Signature of assistant
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I hereby confirm that the information provided is correct.

Location/date	Signature of the applicant
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Location/date	Signature of the legal representative of the minor applicant
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► Only if something was changed or added:

I hereby confirm that the changes and amendments that were made by myself or an employee of the Jobcenter are correct, referring to sections:

Location/date	Signature of the applicant
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Location/date	Signature of the legal representative of the minor applicant
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Print form

Reset form