

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.

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3.2 My housing situation

All attachments referenced below can be found at www.arbeitsagentur.de/download-alg2.

► The following information is used to determine which persons are part of a community of dependence, a household, or other community of common responsibility.

<input type="checkbox"/> I live alone ► If you live by yourself, no further information is required under 3.2. Please continue with section 3.3.
<input type="checkbox"/> I live with: ► Since you are applying for benefits, it is assumed that you also represent your community of dependence. This does not apply to members of your community of dependence over the age of 15, who declare to the Jobcenter that they want to safeguard their own interests, e.g. by applying for benefits themselves (§ 38 SGB II). You do not need to provide information on people you are not representing. ► Multiple answers are possible.
<input type="checkbox"/> my spouse ► Please complete attachment MEB .
<input type="checkbox"/> my registered life partner ► Please complete attachment MEB .
<input type="checkbox"/> my partner in a community of shared responsibility ("cohabitation") ► Please complete attachment MEB .
<input type="checkbox"/> ... unmarried children between the ages of 15 and 24 ► Please complete "attachment WEP" for each child.
<input type="checkbox"/> ... unmarried child(ren) younger than 15 ► Please complete "attachment KI" for each child.
<input type="checkbox"/> my parents/a parent ► If you are an applicant under 25 years of age, please complete an attachment WEP for each of your parents. If you are 25 years of age or older, please complete a attachment HG for each of your parents.
<input type="checkbox"/> ... other relatives or in-laws (for example grandparents, siblings over 25 years of age, married children, aunts or uncles). ► Please complete attachment HG for each relative/in-law.
<input type="checkbox"/> ... other people (e.g. flat mates) ► In some cases, a community of responsibility and liability must be checked. Your job center will tell you whether you need to fill out an attachment VE .

3.3 Expenses for accomodation and heating

<input type="checkbox"/> I live for rent since Amount of the actual monthly cost of accommodation	
Basic rent (without utilities)	Cost of utilities (without heating)
Heating costs	other housing costs
► Please provide current proof (lease agreement) indicating the respective due date. ► If you wish to have the rent paid directly to the landlord/landlady, please provide the appropriate payment information.	
<input type="checkbox"/> I live in my own property. Amount of the actual monthly cost of the property	
Debt interest without repayment installments	Utilities (excluding heating costs) for example property tax, water
Heating costs and type (for example electricity, gas)	other housing costs
► Please provide current documents indicating the respective due date.	

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4. Personal details of the applicant

I have already claimed benefits at or received benefits from a different Jobcenter. Yes No

Name of the other Jobcenter

► If you checked "yes", please attach relevant evidence.

I am - as far as I can estimate - **physically** capable of working at least **three hours a day**. Yes No

I am a **beneficiary** according to the **Asylum Seekers' Benefits Act (Asylbewerberleistungsgesetz)**. Yes No

► Please provide corresponding supporting documents (e.g. residence permit, residence authorisation, toleration, notification from the Federal Office for Migration and Refugees (BAMF)).

I am a "school student", "university student", or "trainee". Yes No

Duration of school education from – until

► If so, please provide appropriate proof, e.g. document certifying enrolment (Schulbescheinigung).

Duration of studies from – until

► If you checked "yes", please attach relevant evidence (e.g. confirmation of enrollment).

Duration of apprenticeship from – until

► If you checked "yes", please attach the articles of apprenticeship.

During my apprenticeship I am living in a **dormitory, boarding school, a special facility for disabled people** or with my **instructor with full board accommodation** or **somewhere else with reimbursement of costs** for food and housing.

► 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) Yes No

Duration of placement from – until

Type of inpatient facility

► If so, please provide valid proof of your stay and the duration of your stay.

5. 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 an additional demand for **decentralized hot water production** (for example water heater/boiler).

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 § 49 of the ninth book of the Sozialgesetzbuch (SGB IX) **or**
- other assistance allowing me to find suitable employment **or**
- social integration assistance according to § 102 SGB IX.

► Please provide current 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 current proof (for example disabled person's ID).

I have a **irrefutable special need**, which I am unable to compensate for with my own savings or from other sources (e.g. expenses that arise from exercising visitation rights in the case of separately living parents).

► Please complete **attachment BB**.

I am a **student** and have expenses for **textbooks/workbooks**.

► Please provide relevant documentation.

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6. Income and assets

- ▶ For the review of your income situation, please complete the **attachment EK**. If you are self-employed, please **also** complete the **attachment EKS**.
- ▶ When submitting an application, the submission of account statements is generally required. Therefore, please submit bank statements for the last three months.

My Community of dependence has substantial assets Yes No

- ▶ Substantial are short-term assets of the applicant that can be used for subsistence purposes in excess of 60,000 euros and in excess of 30,000 euros for each additional person in the community of need. Examples: Cash, savings, overnight deposits, securities savings plans and securities accounts. Assets that are not freely available should not be included in the evaluation of substantiality. These include, in particular, owner-occupied residential property and typical old-age provision products such as endowment life or pension insurance policies. If you have substantial assets, please complete **attachment VM**.
- ▶ If you have substantial assets and are currently self-employed or have been self-employed in your professional life, the following additional information is required:

The total number of years I have been self-employed is:

7. My life situation

7.1 Priority benefits

- ▶ The following information serves to check whether a claim to other benefits or against third parties could exist.
- ▶ Multiple answers are possible. Please provide relevant documentation.

In the past 5 years

I was **employed**.

from – until	Employer	<input type="checkbox"/> subject to social security <input type="checkbox"/> minijob
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from – until	Employer	<input type="checkbox"/> subject to social security <input type="checkbox"/> minijob
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I was **self-employed**.

from – until	Type of work
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I have done **military or voluntary service** (for example voluntary social year (FSJ), federal voluntary service (Bufdi)).

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

I have received **replacement benefits** (for example sick pay, unemployment benefits, maternity benefits, transitional allowance, parental allowance).

from – until	Benefits
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from – until	Benefits
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none of these points apply to me. I have provided for my **living expenses** as follows (for example, financial support from relatives/acquaintances, savings, inheritance):

7.2 Claims against third parties

I have already **applied** for other benefits or **intend to apply**. These include, for example, benefits under the Federal Training Assistance Act (BAföG), vocational training allowance (BAB), housing benefits, unemployment benefits, pension (old-age, survivors' and basic pensions), sickness benefits, child benefit and child supplements.

Type of benefit	Date of application
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Social service authorities/family benefits department

▶ Please provide current documentation.

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<input type="checkbox"/> 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	
▶ Please provide appropriate proof (for example correspondence with your attorney or the court).	
<input type="checkbox"/> I live separately from my spouse or registered partner.	
▶ Please complete attachment UH1 .	
<input type="checkbox"/> I am divorced / my civil partnership has been annulled.	
▶ Please complete attachment UH1 .	
<input type="checkbox"/> I am pregnant or caring for a non-marital child under the age of 3.	
▶ Please complete attachment UH2 .	
<input type="checkbox"/> I am	
<ul style="list-style-type: none">• younger than 18 or• between the age of 18 and 24 and am receiving educational or vocational training or will receive it soon.	
and at least one parent lives outside the community of dependence.	
▶ Please complete attachment UH4 .	
<input type="checkbox"/> I have suffered health problems by a third party (e.g. due to an accident at work, car accident, sport accident, medical negligence or a physical attack). This is why I apply for benefits at the Jobcenter.	
▶ Please complete attachment UF .	
<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	
▶ Please provide relevant documents for the claim.	
A host guarantee for me was submitted to the foreigners' registration office or the diplomatic mission. <input type="checkbox"/> Yes <input type="checkbox"/> No	
▶ Please provide suitable documentation (e.g. copy of the host guarantee).	

8. Health care and long-term insurance

8.1 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	
With the start of my entitlement to long-term unemployment benefits (ALG II), I would like to be insured with:	
<input type="checkbox"/> the previous insurance company	
Name 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. The card will not be included in your file.	
<input type="checkbox"/> another insurance company	
Name of the insurance company	Insurance number (if known)
▶ Please attach a confirmation of your membership or a similar documentation of your health insurance, if you have switched to another insurance company.	

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

- | | |
|--|---|
| <input type="checkbox"/> I have private or voluntary insurance.
▶ Please complete attachment SV , section 3. | <input type="checkbox"/> I do <u>not</u> have insurance.
▶ Please complete attachment SV , section 4. |
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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. For more information, please contact your jobcenter or your responsible municipal authority.

10. My bank details

▶ SGB II benefits are usually transferred to a single account.

Account holder

IBAN

▶ You will usually find the IBAN on your account statement.

11. My eServices

- I would like to use the online service at www.jobcenter.digital and have a password-protected user account set up for me to deal with important matters (for example notification of changes).

My obligations to cooperate

People that have requested benefits according to SGB II are required to co-operate.

That means **all 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 filling 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 proof of guardianship (certificate of appointment or guardian's ID).

Location/date

Signature of assistant

I hereby confirm that the information provided is correct.

Location/date

Signature of the applicant

Location/date

Signature of the legal representative of the minor applicant

editorial notes (To be completed by Jobcenter only)

- In the following sections, changes were made in the presence of the customer:

Identifier, Date:

Signature of the customer

- Other notes of the Jobcenter