

# Antrag auf einen Wohnberechtigungsschein (WBS) (Berlin)

|                 |                                                                                                                                                                                     |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Language        | English / Englisch                                                                                                                                                                  |
| Last update     | 2020-01-01                                                                                                                                                                          |
| Source document | <a href="https://senstadtfms.stadt-berlin.de/intelliform/forms/Wohnen/berlin/BW502/download">https://senstadtfms.stadt-berlin.de/intelliform/forms/Wohnen/berlin/BW502/download</a> |

**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](http://kub-berlin.org/angebote/formulare)

Spenden erbeten an: „Formulare verstehbar machen“ auf [betterplace.org/projects/16145](https://betterplace.org/projects/16145).

## ÜBERSETZUNG / TRANSLATION

Before you fill this form, please read the **instructions**. This way you save yourself and us from further questions.

Please fill out clearly, if possible in block letters.

Please mark with a cross where applicable.

Not to be filled out by the applicant!

application number

receipt stamp

### Application for a housing promotion certificate (Wohnberechtigungsschein, in short WBS)

Pursuant to Section 5 of the German Controlled Tenancy Act (Wohnungsbindungsgesetz, in short WoBindG) resp. Section 27 of the German Social Housing Promotion Law (Wohnraumförderungsgesetz, in short WoFG)

I / we kindly ask for confirmation of entitlement to residence for the lease of a rent controlled apartment.

**1.** We would like to inhabit the future apartment together (**household members** pursuant to Section 5 WoBindG / Section 27 WoFG in combination with Section 18 WoFG):

| Last name, first name / birth name (if applicable) | Date of birth | family status                                                                              | family relationship | nationality | own income (§ 21 WoFG)                                   |
|----------------------------------------------------|---------------|--------------------------------------------------------------------------------------------|---------------------|-------------|----------------------------------------------------------|
|                                                    |               | if<br><input type="checkbox"/> married<br><input type="checkbox"/> civil partner<br>since: |                     |             | <input type="checkbox"/> yes <input type="checkbox"/> no |
|                                                    |               | if<br><input type="checkbox"/> married<br><input type="checkbox"/> civil partner<br>since: |                     |             | <input type="checkbox"/> yes <input type="checkbox"/> no |
|                                                    |               | if<br><input type="checkbox"/> married<br><input type="checkbox"/> civil partner<br>since: |                     |             | <input type="checkbox"/> yes <input type="checkbox"/> no |
|                                                    |               | if<br><input type="checkbox"/> married<br><input type="checkbox"/> civil partner<br>since: |                     |             | <input type="checkbox"/> yes <input type="checkbox"/> no |
|                                                    |               | if<br><input type="checkbox"/> married<br><input type="checkbox"/> civil partner<br>since: |                     |             | <input type="checkbox"/> yes <input type="checkbox"/> no |
|                                                    |               | if<br><input type="checkbox"/> married<br><input type="checkbox"/> civil partner<br>since: |                     |             | <input type="checkbox"/> yes <input type="checkbox"/> no |

further residents on separate application sheet.

We intend legal marriage within 6 months after cession of the apartment at the latest.

## ÜBERSETZUNG / TRANSLATION

|                                                                                                                                                                                                                                                                          |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>2.</b>                                                                                                                                                                                                                                                                | <b>Current address / residence</b>                                                                        |
| <b>A</b>                                                                                                                                                                                                                                                                 | The notification will be sent to this address, if no authorized representative is indicated in section 3. |
| of the person(s) 1 and                                                                                                                                                                                                                                                   |                                                                                                           |
| Street                                                                                                                                                                                                                                                                   | ZIP code and city                                                                                         |
| I / we inhabit the apartment<br><input type="checkbox"/> as the main tenant <input type="checkbox"/> with the parents, who still use the apartment      social housing <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> as subtenant |                                                                                                           |
| Name of the main tenant: _____                                                                                                                                                                                                                                           |                                                                                                           |
| (information required according to Section 27, para 3 no. 2 of the German social housing promotion law (Wohnraumförderungsgesetz, in short WoFG))                                                                                                                        |                                                                                                           |
| The apartment has been occupied since _____ <input type="checkbox"/> Central heating <input type="checkbox"/> Stove heating                                                                                                                                              |                                                                                                           |
| Surface: _____ Room, _____ m <sup>2</sup> living space    elevator <input type="checkbox"/> yes <input type="checkbox"/> no    _____ floor                                                                                                                               |                                                                                                           |
| (Provision of the information is voluntary, but required when applying for particular housing need.)                                                                                                                                                                     |                                                                                                           |

|                                                                                                                                                                                                                                                                          |                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>2.</b>                                                                                                                                                                                                                                                                | <b>Current address / residence</b>               |
| <b>B</b>                                                                                                                                                                                                                                                                 | <b>further household members, if applicable.</b> |
| of the person(s)                                                                                                                                                                                                                                                         |                                                  |
| Street                                                                                                                                                                                                                                                                   | ZIP code and city                                |
| I / we inhabit the apartment<br><input type="checkbox"/> as the main tenant <input type="checkbox"/> with the parents, who still use the apartment      social housing <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> as subtenant |                                                  |
| Name of the main tenant: _____                                                                                                                                                                                                                                           |                                                  |
| (Information required according to Section 27, para 3, no. 2 WoFG).                                                                                                                                                                                                      |                                                  |
| The apartment has been occupied since _____ <input type="checkbox"/> Central heating <input type="checkbox"/> Stove heating                                                                                                                                              |                                                  |
| Surface: _____ Room, _____ m <sup>2</sup> living space    elevator <input type="checkbox"/> yes <input type="checkbox"/> no    _____ floor                                                                                                                               |                                                  |
| (Provision of the information is voluntary, but required when applying for particular housing need.)                                                                                                                                                                     |                                                  |

|                       |                                                               |                   |
|-----------------------|---------------------------------------------------------------|-------------------|
| <b>3.</b>             | Please send the notification to my authorized representative. |                   |
| Last name, first name | Street                                                        | ZIP code and city |

|                                                                                                                                               |                                                                   |                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>4.</b>                                                                                                                                     | I am / we are (information required according to Section 24 WoFG) |                                                                                                          |
| <input type="checkbox"/>                                                                                                                      | Severely disabled, degree of disability (GdB) _____               | Last name, first name of the disabled person _____ <input type="checkbox"/> needs special care at home * |
| <input type="checkbox"/>                                                                                                                      | Severely disabled, degree of disability (GdB) _____               | <input type="checkbox"/> needs special care at home *                                                    |
| <input type="checkbox"/>                                                                                                                      | Severely disabled and in wheel chair                              |                                                                                                          |
| (These details are necessary to certify the membership to the group of persons as per § 27 Abs. 5 WoFG (German Social Housing Promotion Law)) |                                                                   |                                                                                                          |
| * as per § 14, Elftes Buch Sozialgesetzbuch (§ 14 of the 11th volume of the German Social Security Code)                                      |                                                                   |                                                                                                          |

|                                                                                                      |                                                                                                                           |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>5.</b>                                                                                            | I / we have particular housing need due to the following special cause:<br>(see notes under: D. Other explanations, No 5) |
| (Provision of the information is voluntary, but required when applying for particular housing need.) |                                                                                                                           |
|                                                                                                      |                                                                                                                           |
|                                                                                                      |                                                                                                                           |

## ÜBERSETZUNG / TRANSLATION

|           |                                                                                                                                                                                                                                      |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6.</b> | In addition to the regular apartment size (one room per person), I/we apply for the recognition of an <b>additional</b> demand for space due to the following <b>special</b> personal or professional needs (voluntary information). |
|           |                                                                                                                                                                                                                                      |

|           |                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>7.</b> | Have you or one of the persons listed under section 1 been granted a Housing Promotion Certificate (WBS) in the last 12 months?<br><input type="checkbox"/> yes <input type="checkbox"/> no<br>If yes, please enclose a copy of the certificate (WBS) to your application. |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Please enclose the following documents in this application:

I/We agree to the processing (collecting, saving, changing, using) of all previously listed personal data.

In addition, to qualify for the approval of an additional demand of space or a multi-room demand for medical reasons, I agree that the Landesamt für Gesundheit und Soziales (the regional office for health and social affairs) - the so-called "Versorgungsamt" - may be asked for an expert opinion and may provide the relevant data (name, address, current living conditions, notification of severe handicaps / medical certificates).

I/We know that the Wohnberechtigungsschein (housing promotion certificate) may be revoked, if it was granted on the basis of incomplete or false information. This also refers to the income conditions, the accompanying family members and a declared future marriage.


Employers and tax authorities are obliged to provide revenue information, if there are any reasonable doubts concerning the accuracy of the applicant's information.

The signatories of this application agree that the notification will be sent to the first person listed in the application or to the person's representative and that the publication of this notification is valid for all persons listed in the application.

|                                                                                         |                                                         |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------|
| I ensure / We ensure the accuracy of all the information.                               | Signature(s)                                            |
| I am aware that false information may lead to the opening of investigation proceedings. | (of all persons of legal age listed in the application) |
| City _____, the                                                                         | _____                                                   |
| Date _____                                                                              | _____                                                   |
| _____                                                                                   | _____                                                   |
| Telefon - Number (for callbacks during the day)                                         | _____                                                   |
| _____                                                                                   | _____                                                   |
| _____                                                                                   | _____                                                   |



**Please enclose the following documents in this application:**

**For each person listed in the application a statement of income according to the relevant form as well as the respective proofs of income (e.g. the income documentation provided by the employer, or, in case of a self-employed person, an income tax notice, or the pension fund notice).**

## ÜBERSETZUNG / TRANSLATION

### Comments:

#### A. General information

A rent controlled apartment may only be allocated to a person applying for an apartment, if this person is entitled to housing promotion as per § 5 Wohnungsbindungsgesetz (WoBindG, the German Controlled Tenancy Act) or as per § 27 Wohnraumförderungsgesetz (WoFG, the German Social Housing Promotion Law) in the respective current versions. According to these laws a person applying for an apartment is entitled for a Wohnberechtigungsschein (WBS, a housing promotion certificate), if the total income does not exceed the maximum income as stipulated in § 9 Wohnraumförderungsgesetz (WoFG, the German Social Housing Promotion Law) in combination with the regulations regarding the deviation from the income limit as stipulated in § 9 Abs. 2 Wohnraumförderungsgesetz (German Social Housing Promotion Law). The income is determined on the basis of §§ 20 to 24 WoFG (German Social Housing Promotion Law).

The landlord or landlady of a rent controlled apartment may let the apartment only to tenants with a WBS (housing promotion certificate). Besides, the apartment may only be let to a tenant with a WBS, if following conditions are met:

- a) the number of rooms in the apartment meets the number of rooms specified in the WBS
- b) the WBS might specify that the owner of the WBS belongs to a certain group of persons for which the apartment is reserved;

The housing authority may request a proof that the requirements for the issuing of a WBS were and are still met.

#### B. Instructions for the application

To keep waiting times to a minimum, send the **fully filled in and signed application with all explanations and required proofs, as well as copies of those proofs** to the relevant district office/housing authority. Remember to apply sufficient postage.

**The housing authority in charge is the authority for the residential district in which you are registered.** If none of the persons of legal age listed in the application is already registered in Berlin, any of the twelve housing authorities in Berlin may be chosen as the housing authority in charge.

Please read the following explanations, before filling in the form. Besides, please make sure to fill in the form clearly readable in order to simplify the processing of your application.

#### C. Explanations of

1. The WBS (housing promotion certificate) only includes members of the household as per § 18 WoFG (German Social Housing Promotion Law): spouses, registered partners, unmarried and unregistered life partners in a stable relationship as well as minor children (legitimate, illegitimate, adopted and foster children), if they are already living in the same household or if they will become a permanent member of the household. This also includes children of legal age, grandparents, grandchildren and siblings, who will become permanent residents of the apartment.

**If a pregnancy (at least 14th week) is proven, the unborn child is also included in the scope of the WBS (housing promotion certificate). A valid proof is the pregnancy passport (copies of page 2 - Name, pages 6 and 7 - expected date of birth/week of pregnancy) or an equivalent medical certificate.**

**In the documents mentioned above all dates and details that do not serve the assignment of an existing pregnancy may be made unreadable.**

A special proof of entitlement is required to determine the place of residence of a child. This refers to illegitimate children, children of previous marriages, foster children and also to legitimate children, if you are getting divorced or if you are permanently separated from your spouse (you might require the court decision of the family court or a certified copy of the custody declaration/custody authorisation issued by the youth welfare office). Besides, in case of joint custody, the parents/legal guardians have to fill in the form BauWohn 549 (a declaration concerning the joint custody for children).

The **future spouse** is not a family member as per WoFG (German Social Housing Promotion Law); the spouse may be considered as included in the scope of the WoFG, if he or she will also move into the apartment and if a marriage of the future spouses is scheduled to take place within six months after the provision of the apartment.

If a **marriage is not definitely scheduled** to take place within six months after the provision of the joint apartment, it is recommended to apply for the WBS (Housing promotion certificate) as an unmarried or unregistered life partner living in a stable relationship with the applicant.

## ÜBERSETZUNG / TRANSLATION

**Unmarried and unregistered life partners in a stable relationship** are only included in the scope of the WBS (Housing promotion certificate), if they can prove that they are already sharing a household or that, after the provision of the apartment, they will establish a permanent cohabitation. In case of the latter an additional declaration regarding the future cohabitation is required. The relevant form (Vordruck BauWohn 550) is available at the housing authority or on the web.

If you and your spouse are under the age of 40 and married less than six years, include a copy of your marriage certificate. Otherwise the allowance for young married couples cannot be granted.

If you are **permanently separated** from your spouse or your registered partner, declare this in detail on a separate sheet. Specify also your spouse's / registered partner's address and add supporting documents like copies of the following: divorce petition, application for the annulment of the registered civil partnership, maintenance arrangement, registration certificate issued by the registration authority (Meldebehörde), tenancy or subtenancy agreement. If you and/or members of your household are not of German nationality, you have to provide supporting documents (copies) proving the authorised residence in the Federal Republic of Germany.

You and each member of your future household have/has to fill in an income declaration form (Vordruck BauWohn 504) and might also have to provide a proof of income (Vordruck BauWohn 504a).

2. Under 2A you specify your address and highlight which of the persons listed under 1. are currently also members of your household. Under 2B you enter the addresses of the persons who are currently ///not members of your household but will become members of your household within six months after the provision of the apartment.

3. Here, specify the name of your authorised representative, if you want that the notification is sent to this person.

### D. Other explanations

4. These specifications require supporting documents (for example, the notification of recognition for severely handicapped and the proof of the need for domestic care). An allowance is only granted for severe handicaps with a level of handicap of under 100 but at least 80 per cent, if the need for domestic care applies as per § 14 des Elften Buches Sozialgesetzbuch (11th volume of the German Social Security Code).

### 5. Following authorisation groups are entitled to a "WBS mit besonderem Wohnbedarf" (a housing promotion certificate for particular housing need):

1. Single parents, families and cohabitations with a child or children

- living in specially insufficient housing conditions or
- without a home of their own
- in case of significant rent increases for the present apartment.

"Child" also refers to unborn children in or after the 14th week of pregnancy, if the pregnancy is proven by a pregnancy passport or an equivalent medical certificate.

Regardless of any additional regulations in laws or ordinances, insufficient housing conditions exist, if the following minimum requirements do not apply:

- for two people one living space
- for three people two living spaces
- for four and five people three living spaces
- for six people or more four living spaces

A significant rent increase exists, if the actual net cold rent is increased by more than 15 percent and amounts to at least 5,50 €/m<sup>2</sup> living space.

2. Elderly people (65 or older)

- if a rented and not fully occupied flat (number of rooms > number of people) is given up or
- without a home of their own
- in case of significant rent increases for the present apartment.

## ÜBERSETZUNG / TRANSLATION

The group of elderly people includes singles, married couples and cohabitants. An allocation of those persons to the group of people entitled within the scope of the WBS (Housing promotion certificate) is not possible, if a condominium apartment or a house is given up.

A significant rent increase exists, if the actual net cold rent is increased by more than 15 percent and amounts to at least 5,50 €/m<sup>2</sup> living space.

3. Persons with officially registered and certified severe handicaps (50 percent or more), if the current housing conditions are objectively unsuitable due to the certified handicaps and the persons therefore need

- a different apartment or
- an apartment of their own.

If, during the allocation of a person to the group of people entitled within the scope of the WBS (Housing promotion certificate), there is any doubt regarding the housing demand of that person, the authority responsible for the allocation has to request an expertise from the authority responsible for the certification of the handicaps.

4. Mentally ill singles without an apartment who are not capable of obtaining living space on their own after their discharge from hospital due to their illness.  
5. Persons who possess a valid WBS (Housing promotion certificate) but have to be relocated as per notification of a competent authority due to any of the following reasons:

- approved measures of commercial and industrial business
- public structural and civil engineering as well as garden and landscaping measures or
- recognised urban renewal or modernisation measures.

6. Victims of Nazi persecution without any apartment in Berlin.

7. Following persons without any apartment in Berlin

- Persons entitled to support according to the Häftlingshilfegesetz (Act for the aid of political prisoners discharged from prisons outside the Federal Republic of Germany)
- persons dismissed from detention,
- Refugees with a recognised right of residence (for at least one more year) as well as
- Persons living in facilities of the Soziale Wohnhilfe (institution for social housing support) or in other temporary shelters or comparable accommodations for adolescents, women or for social services (for example, shelters for (battered) women and shelters for girls) - with the exception of facilities for emigrants and migrants.

8. Occupiers of apartments who are obliged to vacate the apartments:

- in general, after being officially notified by a clearance order, or
- on the basis of a prohibition of usage issued by a construction or apartment supervision authority, or
- whose tenancy ends due to the termination of their employment, provided that the employment persisted for at least one year, or
- whose caretaker service agreement ends, provided that it was terminated due to retirement or due to medical reasons, or
- who are surviving relatives of the occupants of company dwellings or official residences and are therefore obliged to give up the accommodation, or
- married but separated couples with children, provided that it is unacceptable according to the youth welfare office that the person applying for an apartment as well as the children included in the scope of the WBS (Housing promotion certificate) remain in the couple's current apartment, or, if the applicant's spouse is entitled to stay in the apartment according to the apartment's intended purpose (company dwelling or official residence).

9. Recipients of services under the jobseekers' assistance scheme according to SGB II (Social Security Code) as well as recipients of welfare benefits according to the SGB XII, provided that they have to relocate to an "appropriate apartment" as per notification of the competent authority.

**Note:** Particular housing needs are only considered, if your official principal residence has been in Berlin for at least one year.

6. Additional demands for space will only be considered, if there are personal or professional needs, or if, according to general experience, such needs are to be expected in the foreseeable future (for example, the birth of a child). Please enclose evidence.

## ÜBERSETZUNG / TRANSLATION

### How big may a social housing or a rent controlled apartment be?

After the verification of the WBS (Housing promotion certificate) application and if your application was approved, you will receive the WBS. It will be valid for one year and details like the appropriate (approved) apartment size will be listed on the certificate.

In general, the following applies: each person entitled within the scope of the WBS (Housing promotion certificate) and each relative belonging to this person may receive one room within the apartment. Accordingly, a single person would be entitled to live in a one-room apartment, a married couple with three children would be allowed to have a maximum of five rooms.

Additional living space might be granted due to personal or professional requirements.

Here only few examples:

- A tenant is dependent on a permanent caregiver and would otherwise need to move to a nursing home.
- A tenant can pursue his or her profession only in the apartment and, therefore, the tenant's professional existence depends on the apartment.

There are also other reasons to grant additional demand for space on the WBS (Housing promotion certificate), for example, for young married couples who do not have any children yet but who should not require to search for a new apartment once a baby is on the way.

### E. Legal bases / Explanation of the abbreviations, references and/or reference numbers

WoBindG (German  
Controlled Tenancy  
Act)

The German Controlled Tenancy Act (Wohnungsbindungsgesetz - WoBindG) in the version of 13 September 2001 (BGBl. I S. 2404, the Federal Gazette of Laws), last changed in Section 126 of the regulation dated 31 August 2015 (BGBl. I S. 1474)

WoFG (German  
Social Housing  
Promotion Law)

The German Social Housing Promotion Law (Wohnraumförderungsgesetz - WoFG), dated 13 September 2001 (BGBl. I S. 2376, the Federal Gazette of Laws), last changed in Section 3 of the law on 2 October 2015 (BGBl. I S. 1610)

Regulations regarding the deviation from the income limit as stipulated in § 9 Abs. 2 WoFG (Wohnraumförderungsgesetz, German Social Housing Promotion Law) dated 6 December 2016 (GVBl. S. 166, the Gazette of Laws and Ordinances).