

# Attention: This is a translation to help you fill the application in. You'll receive the application in your initial application appointment.

# Application §24 residence permit\_Ukraine Unemployment Benefit II (SGB II)

I hereby apply for basic security benefits for jobseekers according to SGB II for the following people, no earlier than 01.06.2022.

### 1. Personal data

|  | Applicant  | Additional<br>person<br>partner<br>child   | Child  | Child  | Child  |
|--|--|--|--|--|--|
| Last name                                    |  |  |  |  |  |
| First name                                   |  |  |  |  |  |
| Birth name                                   |  |  |  |  |  |
| Country of<br>birth / city<br>and country    |  |  |  |  |  |
| Gender                                       | ☐ female<br>☐ male<br>☐ divers   | ☐ female<br>☐ male<br>☐ divers   | ☐ female<br>☐ male<br>☐ divers   | ☐ female<br>☐ male<br>☐ divers   | <ul><li>☐ female</li><li>☐ male</li><li>☐ divers</li></ul>                     |
| Marital status                               | <ul> <li>single</li> <li>married</li> <li>widowed</li> <li>divorced</li> </ul> | <ul> <li>□ single</li> <li>□ married</li> <li>□ widowed</li> <li>□ divorced</li> </ul> | <ul> <li>□ single</li> <li>□ married</li> <li>□ widowed</li> <li>□ divorced</li> </ul> | <ul> <li>□ single</li> <li>□ married</li> <li>□ widowed</li> <li>□ divorced</li> </ul> | <ul> <li>single</li> <li>married</li> <li>widowed</li> <li>divorced</li> </ul> |
| Entry date<br>Germany                        |  |  |  |  |  |
| Nationality                                  |  |  |  |  |  |
| Pension<br>insurance<br>number (if<br>known) |  |  |  |  |  |
| Customer<br>number<br>(if known)             |  |  |  |  |  |

Do you live with children under the age of 25?

□ All of the children mentioned above are my biological children or I adopted them or they are my partner's children.

□ The children below are other people's children (e.g. relatives, friends, etc.).



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#### $\triangleright$ Please submit a copy of your passports.

In this context, I expressly point out that it is permissible to blacken out individual details (eye colour, height and card access number). The copy will be destroyed after the identity check has been carried out.

Additionally required:

Fiktionsbescheinigung (certificate of fiction) according to § 81 section 5 in conjunction with section 3 or 4 with proof of application according to § 24 Aufenthaltsgesetz (residence permit) for everyone mentioned above

or Aufenthaltstitel (residence permit) according to § 24, Section 1 of the Residence Act for everyone mentioned above

#### Contact / address

| Street and number |  |
|-------------------|--|
| Zip code          |  |
| Resident at (c/o) |  |
| Phone number      |  |

Providing the telephone number is voluntary. It can be revoked at any time without giving reasons with effect for the future.

### **Bank details**

| Account owner   | $IBAN \vartriangleright You$ can usually find the IBAN on your bank statement. |  |  |  |
|---|--|--|--|--|
| $\triangleright$ Please submit a copy of your bank card showing the IBAN. |  |  |  |  |

#### 2. Employability:

Do you and all the other persons above the age of 15 mentioned under number 1 think you are able to work (are you healthy enough to work at least 3 hours a day)?

🗌 yes 🗌 no

If not, who, according to their own assessment, is not able to work for health reasons?

#### 3. Living situation:

3.1 Do you live in a hostel, pension or hotel? no yes

3.2 Do you live in a private apartment for rent? 
\_\_\_ no 
\_\_\_ yes

| If so: | What is the size of the apartme | ent?  | sqm              |          |
|--------|---------------------------------|-------|------------------|----------|
|        | How much rooms are there?       | rooms | bathrooms        | kitchens |
|        | What does the apartment cost?   |       | Basic rent       |          |
|        |                                 |       | Additional costs |          |
|        |                                 |       | Heating costs    |          |

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obcent

How is hot water processed?

central (through the heating system)

decentralized (e.g.: boiler, flow heater)

 $\triangleright$  Please submit a copy of your rental contract **or** a certificate stating the size of the apartment, the number of rooms and the monthly costs.

3.3 Do you live in a private apartment rent-free (you live for free e.g. with friends or relatives)?

🗌 no 🗌 yes

3.4 Do other people live with you (apart from those named under number 1)?

no yes, quantity:

If so: Are you related / related by marriage to these people?

🗌 no 🗌 yes

## 4. Additional requirements:

Is at least one person in the benefit community dependent on one of the following additional needs?

single parenting

I am only spatially separated from my husband/wife and the father/mother of my children due to the circumstances caused by the war. We are still a couple and keep in touch.

I am only spatially separated from my husband/wife and the father/mother of my children due to the circumstances caused by the war. We are still a couple, but we're not currently in contact.

The child's father/mother and I are not married. Due to the war we are only physically separated. We're still a couple.

I am permanently separated from my partner or child's father / child's mother. We're not a couple anymore. My ex-partner or child's father / child's mother lives in Ukraine.

I am permanently separated from my partner or child's father / child's mother. We're not a couple anymore. My ex-partner or child's father / child's mother lives outside of Ukraine, namely in

pregnancy

Due date on

> Please submit a copy of your maternity record or a certificate from your gynaecologist.

other:

|                              |   | jobcenter  |
|------------------------------|---|--|
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| 5. Health ir                 | nsurance:   |  |
| What kind of                 | health insurance do you                                       | currently have?  |
| legally ins                  | sured   |  |
| ▷ Please enc                 | lose a copy of your health ir                                 | surance card or a certificate of membership of your health insurance.              |
| privately i                  | nsured  |  |
| ▷ Please enc                 | lose proof of your current co                                 | ontribution and of the individual basic tariff.                                    |
| 🗌 l do not h                 | ave a health insurance in                                     | Germany yet.   |
|                              |   |  |
| 6. Income:                   |   |  |
| 6.1 Do you c<br>mini job?    | r another person named  | under number 1 currently have income from an employment or a                       |
| no                           |   |  |
| 🗌 yes                        | If yes, who?  |  |
|                              | employer:   | gross income net income  |
|                              | e the following evidence: pa<br>ent of salary (e.g. wage reco | ayslips for the last 3 months or from the time you started work;                   |
| proof of paym                | ent of salary (e.g. wage ree                                  | sipt of bank statementy.   |
| 6.2 Have voi                 | u already applied for othe                                    | r benefits?  |
| □ no                         |   |  |
| <br>yes, on                  |   |  |
| What did you                 | apply for?  |  |
|                              | nder the Asylum Seekers                                       | s Benefits Act 🛛 Child Benefit   |
| Parenting                    | Benefit   | advance child maintenance payment (UVG)  |
| 🗌 BAföG (st                  | udent loans)  | other:   |
|                              |   |  |
| 6.3 Are you                  | already receiving other be                                    | enefits?   |
| 🗌 no 🗌 yes                   |   |  |
| lf yes, which                | ?   |  |
| 🗌 benefits u                 |   |  |
|                              | nder the Asylum Seekers                                       | s Benefits Act 🛛 Child Benefit   |
| Parenting                    | -   | s Benefits Act Child Benefit   |

▷ Please enclose the relevant approval notice.



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6.4 Do you or did you receive a pension in Ukraine before entering Germany because of your age?

🗌 no 🗌 yes

If yes, in what amount?

## 7. Assets:

Do you or the other people in your benefit community have significant assets?

▷ Significant: Assets of the applicant that can be used for short-term subsistence in excess of EUR 60,000 as well as 30,000 euros for each additional person in the benefit community. Examples: cash, savings, call money, securities savings plans.

🗌 no

yes, i have such assets but can access them only from Ukraine

yes, I have such assets and I can access them from outside Ukraine

| Place / Date | Signature of the applicant                                   |
|--------------|--|
| Place / Date | Signature of the legal representative of underage applicants |

#### Please find attached for further information:

- Important notes and information on unemployment benefit II
- Leaflet on changing residence

I confirm that I have received the above attachments.

Place / Date

Place / Date

Signature of the applicant Signature of the legal representative of underage applicants



Job placement questionnaire (for people aged 15 and over)

| Last name:                                    |                         |                 |            |  |
|---|-------------------------|-----------------|------------|--|
| First name:                                   |                         |                 |            |  |
| Date of birth:                                |                         |                 |            |  |
|   |                         |                 |            |  |
| My last job:                                  |                         | from:           | until:     |  |
| school leaving ce                             | rtificate               |                 |            |  |
| completed apprer                              | nticeship as            |                 |            |  |
| I have a degree a                             | S                       |                 |            |  |
|   |                         |                 |            |  |
| I am looking for a job                        | in Germany:             |                 |            |  |
| 🗌 yes   |                         |                 |            |  |
| 🗌 no, because                                 | I take care of my       | child/children  |            |  |
|   | I take care of som      | ieone           |            |  |
|   | I am ill and theref     | ore cannot work |            |  |
|   | I want to study         |                 |            |  |
|   | 🗌 I want to do an ap    | prenticeship    |            |  |
|   | I go to school          |                 |            |  |
|   |                         |                 |            |  |
| I speak and understa                          | and the following langu | lages:          |            |  |
| English                                       | German                  | 🗌 Russian       | 🗌 Ukranian |  |
| Others:                                       |                         |                 |            |  |
|   |                         |                 |            |  |
| I want to take a Gern                         | nan course:             |                 |            |  |
| 🗌 yes   |                         |                 |            |  |
| no  |                         |                 |            |  |
| I have already registered for a German course |                         |                 |            |  |
|   |                         |                 |            |  |
| I would like a person                         | al consultation on find | ing a job       |            |  |
| 🗌 yes   |                         |                 |            |  |
| no  |                         |                 |            |  |
|   |                         |                 |            |  |

Date, signature