

Application for the granting of benefits
according to Asylum Seekers Benefits Act (AsylbLG)

Case number		Arrival date
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Personal circumstances:	Helpseeker:	Spouse/child:
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Consecutive number:	_____	_____
Full name	_____	_____
Birthname, former name	_____	_____
Birthdate	_____	_____
Birthplace, district, country	_____	_____
Marital status	_____	_____
Nationality	_____	_____
Street, house	_____	_____
Postcode, place of residence	_____	_____
Religion	_____	_____
Profession	_____	_____
Applicant's allocation	_____	_____
Phone number;E-mail	_____	_____

Eligibility for receiving benefits according to	
<input type="checkbox"/> § 1 Sec. 1 art. 1 AsylbLG	<input type="checkbox"/> § 1 Sec. 1 art. 5 AsylbLG
<input type="checkbox"/> § 1 Sec. 1 art. 3 AsylbLG	<input type="checkbox"/> § 1 Sec. 1 art. 6 AsylbLG
<input type="checkbox"/> § 1 Sec. 1 art. 4 AsylbLG	<input type="checkbox"/> § 1 Sec. 1 art. 7 AsylbLG
<input type="checkbox"/> § 2 Sec. 1 AsylbLG	<input type="checkbox"/> § 1a AsylbLG

Information about financial status (of all the family members)

a) Income:
Type and level of income: _____

b) Property:
Cash money: _____
Bank deposits: _____
Other property: _____

Accommodation expenses (private accommodation only)

Rent: _____

Associated costs: _____

Heating: _____

Relatives in Germany:

Full name	Birthdate	Family relat.	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Data surveys:

Statement of consent

I hereby confirm that the information provided in the given application is completely true, and that I have not concealed any important information. I agree that the Department for Social Affairs and Senior Citizens may obtain information about my financial status from banking institutions, legal authorities, etc.

I undertake to inform immediately and without further request about any changes in the conditions, which are decisive for provision of assistance, especially with regard to income and financial status.

I hereby release the attending physician, the clinic and medical experts from the medical confidentiality obligation towards the social welfare institution.

In particular I undertake to inform the Social Welfare Department about the fact of employment no later than three days from the date of employment. Violation of the given notification obligation constitutes an administrative offense according to § 8a AsylbLG and may result in a fine up to 5,000 Euro.

Place, date

Signature of the Helpseeker
and, if necessary, of spouse