

What documents, certificates, evidence do you need to provide to your employment center when applying for benefits?

Here we have compiled for you a list of documents (for HA and WBA campuses, as well as for attachments to these entrags) that the Jobcenter requires.

These include both mandatory and necessary when applicable in your situation.

Open your antrags in PDF format, which you filled out and received to your Email address. Find in this list the corresponding antrags/attachments and the numbers of questions to which you answered yes in your entragues/attachments.

HA Hauptantrag Initial application for Bürgergeld benefits		
Question number	Question	Reference, document
	Be sure to provide in any case	An identity card or a valid passport with an up-to-date residence registration for you as the person applying and for your spouse (if applicable)
	If you are not a German citizen	Residence Permit If applicable to you
	Be sure to provide in any case	Meldebescheinigung (proof of residence registration)
	Be sure to provide in any case	Rental agreement (Mietvertrag) and receipts for housing and utilities
	Be sure to provide in any case	Bank statements (Kontoauszüge) for the last 3 months
	If your children live with you	Children's birth certificates (Geburtsurkunde)
4	Within the last three years, I have applied for benefits or received benefits at another job center	If yes, provide relevant evidence (e.g., notices). Provide if you answered yes to this question / if applicable in your case
4	I am eligible for benefits under the Asylum Seeker Assistance Act (Beneficiaries under the Asylum Seekers Benefits Act).	If yes, please provide the relevant supporting documents (e.g. residence permit, temporary residence permit, temporary toleration of deportation, decision of the Federal Office for Migration and Refugees (BAMF)). Provide if you answered yes to this question / if applicable in your case
4	I am a schoolchild, student (studying at a university) or a student (vocational training)	If yes, provide current evidence (e.g., high school diploma, certificate of enrollment, study contract). Provide if you answered yes to this question / if applicable in your case
4	For the duration of my studies, I will be accommodated in a dormitory, boarding school, special institution for people with disabilities or with a coach with full board	If yes, please provide current evidence. Provide if you answered yes to this question / if applicable in your case

	or other compensation for accommodation and meals	
4	I am currently or will soon be in an inpatient facility (e.g., hospital, nursing home, correctional facility)	If yes, please provide a valid certificate of stay and duration of stay. Provide if you answered yes to this question / if applicable in your case
5	I'm pregnant	Please provide proof stating the expected date of delivery. Provide if you answered yes to this question / if applicable in your case
5	I have a disability and I receive • assistance in vocational rehabilitation in accordance with the Decree of the Russian Federation. § 49 of the Ninth Book of the Social Code (SGB IX) or • other types of assistance and services designed to assist in finding a suitable job • assistance for integration into work in accordance with the provisions of the Code of the Russian Federation. from § 112 SGB IX	Please submit an up-to-date supporting document. Provide if you answered yes to this question / if applicable in your case
5	I am incapable of work and am the holder of a category G or aG disability certificate in accordance with § 152 para. 5 SGB IX	Please provide valid proof (e.g. certificate of serious disability). Provide if you answered yes to this question / if applicable in your case
5	I am a student and I have expenses for school textbooks/workbooks	Please provide relevant evidence. Provide if you answered yes to this question / if applicable in your case
8	In the last 5 years, I have been employed	Please provide relevant evidence. Provide if you answered yes to this question / if applicable in your case
8	In the last 5 years, I have been self-employed	Please provide relevant evidence. Provide if you answered yes to this question / if applicable in your case
8	In the last 5 years, I have done military or voluntary service (e.g. Voluntary Social Year, Federal Voluntary Service).	Please provide relevant evidence. Provide if you answered yes to this question / if applicable in your case
8	In the last 5 years, I have been caring for relatives (care according to the Eleventh Book of the Social Insurance Code).	Please provide relevant evidence. Provide if you answered yes to this question / if applicable in your case
8	In the last 5 years, I have received wage replacement benefits (e.g. sick pay, unemployment benefit, transitional benefit, parental benefit).	Please provide relevant evidence. Provide if you answered yes to this question / if applicable in your case
8	In the last 5 years, none of these points have applied to me. I supported myself in the following ways (e.g. financial support from relatives/friends, savings, inheritance):	Please provide relevant evidence. Provide if you answered yes to this question / if applicable in your case
8	I have already applied for other benefits or plan to apply. These include, for example, benefits under the Federal Study Aid Act (BAföG), vocational training allowance (BAB), housing allowance, unemployment benefit, pensions (old-age, survivor's and	Please provide current evidence. Provide if you answered yes to this question / if applicable in your case

	basic pensions), sickness benefit, child benefit and child supplement.	
8	I make claims against the (former) employer: non-payment of wages or contractual payment claims (e.g. in the case of insolvency/insolvency of the employer), etc.	Please provide relevant evidence (e.g. correspondence with your lawyer or court). Provide if you answered yes to this question / if applicable in your case
8	I have claims against third parties (e.g. contractual claims or claims for damages)	Please provide proof of claim with current documents. Provide if you answered yes to this question / if applicable in your case
8	I have received a declaration of commitment to the Immigration Office or a foreign mission for financial support	Please provide a declaration of commitment or relevant documents. Provide if you answered yes to this question / if applicable in your case
9	I am currently insured or have recently been insured compulsorily or under family insurance (Statutory Health and Nursing Insurance) at my current health insurance provider. When I become eligible for civil benefits, I would like to remain insured in my current health insurance company.	Please provide a valid proof of your health insurance (e.g. a copy of a valid electronic health record). This evidence will not be stored in the file. Provide if you answered yes to this question / if applicable in your case
9	I am currently insured or have recently been insured compulsorily or under family insurance (Statutory Health and Nursing Insurance) at my current health insurance provider. When I am entitled to civil benefit I would like to remain insured with another health insurance company.	When changing insurance companies, please provide up-to-date proof of your choice of insurance company. Provide if you answered yes to this question / if applicable in your case
12	A guardian was appointed by the Guardianship and Guardianship Court/District Court.	Please provide proof of guardianship (e.g., guardianship certificate). Provide if you answered yes to this question / if applicable in your case

WBA Weiterbewilligungsantrag Application for extension of civil benefit Bürgergeld

Question number	Question	Reference, document
2	One or more people in my consumer community (Bedarfsgemeinschaft) or home community (Haushaltsgemeinschaft) have moved in or out or will be moving in or out	Please provide a certificate of registration for each person who has entered
3	I have housing and heating costs. I live in rented accommodation or in other living conditions.	Please provide up-to-date documents with relevant payment deadlines, e.g. calculation of additional costs, notification of fees, calculation of heating costs, reference from the landlord and/or

		contract for the supply of services (e.g. water supply contract)
3	I have housing and heating costs. I live in the property.	Please provide up-to-date documents showing the relevant payment deadlines, e.g., repayment plan and/or relevant contracts for the supply of services, provision, insurance, or maintenance, and a notice of fees (e.g., water supply contract, property tax notice)
4	Be sure to provide in any case	Bank statements (Kontoauszüge) for the last 3 months
4	Income from employment (main and additional work/mini-job)	Please provide a payslip.
4	Non-profit/charitable or voluntary activities for which (tax-deductible) expense allowances/fixed expenses are paid	Please provide up-to-date supporting documents about the specific activity, the type and amount of reimbursement for costs/fixed compensation, the receipt of payments and related costs.
4	Unemployment benefit according to the third book of the Social Code	Please provide Arbetsförmedlingen's notification of the grant of benefits
4	Pensions (e.g. from compulsory social insurance, such as old-age pension payments, disability pensions, accident insurance payments, survivor's pensions and basic pensions), corporate pensions, pensions, foreign pensions, labour market pensions	Please provide an up-to-date pension notice
4	Child Support Payments or Child Support Benefits	Please provide up-to-date proof of the nature and amount of payments received
4	Rental, sublease or lease income (including income from agriculture and forestry)	If you and/or a member of your community in need (Bedarfsgemeinschaft) receive the listed regular and permanent income, please provide up-to-date confirmations
4	Other benefits of a compensatory nature (e.g. temporary disability benefit, sickness benefit)	If you and/or a member of your community in need (Bedarfsgemeinschaft) receive the listed regular and permanent income, please provide up-to-date confirmations
4	Payments in kind (e.g. free meals)	If you and/or a member of your community in need (Bedarfsgemeinschaft) receive the listed regular and permanent income, please provide up-to-date confirmations
4	Housing allowance, social assistance, other social benefits (not Bürgergeld)	If you and/or a member of your community in need (Bedarfsgemeinschaft) receive the listed regular and permanent income, please provide up-to-date confirmations
4	BAföG, training grant, vocational training grant	If you and/or a member of your community in need (Bedarfsgemeinschaft) receive the listed regular and permanent income, please provide up-to-date confirmations
4	Other regular income (e.g. parental allowance, care allowance, tips, income from public volunteer service)	If you and/or a member of your community in need (Bedarfsgemeinschaft) receive the listed regular and permanent income, please provide up-to-date confirmations
4	One-time and irregular income (e.g., tax refunds, bankruptcy payments, interest, other capital gains, gifts)	Please provide up-to-date supporting documents.

4	Child benefit	Please provide a notice of the assignment of child benefit.
5	Deductions from income (income expenses) have changed	Please provide up-to-date supporting documents.
6	<p>Please indicate here any changes to your data in the (original) application that you have not yet communicated, e.g. (not an exhaustive list):</p> <p>You or a member of your community in need (Bedarfsgemeinschaft) have formed a marriage-like community or have separated from your partner.</p> <p>The address or bank details have changed or will change.</p> <p>You or a member of your community in need now want to claim the right to additional assistance (e.g. extra help for pregnant women, extra help for expensive meals).</p> <p>There have been changes in health or long-term insurance or will happen.</p> <p>There have been changes in the condition of the property or they will occur (for example, inheritance).</p> <p>Please provide up-to-date evidence.</p>	Please provide up-to-date supporting documents.
8	A guardian/guardian has been appointed by the guardianship/district court	Please provide proof of guardianship (certificate of appointment or guardian ID)

EK Anlage zur Feststellung der Einkommensverhältnisse einer in der Bedarfsgemeinschaft lebenden Person ab 15 Jahren

For determining the income of a person aged 15 and older living in a needy community

Question number	Question	Reference, document
3	Income from employment (full-time and part-time/mini-job)	Please provide a payslip.
3	Non-profit, voluntary, or charitable activities for which (tax-deductible) expenses/fixed expenses are paid	Please provide current evidence of the specific activity, the type and amount of expense allowance/flat rate, receipt of payment and expenses incurred in this context.
3	Unemployment benefit according to Book III of the Social Code (SGB III)	Please submit a notice of approval from Arbeitsförmedlingen.
3	Unemployment entitlement suspended or expired due to lock-up period under SGB III	Please provide appropriate notice.
3	Pensions (e.g. from compulsory social insurance, such as old-age pension, disability pension, compensation payments for loss of earnings, accident/injury pension, survivor's pension)	Please provide your current retirement notice.

	and basic pension), corporate pensions, pensions coming from abroad and labour market pensions.	
3	Maintenance payments or benefits under the Maintenance Advances Act	Please provide current evidence of the type and amount of payments received.
3	Income from renting, subleasing or leasing (also from agriculture and forestry)	Please provide current evidence
3	Other wage replacement benefits (e.g., transitional allowance, sickness benefit)	Please provide current evidence
3	Payments in kind (e.g. free meals)	Please provide current evidence
3	Housing allowance, social assistance, other social benefits (non-Citizens' allowance/Bürgergeld)	Please provide current evidence
3	BAföG, vocational training manual, training grant	Please provide current evidence
3	other current income (e.g. parental benefit, child benefit, nursing allowance, tips, income from federal voluntary service)	Please provide current evidence
3	One-time income and irregular income (e.g., tax refunds, bankruptcy money, interest, other capital gains, gifts)	Please provide proof of the amount of income and receipt of payments.
3	Child allowance	Please provide a notice of the assignment of child benefit.
3	Other income of a person under the age of 15 (e.g. orphan's pension, accident/injury pension, alimony payments in accordance with the Law on Maintenance Advances, social assistance in accordance with the Twelfth Book of the Social Insurance Code, interest, capital gains)	Please provide current evidence.
4.1	Employment/Training Related Costs / Travel Costs Between Home and Work / Distance Covered by Public Transportation	If using public transport, present the relevant evidence (e.g. ticket).
4.1	Are you entitled to travel subsidies from your employer/third party?	Please provide relevant evidence (e.g. a letter from your employer).
4.2	I have a minor child who is outside of a community in need.	For minor children with whom you do not live in a community in need, provide appropriate evidence (e.g., birth certificate, child support certificate).
4.2	Payments to a person entitled to alimony outside the community in need on the basis of an alimony obligation	Please provide the alimony obligation (e.g. judgment, court agreement, child support certificate) and confirm the actual payments.
4.2	Parental income with financial support for training (vocational training allowance, training allowance, BAföG) for the child.	Please provide a current notice.
4.3	The following insurance premiums are paid: Vehicle owner's liability insurance (without partial comprehensive insurance, full comprehensive insurance, insurance certificate)	Please provide a valid proof of insurance.

4.3	The following premiums are paid: Other statutory compulsory insurance (e.g. liability insurance for certain professions such as lawyers or midwives)	Please provide a valid proof of insurance.
4.3	The following insurance contributions are paid: Contributions to supported pension benefits in accordance with § 82 of the Income Tax Act (e.g. contributions to "Riester-Renten")	Please provide a valid proof of insurance.
4.3	The following insurance premiums are paid: Private insurance for minor children	Please provide a valid proof of insurance.

EKS Annex to the provisional or final declaration of income from self-employment, commercial operation or agriculture and forestry during the approval period Annex to the provisional or final declaration of income from self-employment, business or agriculture and forestry during the approval period		
Question number	Question	Reference, document
5.2	Products donated free of charge on a permanent basis that are available in connection with business activities	Please provide a list of all products
6	Grants/subsidies. A self-employed person receives subsidies/assistance (e.g. wage subsidies, start-up loans) for their business activities	Please submit up-to-date supporting documents (e.g. credit certificate).
6	An entrepreneur has applied for a grant/assistance	Please provide up-to-date supporting documents.
7	Entrepreneur took out a loan for business/entrepreneurship	Please provide up-to-date documents (e.g. loan decision, bank statement, investment costs)
	Business Revenue Information	Please submit up-to-date documents (e.g., most recent financial statement)
Table B5	Your car is considered a company car if you use it at least 50% for business	Confirmation via waybill
Table C9	I have a minor child who is not a member of the Bedarfsgemeinschaft. You can get an increased tax-free minimum if you have a minor child.	For minor children with whom you do not live in a community in need, please provide the relevant documents (e.g. birth certificate, alimony agreement).
Table C9	Alimony payments.	Please provide an alimony agreement (e.g. judgment, court agreement, alimony certificate) and proof of actually paid alimony.
Table C10	Expenses for a trip to the place of work by private car. Travel expenses to the place of work are additionally deducted from income at a rate of €0.20 per kilometre.	If there are higher required costs, they must be confirmed.

VM Annex for self-disclosure/determination of the financial circumstances of the Community of needs
Self-disclosure/financial situation app for the community in need

Question number	Question	Reference, document
2	The following assets in the country and/or abroad are in need (Bedarfsgemeinschaft): accounts, cash investments and other property	<p>When is it necessary to provide documents confirming the property? The Jobcenter may require you to provide documents necessary for the verification of your property only if the Jobcenter requests them. The Jobcenter may require you to provide for review, for example, certificates from insurance companies, the latest annual calculations or bank statements (for more information, see paragraph 43 "Bank statements"). Employment Centers may make copies of the above-mentioned documents and keep them on file if they are related to benefits. In the case of the community in need affect the amount of the civil benefit, such changes must be immediately notified.</p> <p>Read more in the "Instructions for filling", Clause 20 "Assets (Vermögen)"</p>
3	The following assets in the country and/or abroad are in need (Bedarfsgemeinschaft): unused land and/or unused property (including ownership shares)	<p>Market value of land plots (Verkehrswert von Grundstücken)</p> <p>Information on the market value of owned land plots or apartments is necessary so that the employment center can, if necessary, study the sale of property by sale, mortgage or lease. Confirmation of the market value of real estate is considered to be contracts of sale or market valuation (copies in each case), not older than three years. If the relevant documents are not available, the employment centre uses the values from the standard land value tables in the case of undeveloped land and the information from the purchase price books of the Land Cadastre Expert Commissions and the Geodetic Calculation Offices in the case of built-up land.</p>

KDU Anlage zur Feststellung der Kosten der Unterkunft und Heizung
Application for determining living and heating costs

Question number	Question	Reference, document
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2	I live in a rented apartment or in another type of residential relationship. The following housing costs arise:	Please provide up-to-date documents with relevant deadlines, e.g. lease agreement, calculation of additional costs, notification of charges, calculation of heating costs, reference from the landlord and/or supply or security contract (e.g. water contract)
2	I live in my own home. The following expenses arise for your own housing:	Please provide up-to-date documents with relevant deadlines, e.g., repayment plan and/or relevant supply contract, services, insurance, or maintenance, and notice of fees (e.g., water contract, land tax notice)
3	Energy sources. <u>I heat with:</u> Electricity, gas, heating oil, centralized heating, wood, other, I purchase fuel myself. <u>Type of heating:</u> Central heating, individual stove/boiler, night storage heater. <u>I cook with:</u> Electricity, gas, other. <u>I get hot water:</u> Centrally (e.g. with central heating); Decentralised (e.g. boiler/instantaneous water heater) ⁵ Electricity, gas, heating oil, wood, coal, other.	Please provide up-to-date supporting documents

WEP Anlage für eine weitere Person ab 15 Jahren in der Bedarfsgemeinschaft
App for one additional person aged 15 and over within a community in need

Question number	Question	Reference, document
2.3	The other person or for the other person has already applied for benefits at another job center within the last 3 years or has already received them	If yes, please provide relevant supporting documents (e.g. certificates).
2.3	The other person is an eligible person under the Asylum Seekers' Benefits Act	If yes, please submit the relevant supporting documents (e.g. residence permit, residence permit, temporary residence permit, decision of the Federal Office for Migration and Refugees (BAMF)).
2.3	The other person is a student	If yes, please provide up-to-date supporting documents (e.g. a certificate from the school).
2.3	The other person is a female student	If yes, please provide up-to-date supporting documents (e.g. certificate of enrolment).
2.3	The other person is an intern	If yes, please submit a training contract.
2.3	During the training, the other person lives in a dormitory, boarding school, special institution for people with disabilities or with a mentor with full meals, or otherwise with reimbursement of housing and food costs	If yes, please submit up-to-date supporting documents.

2.3	The other person is currently or will soon be in an inpatient facility (e.g., hospital, nursing home, correctional facility)	If yes, please provide a valid certificate of stay and its duration.
3	Another person is pregnant	Please provide proof of the estimated date of delivery.
3	The other person has a disability and receives: <ul style="list-style-type: none"> • benefits for participation in working life in accordance with § 49 of the Ninth Book of the Social Code (SGB IX), or • other types of assistance to obtain suitable employment, or • Integration assistance in accordance with § 112 SGB IX 	Please provide a notification.
3	The other person is incapable of work and is the holder of a certificate in accordance with § 152 paragraph 5 SGB IX with the mark G or aG	Please provide up-to-date proof (e.g. disability ID).
3	The other person is a student and there are costs for textbooks/workbooks	Please provide the relevant supporting documents.
4	Income of another person	Bank statements (Kontoauszüge) for the last 3 months
6.1	In the last 5 years, the other person has been employed, self-employed, served in the military or served in voluntary organizations (e.g. in the voluntary social year, Federal Service for Citizens), cared for relatives (care according to the Eleventh Book of the Social Code), received payments replacing earnings (e.g. sick leave, unemployment benefit, transitional benefits, parental benefit), None of these items apply to another person. The other person in the last 5 years has supported himself in the following ways (e.g. financial support from relatives/friends, savings, inheritance):	Please provide the relevant supporting documents.
6.2	The other person has already applied for other benefits or intends to apply. These include, for example, benefits under the Federal Education Support Act (BAföG), vocational training allowance (BAB), housing allowance, unemployment benefit, pensions (old-age, survivor's and basic pensions), sick leave, child benefits and child supplements.	Please provide the relevant supporting documents.
6.2	Another person makes claims against the (former) employer for unpaid wages or salaries (e.g. in the case of insolvency/bankruptcy of the employer) or for periods after dismissal (e.g. for severance pay not yet paid).	Please provide appropriate proof (e.g. correspondence with a lawyer or court).

6.2	For another person, an obligation was given to the migration service or a foreign representative	Please provide a statement of commitment or relevant documents.
7.1	The other person is currently or was last insured by the statutory health and care insurance system. From the beginning of the right to Bürgergeld benefits, the other person wants to be insured in: <u>With the previous health insurance fund</u>	Please provide a current confirmation from the health insurance company about the other person's insurance (e.g., that person's valid electronic health record). This confirmation will not be added to the case.
7.1	The other person is currently or was last insured by the statutory health and care insurance system. From the beginning of the right to Bürgergeld benefits, another person wants to be insured at: <u>At another health insurance company</u>	Please provide an up-to-date confirmation from the health insurance company about the choice of insurance company if the other person changes insurance companies.

KI Anlage für ein Kind unter 15 Jahren in der Bedarfsgemeinschaft App for a child under 15 in a community in need

Question number	Question	Reference, document
3	Benefits for a child have already been requested or received in another employment center over the past three years	If yes, please provide relevant supporting documents (e.g. certificates).
3	The child is a recipient of benefits under the Asylum Seekers' Benefits Act	If yes, please submit the relevant supporting documents (e.g. residence permit, residence permit, temporary residence permit, decision of the Federal Office for Migration and Refugees (BAMF)).
3	The child has been enrolled in the school or is likely to be enrolled on (date)	If yes, please submit the relevant supporting documents of enrolment in the school
3	For the child, personal school allowances for the current school year have already been requested or granted at another institution	If yes, please provide relevant supporting documents
3	The child is currently or will soon be in an inpatient facility (such as a hospital)	If yes, please provide a valid certificate of stay and its duration.
4	A commitment to the Aliens Office or a foreign mission has been submitted for the child	Please provide a statement of commitment or relevant documents.
5	The child is pregnant	Please provide proof of the estimated date of delivery.
5	The child is a pupil and there are costs for textbooks/workbooks	Please provide the relevant supporting documents.
6	Is the child insured in a private or voluntary system of compulsory medical and social insurance? (Only if the child is already 14 years old.)	Please provide up-to-date proof from the insurance company about the child's insurance (e.g. a valid electronic medical record for the child). This confirmation will not be added to the case.

BB Antrag auf Gewährung eines unabweisbaren besonderen Bedarfs
Appendix Providing Unavoidable Special Needs

Question number	Question	Reference, document
3	Please indicate why a special need is necessary. For one-time needs, also explain why it is not advisable for you to take a loan through the employment center:	Please explain why you think a special need is necessary and provide current evidence (e.g. sales receipts, receipts). If you need more space, use a separate sheet.

MEB Anlage zur Gewährung eines Mehrbedarfs für kostenaufwändige Ernährung
Appendix Providing additional needs for expensive meals

Question number	Question	Reference, document
3	The person referred to in paragraph 2 declares additional needs due to costly meals	Please provide the medical certificate (pages 2 and 3 of this form) completed by the treating physician as confirmation. The medical certificate will be used to calculate the payment. Instead of a medical certificate (pages 2 and 3 of this form), you can also provide a medical report. It must contain information about the disease, as well as the prescribed diet. The report must be submitted in a sealed envelope. It will be evaluated by the medical service of the body providing payments.
3	The person referred to in paragraph 2 has already declared additional needs due to costly meals	Please provide the medical certificate (pages 2 and 3 of this form) completed by the treating physician as confirmation. The medical certificate will be used to calculate the payment. Instead of a medical certificate (pages 2 and 3 of this form), you can also provide a medical report. It must contain information about the disease, as well as the prescribed diet. The report must be submitted in a sealed envelope. It will be evaluated by the medical service of the body providing payments.

SV Anlage Sozialversicherung der Bezieherinnen und Bezieher von Bürgergeld
Appendix Social Insurance for Recipients of Civil Benefits

Question number	Question	Reference, document
3	I am applying for a subsidy for health and long-term insurance premiums	As proof, provide an up-to-date notice of your monthly health and care insurance premiums and, if you have private insurance, proof of the premium you pay at the basic rate.

UF Anlage Unfallfragebogen zum Antrag auf Bürgergeld nach dem Zweiten Buch Sozialgesetzbuch (SGB II)

Annex to the accident questionnaire for the application for civil benefits

Question number	Question	Reference, document
7	The aggrieved person has already made a claim for damages. Negotiations have not yet been completed. The claim has been recognized by the insurance company of the person who caused the damage. The claim was rejected by the insurance company of the tortfeasor. A compromise was reached. A decision has not yet been made on the claim. The claim was terminated by a court decision. The injured person is/has been represented (by counsel).	Please provide relevant evidence (e.g. court order, letter from insurance company). By submitting the relevant documents, the employment center wants to get an idea of the state of affairs. Since a court decision, settlement agreement or recognition usually ends a legal dispute on compensation for damages, in this case, it is enough to attach a copy of the relevant document.
	If the claim for damages was established by a court decision, please attach the court decision in this case.	
8	The injured person has been examined/treated due to the accident/event that caused the damage or a report has been drawn up	Please provide medical reports, if any, that were prepared as a result of the accident/injury. Medical examinations Please attach an application for the doctor's exemption from medical confidentiality. Please provide copies of available medical reports relating to the accident or event that caused the damage. If you are afraid to disclose this information to an employee, you can hand over these documents in a sealed envelope. Only authorized persons are allowed to familiarize themselves with medical reports.

HG

Anlage zur Feststellung des Umfangs der Hilfebedürftigkeit bei Vorliegen einer Haushaltsgemeinschaft

Appendix "To determine the extent of the need for assistance in the presence of a joint

household"

In the form of this annex, the submission of supporting documents is not provided.

VE

Anlage zur Überprüfung, ob eine Verantwortungs- und Einstehensgemeinschaft ("eheähnliche Gemeinschaft") vorliegt

Appendix "To verify the existence of a community of responsibilities and obligations ("matrimonial community")"

In the form of this annex, the submission of supporting documents is not provided.

UH1 Appendix for the Determination of Separation Maintenance or Post-Marital / nachpartnerschaftlichem Unterhalt

Application for determining separation or post-marital maintenance/post-partner alimony

Question number	Question	Reference, document
5	Is alimony paid or provided in the form of in-kind services (e.g. free accommodation)?	If YES, please attach current evidence (e.g., bank statements, receipts, or proof of free accommodation).
5	Is there a written alimony agreement?	If YES, please attach the court decision, court agreement, order, or out-of-court content agreement in the current version.

UH2 Anlage zur Feststellung von Unterhaltsansprüchen aus Schwangerschaft

Application for determining maintenance claims in connection with pregnancy

Question number	Question	Reference, document
5	Has paternity already been recognized for the unborn child?	Please attach relevant evidence (e.g. acknowledgment of paternity with the mother's consent). Confirmation of paternity for children born out of wedlock

		The paternity of a child born out of wedlock is established on the basis of the recognition of paternity and the mother's declaration of consent or on the basis of a decision of the family court. A conclusion on the establishment of paternity is not required.
6	Is alimony already paid to a pregnant woman by the expectant father of the child and/or are in-kind services provided (e.g. newborn products, maternity clothes)?	Please attach relevant evidence (account statements/receipts).

UH3 Appendix for the Determination of Maintenance Claims of Children or the Antragstellerin/des Antragstellers oder der Partnerin/des Partners unter 25 Jahren gegenüber mindestens einem Elternteil

Application for determining claims for the maintenance of children or an applicant or partner under 25 years of age in relation to at least one parent

Question number	Question	Reference, document
4	The parents were not married at the time of birth. Paternity was recognized. Paternity was established by the court. The process of establishing paternity is underway.	Please provide relevant evidence (e.g. acknowledgment of paternity with the consent of the mother, decision family court). The paternity of a child born out of wedlock is established on the basis of the recognition of paternity and the mother's declaration of consent, or on the basis of a decision of the family court. A paternity report is not required.
5	Does the person entitled to alimony live regularly in the homes of both parents?	Please attach relevant evidence (e.g. written consent from both parents).
5	Is alimony paid or provided in the form of in-kind services or other payments (e.g. pocket money)?	Please attach current evidence (e.g. bank statements, receipts or proof of pocket charges).
5	Is there a written alimony agreement?	Please attach the current version of the decision, court agreement, resolution, notarial certificate, certificate from the Youth Affairs Office or the Out-of-Court Service Agreement.
5	Is there a child support allowance from the Youth Welfare Office for children up to the age of 18? Alimony allowance is paid regularly. Alimony allowance was requested. The alimony allowance has been terminated or denied.	Attach the relevant evidence (notification from the Juvenile Welfare Office, application for advance maintenance).

VAM Veränderungsmitteilung bei Bezug von Bürgergeld
Notification of changes in the receipt of civil benefit

Question number	Question	Reference, document
2	One or more people from my household/community in need have moved out or are going to move out	Please provide a registration certificate for each person who has registered (checked in)
4.1	In connection with the start of work, the affiliation with medical insurance has changed	Please provide an up-to-date proof of your insurance from the health insurance provider (e.g. your valid electronic health record). This confirmation will not be included in the personnel file.
4.3	Income-generating costs (e.g., travel expenses, dual housekeeping) have changed or will change	Please provide up-to-date confirmation
6	Housing and heating costs have changed or will change	Please provide up-to-date confirmation
7	The Health Insurance Fund has changed or will change	Please provide an up-to-date proof of your insurance from the health insurance provider (e.g. your valid electronic health record). This confirmation will not be included in the personnel file.
7	In the case of Health Insurance (Krankenversicherung) and in case of care (Pflegeversicherung) privately. The amount of the contribution has changed or will change.	Please provide proof of the current decision on the amount of the monthly premium for Health Insurance (Krankenversicherung) and in case of care (Pflegeversicherung), as well as confirmation of the contribution that you will pay at the basic rate.
8	<p>The following additional changes in personal and economic situation have occurred or will occur (this is not an exhaustive list):</p> <ul style="list-style-type: none"> > You or a member of your community in need (Bedarfsgemeinschaft) now want to apply for supplementary allowance (supplementary allowance for supplementary allowance for a costly diet). > There have been changes in the condition of the property or they will occur (for example, inheritance). > Other benefit has been claimed (e.g. BAföG, training allowance, education allowance, pension, sickness benefit, transitional allowance, unemployment benefit). > You or a member of your community in need (Bedarfsgemeinschaft) have suffered as a result of the actions of third parties (e.g. at work, in a traffic accident, playing or playing sports, due to medical error or as a result of physical violence). 	Please provide up-to-date confirmation