

Application for the granting of social benefits



Landratsamt Ebersberg
Social benefit administration
Eichthalstraße 5
85560 Ebersberg

Ansprechpartner:
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Implementation of the Twelfth Book of Social Law, SGB XII; Verification of eligibility requirements

In order to decide on your claim, the Landratsamt Ebersberg requires all the stated information and documentation.

Please fill out the application truthfully and carefully.

You are obliged to confirm the correctness of your declaration.

You are obliged to cooperate according to § 60 subparagraph 1 SGB XII-

In order to avoid abuse, the declarations will be automatically compared with statements to other funding authorities (§ 118 SGB XII).

Declarations to the application

I apply for social benefits through the granting of:

- basis security (pension) for old age or disability
- assistance for livelihood
- assistance according to Chapters 5-9 SGB XII in the form of:

(e.g. assistance by illness, assistance with care)

Reason for the application or reason for the emergency:

I. Personal information

	applicant	spouse / civil partner
Family name		
First name		
Date of birth		
Place of birth		
Address (street, House number, postcode, town)		
Telephone number		
Nationality		
For non-Germans: residence status (please fill in the appropriate box)		
Tolerance (Duldung)	valid until:	valid until:
Permanent residence permit (Niederlassungserlaubnis)	valid until:	valid until:
Residence permit (Aufenthaltserlaubnis)	valid until:	valid until:
Family status	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> seperated <input type="checkbox"/> registered civil partnership <input type="checkbox"/> widowed since when: _____	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> seperated <input type="checkbox"/> registered civil partnership <input type="checkbox"/> widowed since when: _____
If divorced: Court, date and file number of the judgement		
Are you entitled to maintenance payments as a result of the divorce?	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes
Information to limitations		
Is there a reduced earning capacity or incapacity for work due to disability?	<input type="checkbox"/> no <input type="checkbox"/> yes, due to the following reason:	<input type="checkbox"/> no <input type="checkbox"/> yes, due to the following reason:
Is there a disability?	<input type="checkbox"/> no <input type="checkbox"/> yes amount of disability:	<input type="checkbox"/> no <input type="checkbox"/> yes amount of disability:
Do you have a severely disabled pass? If yes, date of issue and number	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes
Is there a need for care? If yes, for which reason and the degree of care required	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes
Do you have a guardian? (enclose copy)	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes
If you have a guardian: Address of the guardian		

Is there full or part inpatient facility? Workshop for disabled or similar?)	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes
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II. Family status of the claimant

Please list all the people who live in your household.
(except yourself and your spouse or civil partner).

	Person 1	Person 2	Person 3	Person 4
Family name (If applicable: maiden name)				
First name				
Date of birth				
Place of birth				
Nationality				
For non-Germans: residence status (please fill in as appropriate)				
Tolerant (Duldung) Permanent residence permit (Niederlassungserlaubnis) Residence permit (Aufenthaltserlaubnis)	valid until: valid until: valid until:	valid until: valid until: valid until:	valid until: valid until: valid until:	valid until: valid until: valid until:
Family status	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> registered civil partnership <input type="checkbox"/> widowed	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> registered civil partnership <input type="checkbox"/> widowed	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> registered civil partnership <input type="checkbox"/> widowed	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> registered civil partnership <input type="checkbox"/> widowed
Relationship to the applicant				
Is there currently unemployment?	<input type="checkbox"/> no <input type="checkbox"/> yes, since	<input type="checkbox"/> no <input type="checkbox"/> yes, since	<input type="checkbox"/> no <input type="checkbox"/> yes, since	<input type="checkbox"/> no <input type="checkbox"/> yes, since
Current occupation				
Employer				
Reason for not working				
Is there full or part inpatient facility? Workshop for disabled or similar?	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes
Other remarks				
If you were born outside marriage or if you are listed as such under number II:				
	Person 1		Person 2	
Name of person/child				
Name of person responsible for upkeep				
Address of the person responsible for the upkeep				
Name of the legal guardian				
Address of the legal guardian				
Fixed maintenance € pro month				

Actual maintainance € pro month		
Date and file number of the judgement		

III. Maintanance obliged relatives (Children and parents of the claimant)

Do your children / do your parents together have substantial income (over 100.000 € annually)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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	Dependent 1	Dependent 2
Family name (if applicable: maiden name)		
First name		
Date of birth		
Place of birth		
Nationality		
Family status	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> seperated <input type="checkbox"/> registered civil partnership <input type="checkbox"/> widowed	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> seperated <input type="checkbox"/> registered civil partnership <input type="checkbox"/> widowed
Relationship to claiment		
Address (Street, house number, post code, town or city)		
Profession		
Employer (Name and address)		
(If pensioner) Typ of pension		
Are there claims for maintainance against divorced or seperated spouses or from an annulled civil partnerships?	<input type="checkbox"/> claim for maintainance was waived <input type="checkbox"/> maintainance was claimed <input type="checkbox"/> maintainance was legally enforced <input type="checkbox"/> maintainance was paid <input type="checkbox"/> annual income _____ €	<input type="checkbox"/> claim for maintainance was waived <input type="checkbox"/> maintainance was claimed <input type="checkbox"/> maintainance was legally enforced <input type="checkbox"/> maintainance was paid <input type="checkbox"/> annual income _____ €

IV. Income conditions of the claimant and the people living in the house

	Claimant	Spouse / Partner	Other dependents in household			
			1	2	3	4
Do you have a monthly income?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Employee (Income/pay/renumeration)						
Trade/self employed						
Agriculture or forestry						
Income from rent						
Income from capital (Interest, dividends, etc.)						
Unemployment benefit I (SGB III)						
Unemployment benefit II (SGB II)						
Other benefits from the Employment Agency						
Sickness benefit						
Care allowance						
Maternity allowance						
Child benefit						
Maintenance (BGB/L part G)						
Maintenance advance (UVG)						
Livelihood support (USG)						
Livelihood support (LAG)						
Housing allowance						
Life annuity						
Old age pension						
Disability pension						
Widow's/widower's pension						
Orphan's pension						
Agricultural pension						
Company pension						
Supplementary pension						
Accident annuities						
Pension						
Other income						

V. From income potentially deductible amounts

(please enclose documentation)

	Claimant	Spouse/Partner	Other dependents (as in number II)			
			1	2	3	4
Do you have deductible amounts?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Expenditure						
Income tax (with Soli)						
Health and care insurance						
Unemployment insurance						
Social security						
Life insurance contributions						
Household insurance						
Liability insurance						
Riester pension						
Travel costs to work (Method of transport and distance in km)						
Memberships (e.g. VdK)						
Other						

VI. Additional requirements (§§ 30, 42b SGB XII)

(Please enclose documentation!)

	Claimant	Spouse/Partner	Other dependents (as in number II)			
			1	2	3	4
Expensive diet (please enclose medical certificate)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Lunchtime catering in a workshop for people with disabilities or in a day centre (please enclose certification of the cost of the meals)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Pregnancy (please enclose maternity pass)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Single parent	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

VII. Cash, bank accounts and other assets

(Please enclose documentation!)

	Claimant	Spouse / Partner	Other dependents (as in number II)			
			1	2	3	4
Do you have assets?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Cash						
Bank assets (IBAN, contract number and amount)						
Securities						
Portfolios						
House / freehold flat (size, living area)						
Other property ownership (use, market value)						
Car / vehicle (manufacturer / type, registration number, initial registration, mileage (km))						
Life insurance (Re-purchase value)						
Transfer contract (Right of residence, usufruct, etc.)						
Cryptocurrency						
Precious metals						
Other						
Other						
Other						

VIII. Possible claims against third parties

Transfer of assets	
Was there a transfer of assets from the claimant to another person within the last 10 years?	<input type="checkbox"/> yes, see contract / certificate <input type="checkbox"/> no
Unsettled or disputed claims	
Are there unresolved claims, from which payments is possible? (for you or your spouse / partner)	
<input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> from social security <input type="checkbox"/> war-disabled <input type="checkbox"/> from illness <input type="checkbox"/> from an accident <input type="checkbox"/> from burden sharing <input type="checkbox"/> from another reason: _____	
If yes, where and when was the application made? _____	
Is there ongoing litigation? <input type="checkbox"/> yes, file number.: _____ <input type="checkbox"/> no	
Insurance claims	
Are you insured in the statutory health or care insurance?	<input type="checkbox"/> yes, with _____ <input type="checkbox"/> no
Monthly contribution in €	
Insured as	<input type="checkbox"/> mandatory insured <input type="checkbox"/> voluntarily insured <input type="checkbox"/> pension applicant <input type="checkbox"/> pensioner <input type="checkbox"/> family insured
If you're not currently statutory insured in the health or care insurance:	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, when and where? _____
Were you previously insured in the statutory health or care insurance?	_____
Insured as	<input type="checkbox"/> mandatory insured <input type="checkbox"/> voluntarily insured <input type="checkbox"/> pension applicant <input type="checkbox"/> pensioner <input type="checkbox"/> family insured
Do you have private health or care insurance?	<input type="checkbox"/> yes, with _____ <input type="checkbox"/> no
Monthly contribution in €	
Insured as	<input type="checkbox"/> mandatory insured <input type="checkbox"/> voluntarily insured <input type="checkbox"/> pension applicant <input type="checkbox"/> pensioner <input type="checkbox"/> family insured
If you're not currently privately health or care insured:	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, when and where? _____
Were you previously privately health or care insured?	_____
Insured as	<input type="checkbox"/> mandatory insured <input type="checkbox"/> voluntarily insured <input type="checkbox"/> pension applicant <input type="checkbox"/> pensioner <input type="checkbox"/> family insured
Do you have a funeral insurance?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have pension entitlement?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you made an application? If yes, where and when?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, where and when? _____

If the application was rejected	when? _____
Do you make voluntary contributions to pension insurance?	<input type="checkbox"/> yes, with _____ <input type="checkbox"/> no
Social security number of the claimant	Nr.: _____ <input type="checkbox"/> I do not have a social security number
Do you have the right to civil service care or aid?	<input type="checkbox"/> yes, with _____ <input type="checkbox"/> no

IX. Housing situation and cost of the accomodation

(please enclose documentation!)

Number of people in the house or flat		
Rent		
Do you pay rent?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Living area	Square meters	Rooms
Total cost of the accomodation		
Basic rent (without utilities)		
Cost of utilities (without heating)		
Heating costs		
Type of heating		
Type of billing		
The following costs are included in the above listed amounts:		
Water heating	<input type="checkbox"/> no <input type="checkbox"/> yes, for the amount _____ €	
Cooking costs	<input type="checkbox"/> no <input type="checkbox"/> yes, for the amount _____ €	
Property		
If the accomodation is your property, then you must make and enclose a account of the costs.		
Housing support		
Income oriented supplementary funding?	<input type="checkbox"/> no <input type="checkbox"/> yes, for the amount _____ €	
Have you made an application for housing support?	<input type="checkbox"/> no <input type="checkbox"/> yes, on _____	
Other details tot he accomodation		
Have you already paid the rent for the month of the claim?	<input type="checkbox"/> no <input type="checkbox"/> yes	
Do you have rent arrears?	<input type="checkbox"/> no <input type="checkbox"/> yes, for the amount _____ €	
Are there arrears to the energy supplier?	<input type="checkbox"/> no <input type="checkbox"/> yes, for the amount _____ €	
Has litigation been started?	<input type="checkbox"/> no <input type="checkbox"/> yes, the following	

X. Other

Have you previously received social benefit or basic social support?	<input type="checkbox"/> no <input type="checkbox"/> yes
Are you receiving, or have you applied for assistance from the district of Upper Bavaria (Oberbayern)?	<input type="checkbox"/> no <input type="checkbox"/> yes If yes, when and which authority? _____
When did you move to the district of Ebersberg?	
Was the relocation paid for by an authority?	<input type="checkbox"/> no <input type="checkbox"/> yes If yes, which authority? _____
If you came to Germany from abroad: date and place of crossing the border	

XI. Bank details

IBAN	
BIC	
Name and seat of the bank	
Surname and Forename of account holder	

XII. Declaration

The application to claim social benefits has been made truthfully by me / us.

I am / we are aware that, according to § 60 first book Sozialgesetzbuch (Book of social law) I am / we are obliged to provide all information and documentation for the clarification of the facts. If I / we do not fulfill my / our obligation to cooperate when applying for social benefit, the benefit can be denied or withdrawn. (§ 66 First book of Social Law (§ 66 Erstes Buch Sozialgesetzbuch).

When and for the duration that I / we receive social benefit, I / we will immediately and unasked provide information about changes in personal and financial situation (circumstances concerning family, living, income, assets, residence conditions, etc) This also applies to the represented people.

Place, Date

Signature claimant

Signature partner / spouse

Information about data protection can be found under <https://lra-ebe.de/service/hinweise-nach-eu-dsgvo/> or from the responsible clerk.