

Applicant (first name, last name)

Date of birth

Comment/stamp of receipt

**HA-A**

p. 1/2

Street, building no.

Postcode, city/town

Stadt Chemnitz (City of Chemnitz)  
Sozialamt (Social Welfare Office)  
09106 Chemnitz  
Germany

## Application for benefits under the German Asylum Seekers Benefits Act (AsylbLG) for Ukrainian refugees

### Important:

Please fill in the application form carefully and submit all attached documents in full.

You can submit the application along with the required documents by post or by email to [sozialamt-ukraine@stadt-chemnitz.de](mailto:sozialamt-ukraine@stadt-chemnitz.de).

To ensure that your application is processed as quickly as possible, please submit copies of the following documents:

- Certificate of registration from the Einwohnermeldeamt (Residents' Registration Office)
- Probationary certificate / letter confirming asylum-seeker status from the Immigration Office
- Copy of passport or authenticated birth certificate

### Please sign the application and all attached documents.

I have been informed that the Sozialamt complies with all legal principles of data storage and data transmission. Sections 60 ff. SGB (German Social Security Code) I and Sections 67 ff. SGB X form the legal basis for the collection of data. The data is stored on automatic data-processing equipment and in particular is transmitted to the authority designated in Section 3(1) of the DVO (Implementing Regulation) for Section 118 SGB XII in accordance with Section 118 SGB XII for the prevention of benefit fraud.

### My declarations:

#### Accuracy of the details provided

I confirm that all statements are truthful. This relates in particular to:

- persons staying within the household, irrespective of family relationship,
- complete details of income and assets,
- details about children, parents, separated or divorced spouses or registered civil partners.

#### Duties of cooperation

I am obligated to inform the Sozialamt immediately of any changes in my personal or financial situation. This relates in particular to any changes to my family, income or financial situation, my domestic circumstances (e.g. persons moving in or out) and any application for (and payment of) social benefits from other welfare or integration-assistance service agencies, such as admittance to sheltered outpatient housing.

#### Provision of leaflet

I have been informed of my duties of cooperation in the leaflet provided to me (Sections 60 ff. SGB I and Section 9[3] AsylbLG).

**Asserting claims**

If I have to assert a claim against a third party, I will inform the competent authority of this immediately. For example, claims for damages due to an accident or an insurance claim.

**Information on data protection**

I confirm that I have been provided with the leaflet "Information on data protection".

**Signature(s)**

_____	_____	_____
place, date	Signature of applicant or their authorised representative / legal representative / legal guardian (for a minor) / appointed carer	Signature of spouse/partner or their authorised representative / legal representative / appointed carer

**Amending comments**

I confirm that the handwritten amendments and additions are correct. These were discussed with me and are correct.

_____	_____	_____
place, date	Signature of applicant or their authorised representative / legal representative / legal guardian (for a minor) / appointed carer	Signature of spouse/partner or their authorised representative / legal representative / appointed carer

## Attachment

### Information on data protection pursuant to Art. 13(1) and (2) of the General Data Protection Regulation (GDPR)

relating to the processing of personal data by the City of Chemnitz in connection with your application for benefits from the Sozialamt.

The necessary data will be collected from you directly.

The purpose of the following details is to inform you, in particular, of how the City of Chemnitz handles your data and your rights and obligations in connection with this. This ensures that your data is processed fairly and transparently in accordance with legal requirements, particularly the provisions of the GDPR.

#### 1 Party responsible for data processing (“Controller”)

The Controller for the processing of personal data in the aforementioned matter is:

The City of Chemnitz

Sozialamt

Bahnhofstraße 53, 09111 Chemnitz, Germany

Phone: +49 (0)371 488-0

Email: sozialamt@stadt-chemnitz.de

#### 2 Data Protection Officer

The City of Chemnitz

Data Protection Officer

09106 Chemnitz, Germany

Phone: +49 (0)371 488-0

Fax: +49 (0)371 488-1992

Email: datenschutz@stadt-chemnitz.de

#### 3 Purpose of data processing

The City of Chemnitz processes your personal data for the following purpose:

Carrying out the work of the Sozialamt of the City of Chemnitz

#### 4 Legal bases

Data processing is carried out on the basis of:

Art. 6(1c,e) GDPR, Section 21(4), Section 67a ff. SGB X

In addition, under Art. 6(1a) GDPR, data processing is also permissible if you have given your consent.

#### 5 Recipients or categories of recipients

The purpose of processing requires data to be disclosed to third parties, such as other offices of the City of Chemnitz or authorities and bodies outside the city administration.

yes  no

Recipients of personal data may include the following:

Please note that the following list is not exhaustive. The recipients of the personal data depend on the specific requirements of each individual case:

- other social welfare institutions
- other offices of the City of Chemnitz
- persons required to provide maintenance support (identification and follow-up of maintenance claims)
- tax office (income and assets of the applicant, persons eligible for benefits, persons required to provide maintenance)
- other authorities and bodies outside Chemnitz City Administration
- service providers (provision of care services, Eingliederungshilfe [Integration Assistance Services], debt counselling, Bildungs- und Teilhabepaket [Education and Participation Package] services)
- courts, police authorities (implementing court or criminal proceedings)
- assessors

Personal data is not transmitted to third countries.

## 6 Storage period

Your personal data will be stored for a period of ten years after benefits are discontinued.

## 7 Rights of data subjects

You have the right to obtain from the City of Chemnitz confirmation as to whether or not personal data relating to you is being processed. If this is the case, you can obtain information about all processed data upon request (Art. 15 GDPR).

If the legal requirements are met, you also have the following rights:

- Right to rectification of incorrect personal data relating to you (Art. 16 GDPR)
- Right to erasure of personal data (Art. 17 GDPR)
- Right to the restriction of processing of personal data (Art. 18 GDPR)
- Right to object to processing of personal data (Art. 21 GDPR)

## 8 Right to complain

Pursuant to Art. 77 GDPR, you have the right to lodge a complaint with the supervisory authority if you believe that the processing of personal data relating to you is unlawful.

The supervisory authority is:

The Data Protection Officer for Saxony  
Kontor am Landtag  
Devrientstraße 5  
01067 Dresden, Germany.

## 9 Duty to provide data

The provision of personal data is necessary for the above purpose.

This is required by law.

yes, the legal basis for this is: Section 60 of the first volume of the German Social Code (SGB I)

no

The provision of personal data is a contractual requirement or necessary to conclude a contract.

Failure to provide the data would mean the following:

The application for benefits from the Sozialamt would not be processed or the benefits would not be granted or paid. It is likely that the benefits sought would be either fully or partially refused or discontinued.

## 10 Decision-making

The decision-making process is automated.

yes  no

## 11 Further information

You can find additional general information on the website of the Data Protection Officer for Saxony, <http://www.saechsdsb.de>.

hilfesuchende Person / Applicant (first name, last name)	Geburtsdatum / Date of birth
Straße, Haus-Nr. / Street, building no.	
PLZ, Ort / Postcode, city/town	

Eingangsvermerk/-stempel / Comment/stamp of receipt
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## Anlage Persönliche Verhältnisse Attachment Personal circumstances

Angaben zur Person Personal details	hilfesuchende Person Applicant	Ehepartner(in)/Lebensgefährtin/Lebensgefährte Spouse/partner
Name / Name		
Familienname / Last name		
Vorname/n / First name(s)		
Geburtsdatum / Date of birth		
Geburtsort / Place of birth		
Wohnanschrift / Home address - Straße, Haus-Nr. / Street, building no.  - PLZ, Ort / Postcode, town/city		
Telefonnummer / Tel. no.		
Familienstand / Martial status  - seit (Datum) / Since (date)		
Stellung im Haushalt / Position in household	<input type="checkbox"/> Haushaltsvorstand / Head of household <input type="checkbox"/> Haushaltsangehörige/r / Member of household	<input type="checkbox"/> Haushaltsvorstand / Head of household <input type="checkbox"/> Haushaltsangehörige/r / Member of household
Staatsangehörigkeit / Nationality		
Pass des Herkunftslandes / Passport of country of origin  - Pass-Nummer / Passport number		
Aufenthaltsstatus / Resident-permit status		
Wurde ein Asylantrag gestellt? Has an application for asylum been filed?	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no
Wurde eine Aufenthaltserlaubnis nach § 24 AufenthG beantragt? Has an application for a residence permit pursuant to Section 24 AufenthG (German Residence Act) been filed?	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no
Wann erfolgte der Grenzübertritt nach Deutschland? (Datum) When did you cross the border into Germany? (date)		

### Unterschrift/en / Signature(s)

Mit meiner Unterschrift bestätige ich die Richtigkeit und Vollständigkeit aller abgegebenen Erklärungen.  
With my signature, I confirm the accuracy and completeness of all declarations made.

Ort, Datum	Unterschrift hilfeschende Person bzw. Bevollmächtigte/gesetzliche Vertreter/Sorgebe- rechtigte bei Minderjährigen/bestellte Betreuer	Unterschrift Ehepartner(in)/Lebensgefährtin/ Lebensgefährte bzw. Bevollmächtigte/ gesetzliche Vertreter/bestellte Betreuer
Place, date	Signature of applicant or their authorised representative / legal representative / legal guardian (for a minor) / appointed carer	Signature of spouse/partner or their authorised representative / legal representative / appointed carer

hilfesuchende Person / Applicant (first name, last name)	Geburtsdatum / Date of birth
Straße, Haus-Nr. / Street, building no.	
PLZ, Ort / Postcode, city/town	

Eingangsvermerk/-stempel / Comment/stamp of receipt
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## Anlage Zusätzliche Angaben Attachment Additional information

**Mehrbedarfe** (wegen Schwangerschaft, Schwerbehinderung, voller Erwerbsminderung, Alleinerziehung, kostenaufwendiger Ernährung, Warmwasserversorgung) /

**Additional requirements** (due to pregnancy, severe disability, complete reduction in earning capacity, single parenting, expensive nutritional needs, hot water supply)

- nein / no       **ja: Bitte Anlage MB ausfüllen. / yes: Please complete attachment MB.**

## Kranken- und Pflegeversicherung / Health and nursing insurance

**ja: Bitte Anlage KV ausfüllen. / yes: Please complete attachment KV.**

nein: Es besteht kein Kranken- und Pflegeversicherungsschutz. Ich/wir beantrage/n Leistungen nach § 4 AsylbLG.

no: There is no health or nursing insurance coverage. I am / We are applying for benefits pursuant to Section 4 AsylbLG.

## Kosten der Unterkunft / Costs of accommodation

Bewohnen Sie eine selbst angemietete Wohnung oder Wohneigentum?

Are you living in a home that you have rented yourself or own?

- nein / no       **ja: Bitte Anlage KdU ausfüllen. / yes: Please complete attachment KdU.**

## Einkommen / Income

Ist Einkommen vorhanden? Do you have any income?	hilfesuchende Person Applicant	Ehepartner(in)/ Lebensgefährtin/ Lebensgefährte Spouse/partner	in Haushaltsgemeinschaft lebende Person/en Person(s) living in the household			
			1.	2.	3.	4.
<b>ja:</b> Einkommen ist vorhanden <i>Bitte Anlage EK ausfüllen.</i>  <b>yes:</b> I have income <i>Please complete attachment EK.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>nein:</b> kein Einkommen <b>no:</b> no income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Vermögen / Assets

Ist Vermögen vorhanden? / Do you have any assets?

- nein / no       **ja: Bitte Anlage VM ausfüllen. / yes: Please complete attachment VM.**

**Unterhaltsansprüche, vorrangige (Sozial-)Leistungsansprüche  
 Claims for maintenance payments, primary claims for (social) benefits**

Unterhaltsansprüche nach bürgerlichem Recht (§ 94 SGB XII) /  
 Support claims under civil law (Section 94 SGB XII)

nein / no       ja: **Bitte Anlage UH ausfüllen. / yes: Please complete attachment UH.**

Leistungen der Grundsicherung im Alter und bei Erwerbsminderung /  
 Basic subsistence income for the elderly and for persons with reduced earning capacity

nein / no       ja: **Bitte Anlage EK ausfüllen. /yes: Please complete attachment EK.**

Vorrangige Sozialleistungen und Kindergeld (§§ 102 ff. SGB X, § 74 EStG) /  
 Primary social welfare benefits and child benefit (Sections 102 ff. SGB X, Section 74 EStG  
 (German Income Tax Act)

nein / no       ja: **Bitte Anlage EK ausfüllen. / yes: Please complete attachment EK.**

Sonstige vorrangige Ansprüche (§ 93 SGB XII, § 106 SGB X) /  
 Other primary claims (Section 93 SGB XII, Section 106 SGB X)

nein / no       ja: **Bitte Anlage EK ausfüllen. / yes: Please complete attachment EK.**

**Unterschrift/en / Signature(s)**

Mit meiner Unterschrift bestätige ich die Richtigkeit und Vollständigkeit aller abgegebenen Erklärungen.  
 With my signature, I confirm the accuracy and completeness of all declarations made.

Ort, Datum	Unterschrift hilfeschende Person bzw. Bevollmächtigte/gesetzliche Vertreter/Sorgebe- rechtigte bei Minderjährigen/bestellte Betreuer	Unterschrift Ehepartner(in)/Lebensgefährtin/ Lebensgefährte bzw. Bevollmächtigte/ gesetzliche Vertreter/bestellte Betreuer
Place, date	Signature of applicant or their authorised representative / legal representative / legal guardian (for a minor) / appointed carer	Signature of spouse/partner or their authorised representative / legal representative / appointed carer

Applicant (first name, last name)	Date of birth
Street, building no.	
Postcode, city/town	

- For the file -

Leaflet issued in:  Englisch  Russian  Ukrainian

## Attachment Information sheet regarding the application for benefits for asylum seekers Declaration on duties of cooperation

### 1 Who is entitled to benefits under the German Asylum Seekers Benefits Act (AsylbLG)?

- Approved asylum seekers,
- Asylum seekers with temporary stay of deportation,
- Foreigners with a residence permit pursuant to Section 24 AufenthG

These persons must be in need of support according to their income and assets. They are not entitled to welfare benefits under SGB XII.

### 2 Scope of benefits

- Cash benefits for personal needs (food, accommodation, heating costs, clothing, household items, personal care),
- „pocket money“,
- medical treatment, dentist.

### 3 What can I expect and what do I have to do?

- The authority will decide whether or not I will receive benefits.
- For this, I have to submit all documents requested by the authority.
- The benefits are for myself and my family only. My family and I must live together in the same home.
- If my circumstances change, I have to inform the authority.  
These changes could relate, for example, to:

money:

- e. g.:**
- I'm getting paid for my own work.
  - My partner is getting paid for own work.
  - I have started a vocational training course or have started studying and am receiving "training allowance"/ Bafög (student grant).
  - I have received money from others (e.g. pensions, inheritance, etc.) including from other countries.
  - I won the lottery.
  - I have other income or have applied for such (electricity credit, child benefit, parental allowance, unemployment benefit II, housing benefit, interest earnings, etc.).
  - I have had utility costs refunded (water, heating).
  - I am working in the Bundesfreiwilligendienst (German Federal Volunteer Service) or am completing a voluntary year of social service (Freiwilliges Soziales Jahr) and am receiving pocket money.

the family situation:

- e. g.:**
- changes in residence permits,
  - marriage or divorce.
  - birth, death of a family member living with me in my home,
  - if I have to go to hospital,
  - relatives moving in,
  - if I have to go to prison
  - if I want to move.

Miscellaneous:

- e. g.:**
- membership with a health insurance company,
  - Change of health insurance provider,
  - if I have been robbed, if someone has broken into my home or has harmed me in some other way.



#### 4 Consequences of failure to cooperate, cuts in benefits, reimbursement of costs

- If I submit no documents or papers to the authority at all, or only some of them, I will not receive any money.
- I have to tell the truth. Fraud can be reported and penalised.
- If I do not obtain my passport and this delays my departure, I will only receive money for food and personal care.
- If I have received too much money, I have to pay it back

If the person who has applied for or received welfare benefits fails to comply with their duties of cooperation, thereby making it significantly more difficult to clarify the facts, the funding agency can fully or partially refuse or discontinue the payment of benefits without further investigation until the duties of cooperation have been met as long as the requirements for receiving the benefit have not been proven. This applies accordingly if, intentionally by any other means, the applicant or person entitled to benefits makes it significantly more difficult to clarify the facts (Sections 60–62, 65 SGB I)

#### 5 Data protection

My personal data is protected.

The authority may only disclose it if I allow them to do so or if permitted by law.

#### Signature(s)

\_\_\_\_\_  
place, date

\_\_\_\_\_  
Signature of applicant or their authorised  
representative / legal representative / legal  
guardian (for a minor) / appointed carer

\_\_\_\_\_  
Signature of spouse/partner or their  
authorised representative / legal  
representative / appointed carer

Applicant (first name, last name)	Date of birth
Street, building no.	
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## Anlage Überweisungsermächtigung und datenschutzrechtliche Einwilligung bei Zahlungsverkehr

### Attachment Bank transfer authorisation and consent to payment transactions under data protection law

Die mir bewilligten Leistungen nach dem SGB XII, nach dem 2. Teil SGB IX, nach dem AsylbLG bzw. nach dem BerRehaG dürfen auf folgendes Konto überwiesen werden.

The benefits granted to me pursuant to SGB XII, the second part of SGB IX, the AsylbLG or the BerRehaG (German Professional Rehabilitation Act) may be paid to the following account.

#### Angaben zur Bankverbindung / Bank details:

Kontoinhaber / Account holder:

Anschrift / Adress:

Bankverbindung / Bank details:

Ort, Datum	Unterschrift hilfesuchende Person bzw. Bevollmächtigte/gesetzliche Vertreter/Sorgeberechtigte bei Minderjährigen/bestellte Betreuer	Unterschrift Ehepartner(in)/Lebensgefährtin/Lebensgefährte bzw. Bevollmächtigte/gesetzliche Vertreter/bestellte Betreuer
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## Attachment Declaration of consent under data protection law

I and the family members belonging to my household are receiving benefits under the Asylbewerberleistungsgesetz (Asylum Seekers Benefits Act, AsylbLG).

My personal data is protected.

The authority may only disclose it if I allow them to do so or if permitted by law.

I am aware that the City of Chemnitz is allowed to process personal data including photos in accordance with the provisions of the law on the protection of informational self-determination in the Free State of Saxony (Data Protection Act of Saxony, SächsDSG).

The Sächsische Flüchtlingsaufnahmegesetz (Refugee Reception Act of Saxony, SächsFlüAG) and the AsylbLG apply.

### I consent to the disclosure of my/our details to:

- |   |  |
|---|--|
| <input type="checkbox"/> Jobcenter Chemnitz (Leistung/Fallmanagement)<br>(benefit/case management)  | <input type="checkbox"/> AGIUA e. V.<br>Müllerstraße 12, 09113 Chemnitz  |
| <input type="checkbox"/> Bundesagentur für Arbeit / Agentur für Arbeit Chemnitz<br>German Federal Employment Agency / Chemnitz<br>Employment Agency   | <input type="checkbox"/> AWO Kreisverband Chemnitz und Umgebung e. V.<br>Am Bernsdorfer Hang 14, 09126 Chemnitz                          |
| <input type="checkbox"/> Stadt Chemnitz, Sozialamt, Abt. 50.4<br>City of Chemnitz, Sozialamt, Dept. 50.4<br>(accommodation / social counselling, support/<br>benefits / social integration) | <input type="checkbox"/> SFZ Förderzentrum gGmbH<br>Bahnhofstraße 54a, 09111 Chemnitz  |
| <input type="checkbox"/> Stadt Chemnitz, Ausländerbehörde<br>City of Chemnitz, Immigration Office   | <input type="checkbox"/> GGG Grundstücks- und Gebäudewirtschafts-<br>Gesellschaft m. b. H.<br>Clausstraße 10-12, 09126 Chemnitz          |
| <input type="checkbox"/> Stadt Chemnitz, Gesundheitsamt<br>City of Chemnitz, Public Health Department   | <input type="checkbox"/> WuV - Wohn- und Verwaltungsgesellschaft<br>Chemnitz GmbH<br>Chemnitztalstraße 36 a, 09114 Chemnitz              |
| <input type="checkbox"/> Bundesamt für Migration und Flüchtlinge (BAMF)<br>German Federal Office for Migration and Refugees, BAMF   | <input type="checkbox"/> Rückkehrberatung des DRK-Kreisverbandes<br>Chemnitzer Umland e. V. GmbH<br>Zwickauer Straße 432, 09117 Chemnitz |
| <input type="checkbox"/> Landesdirektion Sachsen<br>State Directorate of Saxony   |  |
| <input type="checkbox"/> _____  |  |
| <input type="checkbox"/> _____  |  |

\_\_\_\_\_ place, date

\_\_\_\_\_ applicant's signature

### Amendments:

I hereby confirm that any amendments or additions to the declaration of consent under data protection law made by employees of the Sozialamt, Dept. 50.4, were discussed with me and are correct.

\_\_\_\_\_ place, date

\_\_\_\_\_ applicant's signature

Applicant (first name, last name)	Date of birth
Street, building no.	
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Eingangsvermerk/-stempel
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## Substantiation of income and financial affairs with prima facie evidence

I hereby declare that, in my application for benefits under the Asylbewerberleistungsgesetz (AsylbLG) (Asylum Seekers Benefits Law), of \_\_\_\_\_ **2022**, I did not omit any significant facts regarding my income and financial affairs.

In particular, I declare that I myself and the persons belonging to my household

	Last name, first name	Date of birth
1.		
2.		
3.		
4.		
5.		

receive **no** ongoing or one-off income from Ukraine, or from other countries, or within Germany (earnings, income, pensions of any kind, social benefits, etc.).

receive ongoing or one-off income from Ukraine, or from other countries, or within Germany (earnings, income, pensions of any kind, social benefits, etc.), namely:

\_\_\_\_\_ in the amount of \_\_\_\_\_ hryvnia (UAH).

\_\_\_\_\_ in the amount of \_\_\_\_\_ euros.

hold **no** bank accounts in Ukraine, other countries or Germany.

hold bank accounts in Ukraine, other countries or Germany, namely:

<b>Bank</b>	
<b>IBAN</b>	
<b>Account holder</b>	
<b>Person(s) with power of disposal</b>	
<b>Account balance</b>	as: _____ in the amount of: _____

<b>Bank</b>	
<b>IBAN</b>	
<b>Account holder</b>	
<b>Person(s) with power of disposal</b>	
<b>Account balance</b>	as: _____ in the amount of: _____

<b>Bank</b>	
<b>IBAN</b>	
<b>Account holder</b>	
<b>Person(s) with power of disposal</b>	
<b>Account balance</b>	as: _____ in the amount of: _____

I have access to these accounts (e.g. with an EC card, debit card or credit card, or via online banking).

I have **no** access to these accounts because (state reasons):

---

I confirm that the information I have provided is complete, correct and true.

Chemnitz, \_\_\_\_\_

\_\_\_\_\_  
Signature of the benefits recipient

I am aware that:

- social welfare benefits received on the basis of false information are considered to have been unduly paid and that I will be required to pay back any such benefits (§§ 45, 50 SGB X),
- financial claims enforceable under public law are recorded in the Ausländerzentralregister (Central Register of Foreigners) (§ 2 Para. 2 No. 4 AZRG)
- the Social Welfare Office reports any suspicion of fraud concerning welfare benefits.

The intentional provision of false information in connection with an application for social welfare benefits can amount to the offence of fraud (§ 263 StGB). Fraud is punishable by up to 5 years in prison or by a fine.