

# APPLICATION in accordance with the Lower Austrian Minimum Income Legislation

**Registered as received:**



**The following documents must be attached as copies for both the applicant and for the persons mentioned in inserts A and B:**

- Birth certificate
- Proof of citizenship
- Residence permit, registration certificate
- Official identity document with a photograph
- Marriage certificate / partnership document
- Divorce decree and copy of settlement (in each case with notice that the decision/judgment has become final and unappealable)
- Solicitor decisions
- Statement of assets (e.g. current account statement for at least the last three months, savings books, building loan contract, land register extract)
- Proof of family allowances
- Proof of income (e.g. wage certificate, unemployment benefits certificate, notification of pension, pension allowance documentation, proof of maintenance claims, childcare allowance, sick pay, income and expenses calculations for at least the last three months and where appropriate detailed income statement, etc.)
- Confirmation that you are registered as seeking employment, proof of your supervisory agreement as a registered unemployed person

**The following documents are to be attached as a copy:**

- Rental agreement and current rent and service (possible payment confirmation for current rental agreement)
- Proof of living allowance
- In case of own home – proof of running costs, land register extract

**Anzahl der Personen, die gemeinsam in Haushalts- oder Wohngemeinschaft leben**  
*Total number of persons living in the household or residence*

## Personal details of the applicant

<b>Familienname</b> <i>Surname</i>			
<b>Vorname</b> <i>First name</i>		<b>Geschlecht</b> <i>Gender</i>	<input type="checkbox"/> weiblich <i>female</i> <input type="checkbox"/> männlich <i>male</i>
<b>Gesetzliche Vertretung</b> <i>Legal representation</i> (Eltern, Sachwalter) <i>(Parents, legal representative)</i>			
<b>Antrag auf Geldleistungen der Bedarfsorientierten Mindestsicherung</b> <i>Application for means-tested minimum income benefits payment</i>	<input type="checkbox"/> Nein <i>No</i> <input type="checkbox"/> Ja <i>Yes</i>	<b>Antrag auf Krankenhilfe</b> <i>Application for healthcare</i>	<input type="checkbox"/> Nein <i>No</i> <input type="checkbox"/> Ja <i>Yes</i>

<b>Hauptwohnsitz derzeit</b> <i>Current main residence</i>					
<b>abweichender Hauptwohnsitz innerhalb der letzten 6 Jahre</b> <i>Other main residences within the last 6 years</i>		von <i>from</i>	bis <i>to</i>		
		von <i>from</i>	bis <i>to</i>		
		von <i>from</i>	bis <i>to</i>		
<b>Telefonnummer</b> <i>Telephone number</i>					
<b>Familienstand</b> <i>Marital status</i>		<input type="checkbox"/> ledig <i>Single</i> <input type="checkbox"/> geschieden <i>Divorced</i> <input type="checkbox"/> verwitwet <i>Widowed</i> <input type="checkbox"/> Lebensgemeinschaft/Ehe/eingetragene Partnerschaft <i>Cohabitation / Married / Registered partnership</i> mit with/to			
<b>Sozialversicherungsnummer (10-stellig)</b> <i>Social security number (10 digits)</i>		<b>Krankenversicherung</b> <i>Health insurance</i>	<input type="checkbox"/> nein <i>No</i> <input type="checkbox"/> ja , bei <i>Yes, with</i>		
<b>Staatsbürgerschaft</b> <i>Citizenship</i>		<b>Aufenthaltstitel</b> <i>Residence permit</i>			
<b>Berufliche Tätigkeit</b> <i>Occupation</i>		<b>Pflegegeld</b> <i>Care allowance</i>	Stufe: Level: Höhe: Amount		
<b>Wohnsituation</b> <i>Living situation</i>					
<b>Wohnform (eines ankreuzen)</b> <i>Type of housing (tick one)</i>	<input type="checkbox"/> Eigenheim <i>Own home</i> <input type="checkbox"/> Genossenschaftswohnung <i>Cooperative flat</i> <input type="checkbox"/> Mietobjekt <i>Rented property</i> <input type="checkbox"/> Sonstiges: <i>Other:</i>				
<b>monatliches Nutzungsentgelt (Miete)</b> <i>Monthly charge (rent)</i>		<b>Betriebskosten</b> <i>Running costs</i>			
<b>Wohnzuschuss in der Höhe</b> <i>Living allowance amounting to</i>		<b>ausbezahlt von</b> <i>Paid by</i>			
<b>Einkommen</b> <i>Income</i> aus Erwerbstätigkeit, Pension, Arbeitslosengeld, Unterhalt, Kinderbetreuungsgeld, Miete, Pacht usw. <i>From employment, pension, unemployment benefit, maintenance, childcare allowance, rent, lease, etc.</i>					
<b>Art</b> <i>Type</i>		<b>Höhe</b> <i>Amount</i>		<b>Auszahlende Stelle</b> <i>Paying agent</i>	
<b>Art</b> <i>Type</i>		<b>Höhe</b> <i>Amount</i>		<b>Auszahlende Stelle</b> <i>Paying agent</i>	
<b>Art</b> <i>Type</i>		<b>Höhe</b> <i>Amount</i>		<b>Auszahlende Stelle</b> <i>Paying agent</i>	
<b>Vermögen</b> <i>Assets</i>					
<b>Girokonto</b> <i>Current account</i>	<input type="checkbox"/> nein <i>No</i> <input type="checkbox"/> ja <i>Yes</i>	€	<b>Bankinstitut</b> <i>Bank</i>	<b>Bankleitzahl</b> <i>Sort code</i>	
<b>Sparguthaben</b> <i>Savings account</i>	<input type="checkbox"/> nein <i>No</i>	€	<b>Bankinstitut</b> <i>Bank</i>	<b>Bankleitzahl</b> <i>Sort code</i>	

	<input type="checkbox"/> ja Yes		
<b>Bausparvertrag</b> <i>Building savings contract</i>	<input type="checkbox"/> nein No <input type="checkbox"/> ja Yes	€	<b>Bausparkasse</b> <i>Building and loan association</i> <b>Vertragsnummer</b> <i>Account number</i>
<b>Lebensversicherung</b> <i>Life insurance</i>	<input type="checkbox"/> nein No <input type="checkbox"/> ja Yes	€	<b>Versicherungsgesellschaft</b> <i>Insurance company</i> <b>Polizze</b> <i>Policy</i>
<b>Sonstiges Vermögen</b> (zB PKW, Aktien, ...) <i>Other assets</i> (e.g. car, shares, etc.)	<input type="checkbox"/> nein No <input type="checkbox"/> ja Yes		
<b>Grundeigentum</b> <i>Property</i>	<input type="checkbox"/> nein No <input type="checkbox"/> ja Yes	<b>EZ</b> <i>Property number</i> <b>EZ</b> <i>Property number</i>	<b>KG</b> <i>Cadastral area</i> <b>KG</b> <i>Cadastral area</i>

<b>Haben Sie einen Antrag auf eine Pension, Rente oder Pflegegeld gestellt? Wenn ja, sind nachstehende Angaben zu machen:</b> <i>Have you made an application for a pension, rent or care allowance? If so, the following must be completed:</i>			
<b>offene Verfahren</b> (Angaben zur zuständigen Pensionsversicherungsanstalt oder zum Gericht und der Aktenzahl sowie zum Verfahrensstand) <i>Open procedures</i> (Details on the competent pension insurance fund or court of law and the case number as well as the stage of the procedure)			
<b>Haben Sie einen Antrag auf Unterhalt gestellt? Wenn ja, sind nachstehende Angaben zu machen:</b> <i>Have you made an application for maintenance? If so, the following must be completed:</i>			
<b>Unterhaltsverpflichteter</b> <i>Party to pay maintenance</i>		<b>Sozialversicherungsnummer (10-stellig)</b> <i>Social security number (10 digits)</i>	
<b>offene Verfahren</b> (Angaben zum zuständigen Gericht und der Aktenzahl sowie zum Verfahrensstand) <i>Open procedures</i> (Details on the competent court of law and the case number as well as the stage of the procedure)			
<b>Sind Sie durch einen Unfall oder durch Fremdverschulden hilfebedürftig geworden? Wenn ja, sind nachstehende Angaben zu machen:</b> <i>Are you in a situation of need due to an accident or due to third-party responsibility? If so, the following must be completed:</i>			
<b>Name der schädigenden Person</b> <i>Name of injuring person</i>		<b>Angaben zum Unfallgeschehen</b> <i>Accident information</i>	
<b>offene Verfahren</b> (Angaben zum zuständigen Gericht und der Aktenzahl sowie zum Verfahrensstand)			

<b>Open procedures</b> <i>(Details on the competent court of law and the case number as well as the stage of the procedure)</i>			
erhaltene Schadensersatzzahlungen <i>Compensation for damages received</i>		zukünftige (regelmäßige) Schadensersatzzahlungen <i>(Regular) future compensation for damages</i>	

<b>Haben Sie innerhalb des letzten Jahres vor Antragstellung Vermögen verschenkt, oder sonst ohne entsprechende Gegenleistung an andere Personen übertragen</b> <i>Within the last year prior to application, have you given away or transferred assets to other persons without receiving anything in return?</i>	<input type="checkbox"/> ja Yes <input type="checkbox"/> nein No		
<b>Wenn ja, sind nachfolgende Angaben zu den Daten des Geschenknehmers zu machen:</b> <i>If so, the following must be completed about the beneficiary:</i>			
<b>Familienname</b> <i>Surname</i>			
<b>Vorname</b> <i>First name</i>		<b>Geb. Datum</b> <i>Date of birth</i>	
<b>Gesetzliche Vertretung (Eltern, Sachwalter)</b> <i>Legal representation (parents, legal representative)</i>			
<b>Hauptwohnsitz</b> <i>Main residence</i>			
<b>Angaben zum verschenkten Vermögen (Art, Wert des Vermögens,...)</b> <i>Details of the assets given away (type, value of assets, etc.)</i>			

<b>Die Anweisung der Bedarfsorientierten Mindestsicherung soll auf nachstehendes Konto erfolgen:</b> <i>Payment of the means-tested minimum income benefits shall be made to the following account:</i>			
<b>Kontoinhaber</b> <i>Account holder</i>			
<b>IBAN</b> <i>IBAN</i>			
<b>BIC</b> <i>BIC</i>		<b>Bankinstitut</b> <i>Bank</i>	

## Declarations and obligations

I herewith declare that the information I have given is accurate and complete.

### I am committed to

- Be willing to work as reasonably expected
- Give details of my income and source of income for the benefits assessment
- Enforce claims against third parties
- Take all necessary measures to improve my employability, my capability to work or my social stabilisation (e.g. German lessons or social work and care advice to (re)gain my ability to work)
- To take all measures required by the authorities for better integration (such as attending at least an 8-hour (minimal) values and orientation course or carrying out charitable community work, etc.)
- To notify the authorities within two weeks of all circumstances that could lead to a change in benefit entitlement, especially changes to income levels, financial circumstances, living conditions and family circumstances.

### I acknowledge that

- Benefits can be suspended or reduced, especially when it comes to:
  - ⇒ Lack of willingness to work
  - ⇒ Refusal in the case of measures that can help my capacity to work
  - ⇒ Refusal of measures to promote social stabilisation
  - ⇒ Refusal of measures to improve integration (German lessons and values and orientation courses)
  - ⇒ Refusal of any other reasonable measure that contributes to overcoming being in an emergency situation
- Providing incorrect details or the non-disclosure of crucial facts can lead to the suspension of benefits payments and repayment of benefits that have been received
- Because of incorrect information or the non-disclosure of crucial facts, an administrative fine can be imposed against me or a criminal complaint can be filed
- Benefits claimed using incorrect details, breaching the duty of disclosure, concealing important facts, or claimed illegitimately must be repaid
- If I haven given away money to persons or otherwise transferred funds without receiving anything in return within the year before the beginning of the assistance, during the assistance or three years after the assistance, these persons may be called upon to return the costs of the benefits received
- Minimum income benefits are ensured by a Land register registration.

<b>Das beiliegende Informationsblatt habe ich gelesen und zur Kenntnis genommen</b> <i>I have read and taken note of the enclosed information sheet</i>	
<b>Datum</b> <i>Date</i>	<b>Eigenhändige Unterschrift</b> Des/der Antragsteller(in) oder des/der Sachwalter(in) <i>Handwritten signature</i> <i>Of the applicant or legal representative</i>

# APPLICATION FOR MINIMUM INCOME BENEFIT DECLARATION OF CONSENT

The following persons hereby agree with the use of (including transfer of) the following personal data in accordance with § 8 Paragraph, 1 Line 2 and § 9, Line 6 of the Data Protection Law 2000 (DSG 2000), Federal Law Gazette I No. 165/1999 as currently amended, within the framework of procedures in accordance with the Lower Austrian Minimum Income Legislation (NÖ MSG), in the Gazette of the Laws and Ordinances 9205 (Landesgesetzblatt), insofar as the district administrative authority is not already entitled to use the data by law.

The data will be used by the district administrative authority exclusively for decisions on the granting, reduction, adjustment and recovery of benefits according to the NÖ MSG, in accordance with the provisions of the NÖ MSG and the DSG 2000, and will be transferred from or to the following bodies:

- Relevant **health insurer** (insurance benefit)
- Relevant **social insurance institution** (attributable income, stage of proceedings)
- Relevant **accident insurer** (attributable income, stage of proceedings)
- **Main association of social insurance carriers** (employment relationships)
- **District court – Land register** (ownership of a flat, real estate ownership, landed property, encumbrances registered in the land register)
- **Trade authority and Chamber of Commerce** (trade licences)
- **Settlement authorities and Austrian Federal Office for Immigration and Asylum** (residence and asylum status)
- **Authorities referred to in the KFG 1967** (car ownership)
- **Local civil register and central register** (registration information)
- **Lower Austrian Provincial Government Office** (housing assistance, various benefits, etc.)
- **Tax authority** (housing benefits, family allowance, employee assessment, income tax return)
- **Doctors, medical institutions, health and social services staff** (data on health conditions such as medical evidence and expert assessments)
- **The mayor** of the place of residence relating to the taking up, termination or refusal of charitable community work

The persons mentioned below hereby agree to the provision of information and the use of data (which might also be automatically supported), unless the transfer and particularly the automatically supported use of data is already prescribed by law in the Lower Austrian Minimum Income Law (Mindestsicherungsgesetz, MSG). This declaration of consent can be revoked at any time, without reasons being specified. Statutory authorisation of the authorities on the use of data are not affected by this revocation notice.

In the case of a revocation of this declaration of consent, the necessary documents belonging to the relevant persons as well as those belonging to their legal representatives are to be provided. For cooperation and disclosure obligations of persons seeking help and persons living on minimum income, refer to § 17, Paragraph 2, § 23, Paragraph 1 and § 24, Paragraph 2 of the NÖ MSG.

<b>Name</b> (der am Mindestsicherungsantrag genannten Personen)	<b>Unterschrift</b> (eigenberechtigte Personen haben selbst zu unterschreiben; für nicht eigenberechtigte Personen hat der gesetzliche Vertreter zu unterschreiben)
<i>Name (of persons on the minimum income application)</i>	<i>Signature (persons with legal capacity must sign for themselves, the legal representative must sign for persons without legal capacity)</i>


**Date and location:** .....