Important information

from the Lörrach administrative district office (*Landratsamt*), Department of Admission & Integration, SG 532 – Benefit

for persons receiving benefits under the German Asylum Seekers' Benefits Law (AsylbLG)

Anyone applying for or receiving social welfare benefits is obliged to immediately notify the authority granting the benefits of **any changes to their personal or financial circumstances**. These include, in particular

- any change in **income**, **assets** or **family circumstances**
- the commencement of any **employment** (even if this is only marginal employment and not subject to social security contributions and/or tax)
- any change to **foreign national status or residence status**
- persons moving into the household and persons moving out of the household
- any change to accommodation costs
- any long **absence** of more than 3 days from their place of residence
- **stays abroad**
- in-patient **hospital stays** or **stays for a '*Kur*' at a health resort**
- **applications** for the granting of additional benefits (e. g. unemployment benefit, sickness benefit, child benefit, housing benefit, granting of pensions, disabled person's pass, injury award)
- **vehicle ownership**

So that a need for aid can be established, you are required to submit evidence and documents and to agree to the required information being issued by third parties.

One-off allowances must be applied for and approved in advance. No costs can be assumed retrospectively for items already purchased.

Approval must be obtained from the authority granting benefits prior to a planned house or flat move.

Declaration by the applicant:

I have taken note of this information. I am aware of my duty to cooperate and communicate. I have received a copy of this information today.

I am aware that providing false or incomplete information could make me liable to prosecution (Fraud - § 263 Criminal Code (*Strafgesetzbuch*)) and that benefits wrongly received must be repaid.

_____ _____

Place, Date

Signature
Name:

_____

Signature
Name: