



Proof of eligibility for contribution reduction

A contribution reduction is requested for:

First name: _____ Last name: _____ Date of birth: _____

Road: _____ Postcode: _____ City: _____

Membership number: _____ for the sports offering: _____

Copy of the benefits notice or the benefit entitlement is available, according to _____ Unemployment Benefit II / Social Benefit (SGB II)
 _____ Benefits for Asylum Seekers Act
 _____ Assistance for Livelihood Support / Basic Security (SGB XII)

___ **None** of the above requirements are fulfilled. The **extended** income test applies:

Net income of the head of household
Including holiday/Christmas bonus (1/12) _____

Net income of spouse or partner
Including holiday/Christmas bonus (1/12) _____

Unemployment Benefit I (SGB III) / Housing Benefit
Other income (e.g. from renting etc.) _____

Maintenance payments / Income in the household
Living siblings / Child Benefit or Supplement _____

Parental Benefit (less non-chargeable 300 €) /
Childcare Benefit _____

Widow/widower's pensions / Orphan's pensions
Disability / Old-age pensions _____

Training allowance (Bafög, BAB, FSJ, Educational
allowances according to § 27 BundesVerG) _____

= TOTAL NET INCOME _____

Minus 15% flat rate (for special burdens) _____

Minus basic rent incl. additional costs (without
heating, electricity and hot water); for ownership
see notes _____

= ADJUSTED NET INCOME _____

Calculation of the assessment limit (as of 2017):

Seizure-exempt subsistence minimum € 1,179.00

plus the children living in the household:

Children until the completion of the
6th year x 375.00 € _____ €

Children from the 7th to the completion of the
14th year x 462.00 € _____ €

Children from the 15th to the completion of the
year of life x € 492.00 _____ €

Adult young people in the
family household x 583.00 € _____ €

= ASSESSMENT LIMIT _____ €

I guarantee that I have provided all the information completely and correctly. I agree with the storage and processing of the data collected on this form.

The association is entitled to check the legality of the information at any time.

Date: _____ Signature: _____

The value for the "assessment limit" is higher than the "adjusted net income". Therefore, the request for contribution reduction is granted:

_____ **Yes** _____ **No**

The information was checked by me and the guidelines were noted and complied with.

Date: _____ Signature of auditor: _____ Contribution reduced to: _____



Calculation of the assessment limit for proof of eligibility for contribution reduction

Notes and assistance for processing

If benefits are paid in accordance with SGB II, SGB XII or the Asylum Seekers Benefits Act, an extended income test is no longer required. The proof provided must then be indicated by checking the corresponding box.

Together with the signed proof, a copy of the benefits notice or entitlement notice (valid until at least the first month of reduction) according to SGB II or XII the Asylum Seekers Benefits Act must be submitted **without an extended income test**.

For low earners without a benefit entitlement, **an extended income test** will be carried out. The net income may not exceed the calculated assessment limit after 15% reduction for special charges (such as additional insurance, fares, etc.) and less accommodation (excluding heating, electricity and hot water; in the event of ownership, the actual cost, but not more than 25% of net income).

The income includes:

- Net income of the head of household (including 1/12 for annual special payments)
- Net income for spouse or partner (including 1/12 for annual special payments)
- Net income of stepmothers or stepfathers (including 1/12 for annual special payments)
- Child Benefit
- Education Benefit according to § 27 BundesVerG
- Training Benefit, Bafög, BAB
- Nursing Benefit (only social security funds)
- Unemployment Benefit I
- Parental Benefit (less the non-deductible amount of 300 €)
- Income from maintenance payments
- Pensions and pension grants

Applicable proofs must be submitted as a copy together with the signed proof of the basic rent (please use current, up-to-date documents). In the event of property ownership, the current tax assessment has to be submitted.

For civil servants whose gross income does not exceed the compulsory insurance threshold (analogous to employees), the contribution for private health insurance (without daily allowance insurance) may be deducted when determining net income.

Please make sure that all proof is complete, correct and legible and the appropriate boxes have been checked.

If the income situation does not change, the proof for contribution reduction is valid for max. ½ year from the date of approval.

If there are changes during the year, such as from Unemployment Benefits (ALG) to normal income or long-term illness (sickness allowance) to normal income, please inform Walddörfer SV immediately and attach the latest documents.

There is no legal entitlement to a reduction.

We are happy to help in the event of further questions: Tel. 64 50 62 0 or e-mail:

info@walddoerfer-sv.de