

i You have requested that the recovery of the excess amount of paid benefits would be renounced or adjusted reasonably. In order to deal with your request, we need your statement about your current financial situation. You can give a statement of your social situation (point 6) if you think it has an effect on your ability to refund the excess amount. **Prepare to provide the unemployment fund with supporting documents of the information you provide.**

Statement of Financial and Social Conditions for the Unemployment Fund

Legal basis for the Unemployment Fund's right to information: Unemployment Security Act, 2 § of Chapter 11.

1. PERSONAL INFORMATION

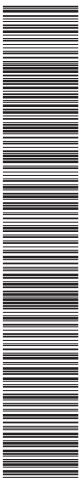
| | | |
|------------------------|------------|-----------|
| Social security number | First name | Last name |
|------------------------|------------|-----------|

2. FAMILY

| |
|---|
| Date of birth of spouse or partner |
| Dates of birth of dependant children living in the same household |
| Dates of birth of yours or your spouse's dependant children under the age of 18 who are living elsewhere. |

3. STATEMENT OF INCOME

| i <i>Nothing should be written in the shaded areas</i> | Applicant | | | Spouse / other adult who is a member of the household | | |
|---|----------------------------------|--------------------|------------------|--|--------------------|------------------|
| | | e/mth gross income | e/mth net income | | e/mth gross income | e/mth net income |
| Income from work or entrepreneurship | | | | | | |
| Child benefit | | | | | | |
| Child support | | | | | | |
| Benefits (daily allowances, pensions etc.) | 1 st type of benefit: | | | 1 st type of benefit: | | |
| | 2 nd type of benefit: | | | 2 nd type of benefit: | | |
| | 3 rd type of benefit: | | | 3 rd type of benefit: | | |
| Housing allowance | | | | | | |
| Other benefits (study grant, child home care allowance etc.) | 1 st type of aid: | | | 1 st type of aid: | | |
| | 2 nd type of aid: | | | 2 nd type of aid: | | |
| | 3 rd type of aid: | | | 3 rd type of aid: | | |
| Investment income | | | | | | |
| Other income | What: | | | What: | | |
| Statement of wealth | | | | | | |



4. STATEMENT OF EXPENSES

| The family's housing costs | | e/mth |
|--|--|-------|
| Rent | | |
| Maintenance charge | | |
| Mortgage repayment | | |
| Loan interest rate | | |
| Electricity | | |
| Water | | |
| Home insurance | | |
| Other housing expenses, what (e.g. fees for gas, heating, sauna and waste management, ground or plot rent, real estate tax and other real estate related fees) | | |

| | Applicant e/mth | Spouse (living in the same household) e/mth |
|---|--------------------|--|
| Commute expenses | | |
| Child support | | |
| Fees for day care and after-school activities | | |

The unemployment fund estimates the other monthly expenses necessary for your household according to the annual amounts established by the Ministry of Justice (30.3.2001/322). Other necessary costs of living include: expenses for food, clothing, ordinary health care, personal hygiene and cleanliness of the home, maintenance of the home, use of local transport, newspaper subscriptions, television charges, telephone use and expenses from hobbies and other recreational activities. **No such expenses need to be stated separately.**

5. ADDITIONAL INFORMATION ABOUT MY FAMILY'S FINANCIAL SITUATION (statement of income or expenses that you have not yet indicated in this form, for example social assistance, other than ordinary health care expenses, debt recovery proceedings or debt restructuring)

6. STATEMENT OF SOCIAL SITUATION (for example work ability, health condition, studying, awareness of changes in my work situation)

7. DATE AND SIGNATURE

| | |
|---|-----------|
| I assure that the information submitted is correct. | |
| Date | Signature |

