**Antragsformular zur Alimentenbevorschussung**

Sämtliche Angaben müssen für Antragssteller/in, Ehepartner/in sowie Kinder gemacht werden, die Bevorschussung beantragen.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Personalien Antragssteller/in Bemerkungen der Alimentenhilfe | | | | | | | | |  | | | | | | |  |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |
| Name | | |  | | | | | | | | | |  | | Vorname | | | | | | | | | | | |  | | | | | | | | | | |  | |
| Strasse | | |  | | | | | | | | | |  | |  | | | | | | | | | | | |  | | | | | | | | | | |  | |
| PLZ und Ort | | |  | | | | | | | | | |  | |  | | | | | | | | | | | |  | | | | | | | | | | |  | |
| Telefon Privat | | |  | | | | | | | | | |  | | Telefon Natel | | | | | | | | | | | |  | | | | | | | | | | |  | |
| Heimatort/Nationalität | | |  | | | | | | | | | |  | | Sozialvers.-Nr. | | | | | | | | | | | |  | | | | | | | | | | |  | |
| Geburtsdatum | | |  | | | | | | | | | |  | | Zugezogen von | | | | | | | | | | | |  | | | | | | | | | | |  | |
| Wohnhaft in der Gemeinde seit | | |  | | | | | | | | | |  | | Wohnhaft im Kanton seit | | | | | | | | | | | |  | | | | | | | | | | |  | |
| Erwerbssituation | | | erwerbstätig/Pensum: %  nicht erwerbstätig arbeitssuchend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Letzte berufliche Tätigkeit | | |  | | | | | | | | | |  | | Letzte/höchste Schulausbildung | | | | | | | | | | | |  | | | | | | | | | | |  | |
| Erlernter Beruf | | |  | | | | | | | | | |  | | Aufenthaltsbew. | | | | | | | | | | | |  | | | | | | | | | | |  | |
| Zivilstand | | | |  | |  | | | | |  | | |  | | | |  | | | | | | | | | |  | | |  | | | |  | | | |  | | | |
|  | ledig | | | |  | | |  | | | |  | | | | | | | |  | | |  | | | | | | |  | | | |  | |  | |  | | |
|  | verheiratet seit | | | |  | | | mit | | | |  | | | | | | | | | | | | | | | | | | Geb.-Dat. | | | |  | | | | | | |
|  | gerichtlich getrennt seit | | | |  | | | von | | | |  | | | | | | | | | | | | | | | | | | Geb.-Dat. | | | |  | | | | | | |
|  | geschieden seit | | | |  | | | von | | | |  | | | | | | | | | | | | | | | | | | Geb.-Dat. | | | |  | | | | | | |
|  | im Konkubinat seit | | | |  | | | mit | | | |  | | | | | | | | | | | | | | | | | | Geb.-Dat. | | | |  | | | | | | |
| Schulische und berufliche Angaben zu Ihren Kindern die Bevorschussung beantragen | | | | | | | | | | | | | | | | | | |  | | |  | |  | |  |  | |  | | | |  | | | |  | | | | |
| Name/Vorname | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | |
| Sozialvers.-Nr. | |  | | | | | | | | | | | | | | | | | Geb.-Datum | | | | | | | | | | | | |  | | | | | |  | | |
| Schule | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Schule nach oblig. Schulpflicht/Lehre | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Dauer (von/bis) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Es wird Bevorschussung beantragt | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |

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| Name/Vorname  Bemerkungen der Alimentenhilfe | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Sozialvers.-Nr. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Geb.-Datum | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Schule | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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|  | Es wird Bevorschussung beantragt | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| Name/Vorname | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Sozialvers.-Nr. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Geb.-Datum | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Schule | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Schule nach oblig. Schulpflicht/Lehre | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| Name/Vorname | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Sozialvers.-Nr. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Geb.-Datum | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Schule | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Schule nach oblig. Schulpflicht/Lehre | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| **Anrechenbare Ausgaben** | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | |  | | | |  | | | | |
| **1. Lebensbedarf: Wie setzt sich der Haushalt zusammen?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | |  | | | |  | | | | |
| Anzahl Erwachsene | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |
| Anzahl mündige Kinder | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |
| Anzahl unmündige Kinder | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |
| **2. Mietwohnung** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Monatlicher Nettomietzins | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | | | | | | | | | | | |  | | |  | |  | | |  | | | |
| Monatliche Nebenkosten | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | | | | | | | | | | | |  | | |  | |  | | |  | | | |
| Monatliche Kosten Abstellplatz/Garage | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | | | | | | | | | | | |  | | |  | |  | | |  | | | |
| **3. Wohneigentum** | | | | | | | | | | | | | |  | | | | | | | | | | | |  |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | |  | | | |  | | | | |
| Mietnebenkosten | | | | | | | | | | CHF | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | |  | | |  | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Hypothekarzinsen | | | | | | | | | | CHF | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | |  | | |  | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Gebäudeunterhaltskosten | | | | | | | | | | CHF | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | |  | | |  | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| **4. Krankenversicherung** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | Bemerkungen der Alimenten-hilfe | | | | | | | | | | | | | | |  | | | |
| Monatliche Prämien der **Grundversicherung KVG** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | Vorname | | | | | | | | | | | | | | Krankenkasse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Prämien in CHF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5. Krankheitskosten** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | | | | | | | | | | | |  | | | |
| Welche Krankheitskosten aus dem KVG mussten Sie gemäss Auszug der Gesundheitskosten für die Steuererklärung selber übernehmen? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| CHF | |  | | | | | | |  | |  | | | |  | | | | | | | | | | | | | |  | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | |  | | |  |
| **6. Versicherungsprämien (effektiv)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | | | | | | | | | | | |  | | | |
|  | | Hausrat-/ Privathaftpflicht | | | | | | | | | | |  | | CHF | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  | | NSV | | | | | | | | | | |  | | CHF | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  | | Lebensversicherung | | | | | | | | | | |  | | CHF | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |
|  | | Auto | | | | | | | | | | |  | | CHF | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |
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| **7. AHV/IV/EO-Mindestbeiträge für Nichterwerbstätige** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | | | | | | | | | | | |  | | | |
| Hat jemand von Ihnen Mindestbeiträge für Nichterwerbstätige zu entrichten? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Name | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | CHF/Jahr | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **8. Unterhaltsbeiträge an Dritte** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bezahlen Sie oder Ihr/e Ehegatte/in jemandem Unterhaltsbeiträge? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | | | | | | | | | | | |  | | | |
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Bemerkungen der Alimenten-hilfe

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| **9. Kosten, welche im Zusammenhang mit einer Erwerbstätigkeit anfallen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fahrkosten** | | | | | | | | | | | | | | | | |  | |  | | | | |  | | |  | | | | |  | | |  | | | | | | | |  | | | | |
| Hat jemand in Ihrem Haushalt im Zusammenhang mit der Erwerbstätigkeit/Schule Mehrauslagen? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Name | |  | | | | | | | | | | | | | Arbeits-/Schulort | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |  | | | | | |
| Wie oft pro Woche? | | | | | |  | | | | | | | | |  | | | Distanz 🡨 🡪 | | | | | | |  | | | | | | km | | | | | | | | | | |
|  | Fahrrad | | | |  | | Öffentlicher Verkehr (CHF /Monat) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Motorrad | | | |  | | Auto | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | Arbeits-/Schulort | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |  | | | | | |
| Wie oft pro Woche? | | | | | |  | | | | | | | | |  | | | Distanz 🡨 🡪 | | | | | | |  | | | | | | km | | | | | | | | | | |
|  | Fahrrad | | | |  | | Öffentlicher Verkehr (CHF /Monat) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Motorrad | | | |  | | Auto | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | Arbeits-/Schulort | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |  | | | | | |
| Wie oft pro Woche? | | | | | |  | | | | | | | | |  | | | Distanz 🡨 🡪 | | | | | | |  | | | | | | km | | | | | | | | | | |
|  | Fahrrad | | | |  | | Öffentlicher Verkehr (CHF /Monat) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Motorrad | | | |  | | Auto | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mehrkosten der Verpflegung** | | | | | | | | | | |  | | | | | |  | |  | | | | |  | | |  | | |  | | |  | | |  | | | | | | | | | |
| An wie vielen Tagen müssen Sie pro Woche auswärts essen? | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | |  | | | Tage | | | | | | | | | | | | |
| An wie vielen Tagen muss | | | | | | | |  | | | | | (Name) | | | | | | | pro Woche auswärts essen? | | | | | | | | |  | | | Tage | | | | | | | | | | | | |
| Bezahlt der Arbeitgeber einen Beitrag für auswärtiges Essen? | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | |  | | |  | | | | | | | | | |
|  | Ja | | CHF |  | | | | | pro Mittagessen | | | | | | | | | | | für mich | | | | | |
|  | Ja | | CHF |  | | | | | pro Mittagessen | | | | | | | | | | | für | |  | | | | | | | (Name) | | | | | | | | | |
|  | Nein | |  |  | | | | | |  | | | | | | | | | |  |  | | |
| **Kinderbetreuungskosten** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Hält sich Ihr Kind/Ihre Kinder tagsüber oder während der Woche auswärts bzw. in einer Pflegefamilie/Tageshort oder bei einer Tagesmutter auf? Entsprechendes bitte unterstreichen! | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Name des Kindes bzw. der Kinder | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Betreuungsperson/-ort | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Kosten pro Monat/Kind | | | | | | | | | | | | CHF | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | Nein | | | | | | | | | | | | |  | |  | | | | | | |  | | | | |  | | | | | |  | | |  | | | | | | |  | | | | |

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| **Anrechenbares Einkommen**  Bemerkungen der Alimentenhilfe | | | | | | | | | | | |  |
| **Tätigkeit** | | | | | |  | | | | |
| **Antragssteller/in** | |  | | **Ehepartner/in** | | | |  | |
|  | Arbeitnehmer/in |  | |  | Arbeitnehmer/in | | |  | |
|  | Selbstständigerwerbend |  | |  | Selbstständigerwerbend | | |  | |
|  | Nichterwerbstätig |  | |  | Nichterwerbstätig | | |  | |
|  | Arbeitsunfähig |  |  | | Arbeitsunfähig | |  | |
|  | Arbeitslos |  |  | | Arbeitslos | |
|  | Rentner/in |  |  | | Rentner/in | |

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| **1. Antragssteller/in (auch bei nebenberuflicher Erwerbstätigkeit)** | | | | | | | | | |  | |
| Arbeitgeber |  |  |  | Beschäftigungsgrad |  |  | | % |
| Adresse |  |  | | | | | | |  | |
| Telefon |  |  |  | Art der Erwerbstätigkeit |  | | | |  | | | |  |
| Weitere Arbeitgeber: | | |  |  |  | |  | |  | |
| Name Arbeitgeber |  |  |  | Beschäftigungsgrad |  |  | | % |
| Adresse |  |  | | | | | | |  | |
| Telefon |  |  |  | Art der Erwerbstätigkeit |  | | | |  | | | |  |

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| Wer bezieht die Kinderzulagen? | | |  | | | | | | | |
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| Einkommen pro Monat  (netto, ohne Kinderzulage) | |  | Kinderzulage | | Bezahlte Spesen  pro Monat | | Höhe 13. Monatslohn  oder Gratifikation | | |
| CHF |  |  | CHF |  | CHF |  | CHF |  |  |
| CHF |  |  | CHF |  | CHF |  | CHF |  |  |

**Lohn Lernende/r**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name/Vorname | Einkommen pro  Monat (netto) | |  | Bezahlte Spesen pro Monat | | Höhe 13. Monatslohn  oder Gratifikation | |
|  | CHF |  | | CHF |  | CHF |  |
|  | CHF |  | | CHF |  | CHF |  |

**Personalien neue/r Ehepartner/in**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Arbeitgeber | |  |  | | | | |  | Beschäftigungsgrad | | | |  | | | | % |
| Adresse | |  |  | | | | | | | | | | | | | | | | |
| Telefon | |  |  | | | | |  | Art der Erwerbstätigkeit | | | | | |  |  | | | | |
|  | | | |  | |  | | | | |  |  | | | | | | |
| Einkommen pro Monat (netto, ohne Kinderzulage) | |  | Kinderzulage | | | | Bezahlte Spesen pro Monat | | | | | Höhe 13. Monatslohn oder Gratifikation | | | | | | | | | |
| CHF |  |  | CHF | |  | | CHF | | |  | | CHF | |  | | | | | | | |
| CHF |  |  | CHF | |  | | CHF | | |  | | CHF | |  | | | | | | | |

Bemerkungen der Alimenten-hilfe

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| **Selbstständigerwerbende/r** |  | |  | |  |  | | | |  |  | | | |  | |  | |
| Welches war Ihr Einkommen von heute bis ein Jahr zurück? | | | | | | | | CHF |  | | | | | | |
| **2. Haushaltsführungsentschädigung des/der Konkubinatspartner/in  und andere Wohnpartner/innen** | | | | | | | | | | | | | | | | | |  |
| Entschädigung für die Haushaltsführung | | CHF | |  | | | pro Monat | | | | |  |  |  | | | | | |  |

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| **3. Andere Einnahmen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Sind andere Einkommen, wie z. B. Arbeitslosentaggeld, Renten, Ehegattenalimente etc. zu verzeichnen? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Ja, welche? | | |  | | | | | monatliche Einnahmen | | | | | | | | | | | | | CHF | | |  | | | | | | | |  | |
|  | Nein |  | | |  | | |  | | | | | | | | | | | | | |  | |  | |  | | | | | | |  | |
| **Liegenschaftsertrag bei Wohneigentum** | | | | | | | | | | |  |  | | | | | | | |  | | | | | | | |  |  | |  | |  | | |
| a) | Ertrag aus nicht selbstbewohnter Liegenschaft | | | | | | | | | | | | | | | | | | | | |  | CHF | | | |  | | | | | | |
| b) | Eigenmietwert | | | | | | | | | | | | | | | | | | | | |  | CHF | | | |  | | | | | | |
| **Krankenkassenprämienverbilligung (Individuelle Prämienverbilligung - IPV)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Haben Sie für sich und Ihre Kinder Prämienverbilligung erhalten? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Ja | CHF |  | | | für das Jahr | | | |  | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | |  | | |
|  | Nein |  |  | | |  | | | | | | |  | |  | | |  | | | | | | | | | | | | | | | | |  | | |
| Hat ein mündiges Kind Prämienverbilligung erhalten? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Ja | CHF |  | | | für das Jahr | | | |  | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | |  | | |
|  | Nein |  |  | | |  | | | | | | |  | |  | | |  | | | | | | | | | | | | | | | | |  | | |
| **Stipendien** | | | | | | |  | | | |  |  | | | | | | | |  | | | | | | | |  |  | |  | |  | | |
| Beziehen Sie für sich oder Ihre Kinder Stipendien? | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | |  | | |
|  | Ja | CHF |  | | | pro Jahr | | | | | | | |  | |  | | |  | | | | | | | | | | | | | | | | | |  | | |
|  | Nein |  |  | | |  | | | | | | | |  | |  | | |  | | | | | | | | | | | | | | | | | |  | | |

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| **Vermögensnachweise**  Bemerkungen der Alimenten-hilfe | | | | | | |  |
| **Erwachsene und mündige Kinder** (Kontoauszüge der letzten 3 Monate) | | | | |  | |  |
| Name | Vorname | Konto | Zinsen | Saldo | |
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| **Kinder** | |  | | | |  |  | | | | |  |  |  | | | |  | | | |  | |  |
| Name | | | | | Vorname | | | | | | Konto | | | | | | | | | | Zinsen | | Saldo | | |
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| **Besteht eine Lebensversicherung?** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ja | |  | Nein | | | | |  | | | | | |  |  |  | | | | | | | | |  |
| Versicherungsgesellschaft | | | | | | | |  | | Policen-Nr. | | | | | | | | |  | Rückkaufswert per 1.1. | | | | | |
|  | | | | | | | |  | |  | | | | | | | | |  |  | | | | | |
|  | | | | | | | |  | |  | | | | | | | | |  |  | | | | | |
| **Besteht Wohneigentum/Liegenschaften?** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ja | |  | Nein | | | | |  | | | | | |  |  |  | | | | | | | | |  |
| Grundstück Nr. | | | | | | | |  | | Adresse/Ort | | | | | | | | |  | Verkehrswert | | | | | |
|  | | | | | | | |  | |  | | | | | | | | |  |  | | | | | |
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| **Schulden** | | | | | | | | | |
| **Bestehen Hypothekarschulden?** | | | | | | | | | |
|  | Ja | CHF |  | | | | |  | | |  | |
|  | Nein |  | |  |  |  |  | |  | | |

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| Der/die Antragssteller/in nimmt zur Kenntnis, dass der Alimentenhilfe Nidwalden jede Änderung mitzuteilen ist, welche auf den Anspruch oder die Höhe der Alimentenbevorschussung einen Einfluss haben kann. Insbesondere sind zu melden:   * Änderung der Unterhaltspflicht (Urteils- oder Unterhaltsvertragsänderung) gegenüber anspruchsberechtigten Kindern bzw. Einleitung eines Abänderungsverfahrens durch die unterhaltspflichtige Person * Adressänderung * Zivilstandsänderung (Heirat, Scheidung etc.) * Eingehen eines Konkubinates * Teilweise oder vollständige Arbeitsaufnahme von sich, dem Ehegatten, bzw. der Ehegattin, des/der Konkubinatspartner/in oder der Kinder, sowie Änderungen der Einkommens- und Vermögensverhältnisse * Abbruch der Schulausbildung oder Auflösung des Lehrverhältnisses von anspruchsberechtigten Kindern * Eintritt von Sozialversicherungsleistungen (wie z. B. AHV, IV, BVG etc.) * Zusprechung von Stipendien oder andere Einkünfte * Eingang von Direktzahlungen der unterhaltspflichtigen Person oder von Dritten für die unterhaltspflichtige Person. Diese Direktzahlungen sind umgehend der Alimentenhilfestelle zurückzuerstatten, da ansonsten der Anspruch auf Alimentenbevorschussung entfällt.   Bei Bezug von wirtschaftlicher Sozialhilfe erklärt sich der/die Unterzeichnende einverstanden, dass die zur Berechnung relevanten Unterlagen zwischen dem Sozialdienst NW und der Alimentenhilfe NW ausgetauscht werden.  Der/die Unterzeichnende bestätigt, alle Angaben wahrheitsgetreu gemacht zu haben, obgenannte Mitteilung zur Kenntnis genommen und als verbindlich akzeptiert zu haben. | | |
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|  |  |  | |
| Ort/Datum |  | inkl. Unterschrift mündige(s) Kind(er) | |

**Unterlagen zum Antrag zur Alimentenbevorschussung**   
  
Für die Prüfung der Anspruchsberechtigung müssen die nachfolgend aufgeführten Unterlagen zum Antragsformular beigelegt werden. **Unvollständige Unterlagen können zu Verzögerungen bzw. zu Nichteintreten auf den Antrag führen.**  
1. Allgemeine Unterlagen

Scheidungsurteil mit Rechtskraft

Unterhaltsvertrag mit Rechtskraft

Eheschutzmassnahme / Trennungsurteil mit Vollstreckung

Mietvertrag

Bestätigung Schule / Hochschule / Uni

Stipendien

2. Krankenversicherungen / Versicherungen

KVG per 1.1.  
 Prämienverbilligung IPV (Verfügung)

Krankheitskosten (Auszug der Gesundheitskosten für die Steuererklärung)

Hausrat-/Haftpflichtversicherung

NSV

Auto/Motorradversicherung

Lebensversicherung

andere Versicherungen

3. Vermögen / Schulden

Bank- / PC-Konto-Auszüge der letzten drei Monate

aktuellste Steuererklärung und Veranlagung sowie aktuelle Hypothekarzinsen bei Eigentum

Wertschriften und Vermögenswerte

Lebensversicherung

Nachweis bezahlter Unterhaltsbeiträge

Kostennachweis bei Fremdbetreuung der Kinder

4. Bei unselbständiger Erwerbstätigkeit

Arbeitsvertrag

Lehrvertrag / Ausbildungsbestätigung

Lohnabrechnung bei Monatslohn

Lohnabrechnungen der letzten 3 Monate bei Stundenlohn

Lohnabrechnung bei 13. Monatslohn, Gratifikation oder Bonus

5. Arbeitslosigkeit

Abrechnungen Arbeitslosentaggelder der letzten 3 Monate

6.Taggeld-Leistungen

Krankentaggeld-Abrechnungen

Unfalltaggeld-Abrechnungen

IV-Taggeld-Abrechnungen

Mutterschaftstaggeld-Abrechnungen

7. Übrige Leistungen / Renten

Invalidenrente (IV)

AHV-Leistungen (AHV)

Ergänzungsleistungen (EL)

Witwenrente / Waisenrente

Hilflosenentschädigung (HE)

Berufliche Vorsorge (BVG)

8. Bei selbständiger Erwerbstätigkeit

aktuelle Bilanz / Erfolgsrechnung