

<u>To be completed by immigration office</u>
Received on:
Submitted by:
Authorisation submitted on:
Accepted by:
Date of appointment:

Application for **issue or** **extension**
of a residence title in the form of a **Visa** **Residence permit** **residence card**
for family members of union citizens (§ 5 (1) FreizügG/EU) **Settlement permit**
 EU long-term residence permit (§ 9a Residence Act) **Right of permanent**
residence (pursuant to Freedom of Movement Act/EU) **card for border crosser**
for **months** **years**

Note:

Please fill in the application form in German, either in block capitals or with a typewriter. Please place a cross in the relevant box. Coloured boxes (marked: To be completed by immigration office) must not be filled in. The authorities charged with the execution of the German Residence Act (AufenthG) may collect personal data for the purposes of implementing this Act and provisions relating to foreigners contained in other acts, insofar as this is necessary in discharging their duties under the Residence Act and provisions relating to foreigners contained in other acts (§§ 86ff Residence Act). **A separate form must be used for each person – including children – when applying for a residence title (§ 81 Residence Act).**

1. Personal information

Surname		Forename(s)	
Previous names (name at birth; previous married names)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date and place of birth		Nationality(ies) (including previous)	
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married/civil partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced/civil partnership dissolved Since:			
Height cm		Eye colour <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/>	
Optional information Tel. Fax Email			
Religion		Note I am aware that information on religious affiliation is given on a voluntary basis. Any information that I choose to give must be truthful and complete (see also legal information on the last page of this application).	

2. Information on identity papers

Precise description of piece of identification <input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Replacement permit <input type="checkbox"/> Other	
Number of piece of identification	Issuing authority
Date of issue	Period of validity

3. Information on entry and on previous stays

Entered on (if applicable)	With visa <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Visa type/visa number	
	Visa issuing authority	
	Date of issue	Valid until
Home address		
Do you have a permanent place of residence outside the Federal Republic of Germany and, if so, where? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you stayed in Germany before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Since birth		
If yes, state where you lived and for how long: From _____ To _____ In _____		
Have you ever been expelled, deported or repatriated from Germany or any other Schengen state? <input type="checkbox"/> Yes, date: _____ <input type="checkbox"/> No		
Has an application for entry been refused? <input type="checkbox"/> Yes, date: _____ <input type="checkbox"/> No	Has an application for a residence title ever been refused? <input type="checkbox"/> Yes, date: _____ <input type="checkbox"/> No	
Have you ever appeared in court for a criminal offence (including abroad) or are you under investigation for a suspected crime? <input type="checkbox"/> Yes, for _____ <input type="checkbox"/> No		
<input type="checkbox"/> Type and length of sentence		
Are you suffering from any infectious diseases? (Answer only required with the first application for residence title) <input type="checkbox"/> Yes, from _____ <input type="checkbox"/> No		
Are there plans for any family members to come with you? (If applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which ones?		

4. Information on the purpose and duration of stay

Purpose of the stay			
<input type="checkbox"/> Subsequent family immigration	<input type="checkbox"/> Study	<input type="checkbox"/> Language course	<input type="checkbox"/> School attendance
<input type="checkbox"/> Self-employment	<input type="checkbox"/> Au pair	<input type="checkbox"/> Humanitarian, political reasons under international law	
<input type="checkbox"/> Other			
<input type="checkbox"/> Gainful employment		<input type="checkbox"/> Training	
<small>(Please also fill in all the relevant details on the form <u>Anfrage an die Bundesagentur für Arbeit bzgl. Arbeitsaufnahme eines/r Ausländers/in</u> [Request to the Federal Employment Agency with regard to the employment of a foreigner])</small>			

5. Information on place of residence

Postal address in Frankfurt (Oder) (Postcode, street, house number, name of landlord if applicable)	
<input type="checkbox"/> Single room	<input type="checkbox"/> Collective accommodation <input type="checkbox"/> Home with.....room(s)
Moved to Frankfurt (Oder) from <small>(Postcode, town, street, house number, name of landlord if applicable)</small>	Date of move
Another place of residence in the Federal Republic of Germany	
<input type="checkbox"/> Yes, in (Postcode, town, street, house number, name of landlord if applicable)	<input type="checkbox"/> No

6. Information on secure means of financial support

What are your financial means of support?		
<input type="checkbox"/> Personal income	<input type="checkbox"/> Income of spouse	<input type="checkbox"/> Allowance from parents
<input type="checkbox"/> Grant	<input type="checkbox"/> Annuity/pension	<input type="checkbox"/> Assets
<input type="checkbox"/> Other	<input type="checkbox"/> Monthly net earnings:€	
Do you claim social benefits/other public funds for yourself, a family member or any other member of your household?		
<input type="checkbox"/> Yes, since	<input type="checkbox"/> No	
<input type="checkbox"/> Which benefit/public funds?		
<input type="checkbox"/> Name, address and date of birth of family or household member, if applicable		
Do you have health insurance cover for the Federal Republic of Germany?		
<input type="checkbox"/> Yes, with	<input type="checkbox"/> No	

7. Information on spouse/civil partner

Surname		Forename(s)	
Previous names (name at birth; previous married names)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date and place of birth		Nationality(ies) (including previous)	
Postal address (Postcode, town, street, house number, name of landlord if applicable, name of country if applicable)			
Other home (Postcode, town, street, house number, name of landlord if applicable, name of country if applicable)			

8. Information on children

Name and forename(s)	Date/place of birth	Sex	Nationality (ies)	Residence (precise address)
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
		<input type="checkbox"/> Male <input type="checkbox"/> Female		

9. Information on parents (at home/abroad, also adoptive parents)

Father

Name and forename(s)	Date/place of birth	Nationality(ies)
Residence (precise address)		
Nature and duration of stay <input type="checkbox"/> Visa valid until <input type="checkbox"/> Residence permit valid until <input type="checkbox"/> Settlement permit/EC long-term residence permit		

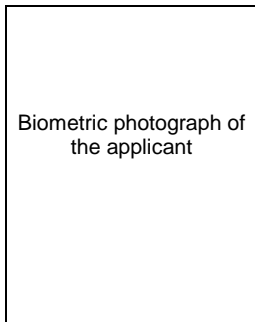
Mother

Name and forename(s)	Date/place of birth	Nationality(ies)
Residence (precise address)		
Nature and duration of stay <input type="checkbox"/> Visa valid until <input type="checkbox"/> Residence permit valid until <input type="checkbox"/> Settlement permit/EC long-term residence permit		

I confirm that all the information I have given above is accurate to the best of my knowledge and belief. The additions made by the responsible official,, are based on information I have provided, and have been read out to me and approved by me.

My attention is duly drawn to the following:

1. I am obliged to put forward my interests and any circumstances in my favour which are not evident or known, specifying variable circumstances, and to produce forthwith the necessary evidence relating to my personal situation and any other required certificates, permits and evidence. Circumstances disclosed and evidence furnished after the expiry of the deadline set by the immigration office may be ignored (§ 82 para. 1 Residence Act).
2. False or incomplete information for the purpose of obtaining a residence title shall constitute grounds for expulsion in accordance with § 55 para. 2 no. 1 Residence Act and may lead to expulsion (§ 55 para. 1 Residence Act) or to the refusal of a residence title (§ 5 para. 1 no. 2 Residence Act) (this also applies to voluntary statements on religious affiliation).
3. Anyone who furnishes or uses false or incomplete information to procure a residence title for themselves or for another person or who knowingly uses a document procured in this manner for the purposes of deceit in legal matters shall be punishable with up to three years' imprisonment or a fine (§ 95 para. 2 no. 2 Residence Act).



 Date and signature (Signature of legal representative for persons under the age of 16)

Documents and certificates to be submitted

<input type="checkbox"/> Piece of identification (passport/identity card)	<input type="checkbox"/> Tenancy/lease agreement
<input type="checkbox"/> Proof of income (salary slips for last 3 months/last income tax return of applicant or spouse/civil partner)	<input type="checkbox"/> Certificate of enrolment/training programme
<input type="checkbox"/> Proof of maintenance payments from ex-spouse/civil partner or third party (only if not in paid employment)	<input type="checkbox"/> Contract of employment/business plan
<input type="checkbox"/> Statement of commitment/bond	<input type="checkbox"/> Certificate of enrolment for school-aged children
<input type="checkbox"/> Up-to-date health insurance certificate	<input type="checkbox"/> Criminal records check
<input type="checkbox"/> Birth certificate with official translation if required	<input type="checkbox"/> Acknowledgement of paternity
<input type="checkbox"/> 60 months compulsory or voluntary contributions to statutory retirement pension or proof of expenditure on comparable contributions to an insurance or pension scheme or to an insurance company.	<input type="checkbox"/> Confirmation of right of custody
<input type="checkbox"/> 2 biometric photographs	<input type="checkbox"/> Marriage certificate with official translation if required Civil partnership certificate
<input type="checkbox"/> If self-employed, up-to-date business assessment, notice of pension entitlement	<input type="checkbox"/> Divorce certificate with official translation if required
<input type="checkbox"/> Other	<input type="checkbox"/> Proof of the successful completion of an integration course
	<input type="checkbox"/> Hartz IV entitlement or entitlement to other social benefits

Please bring with you a sum of money to cover any fees that may be incurred.

Procedural directive (to be completed by immigration office only)

1. Application is completed in full	<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Enquiry to	Date	Completed
2. Satisfactory proof of identity	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Piece of identification valid until	<input type="text"/>			
4. Entry with visa	<input type="checkbox"/> Yes <input type="checkbox"/> No			
With consent of immigration office	<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Summons		
Other information on entry		14. Wanted persons		
5. Livelihood secured by		15. Foreigner records requested from		
<input type="checkbox"/> Personal income/assets	<input type="checkbox"/> Declaration as per §§ 66, 68, 37 (1) no.2		Date	Completed
6. Health insurance cover is in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Participation in integration programme required <input type="checkbox"/>		
7. Consent of employment agency required		17. Confirmation of submitted residence permit		
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Available		Issued until	Date	Completed
8. Adequate housing	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date	Completed
9. <input type="checkbox"/> Spouse/civil partner		18. Resubmission	Date	
<input type="checkbox"/> Legal representative of the child is in possession of a		19. Notification of AE (residence permit) to BVA (Federal Office of Administration) on		Date
<input type="checkbox"/> Residence permit – valid until	<input type="text"/>	20. Card index/file created/amended on		Date
<input type="checkbox"/> Settlement permit		21. To foreigner records		
10. BZR (Federal Central Criminal Register) information	Date	Completed		
11. AZR (Foreign Nationals Central Register) informed	<input type="text"/>	Place, date, signature		

Residence title for the Federal Republic of Germany (to be completed by immigration office only)

Until <input type="text"/> with the following collateral clauses	Is issued in accordance with § <input type="text"/> German Residence Act (AufenthG)
	Series number <input type="text"/>
	Assessment of costs
	Cost account no. <input type="text"/> Section/sheet no. <input type="text"/>
	Legal basis § 69 Residence Act in conjunction with
	1. Fee <input type="text"/> EUR
	2. Expenses <input type="text"/> EUR
	3. Processing fee <input type="text"/> EUR
	<input type="checkbox"/> Exempt from fee/reduced fee
	Legal basis <input type="text"/>
	Total amount <input type="text"/> EUR
Confirmation of receipt	
My passport	
Precise description with series number	
<input type="checkbox"/> with <input type="text"/> received	
Place, date, signature	