CMS Choisissez un élément.

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**Monthly declaration of income**

English translation for information purposes only, with no legal value: if in doubt, the original French and German versions of the document prevail.

Check the appropriate month and year

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Budget Month | Jan | Feb | March | April | May | June  | July | Aug | Sept | Oct | Nov | Dec |
| Year | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** | **2026** | **2027** | **2028** | **2029** | **2030** | **2031** |

1. **Personal data**

|  |  |
| --- | --- |
| Surname: |       |
| First name: |       |
| Phone number |       |
| Social worker: |       |
| Local community: |       |

1. **Information on the personal / financial situation**

Please answer the following questions: Yes No

Has something changed for you compared to the last month?**[ ]** **[ ]**

In case something has changed, please answer also the following questions:

 Has the number of people in your household changed? [ ]  [ ]

 Remarks:……………………………………………………………………………………

 Did someone in your household stay abroad or intends to do so? [ ]  [ ]

 Remarks: ..………………...………………………………………...……….

 Did someone in your household take part in occupational measures in the last month [ ]  [ ]

 (language course, internship, professional clarification)

 Remarks:……………………………………………………………………………………

 What else has changed for you? [ ]  [ ]

 Remarks: …………………………………………………………………………………...

1. **Income in CHF (enclose documents/ evidence)**

Have you received any income since your last request? [ ]  [ ]

If yes, please specify in the following table:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Man |  Woman | Child/Children |
| Monthly net wages (incl. apprenticeship, internship,...) |       |       |       |
| Monthly income from self-employment |       |       |       |
| Social insurance, pensions and daily allowances: AVS / AI / AC/ AA / LPP / APG |       |       |       |
| Other benefits: loss-of-earnings sickness benefit / PC |       |       |       |
| Maintenance payments |       |       |       |
| Monthly additional income (homework, household,…) |       |       |       |
| Income from property / sublet |       |       |       |
| Family allowances or education allowances (child allowances) |       |       |       |
| Family law maintenance payments as alimonies / relatives support |       |       |       |
| Others (grants, study loans, inheritances, lottery winnings, donations,…) |       |       |       |

1. **Situation-related costs**

Right to visit (check the relevant days):

Month concerned:

*Child:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Month concerned:

*Child:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Meal expenses (check the relevant days):

Month concerned:

*Person concerned:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Month concerned:

*Person concerned:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Supporting documents / Attachments**

The following supporting documents must be enclosed to this self-declaration:

[ ]  Bank statement and/or postal statement of the last month

[ ]  Proof, that you paid your rent (if you pay the rent yourself)

[ ]  Information on your new bank account

[ ]  Receipts of transport costs that are related to professional/ school/ medical purposes or to care responsibilities

[ ]  Current medical certificates for every member of the household that is incapable to work

1. **Signature**

With you signature you confirm that all income of the supported unit is shown on this document and there has been no change in assets. Any change in the composition of your household is listed in this document. You also comit to immediately report to the CMS any change between the date of signature and the end of the month that could have an impact on this decleration.

This signed and duly completed document is to be sent to the CMS together with the supporting documents mentioned in section 5 **until the 31th of the month preceding the social assistance application**. Otherwise ist the payment of social benefits not guaranteed because the claim to social assitance cannot be determined.

Place and date:

Signature applicant:

Siganture spouse/ concubinate partner:

To be filled in by the CMS

|  |  |
| --- | --- |
| Reçu le |       |
| Payé le |       |
| Signature |       |