

APPLICATION			
<input type="checkbox"/> Payment by installments <input type="checkbox"/> Deferral <input type="checkbox"/> Waiver	of	<input type="checkbox"/> procedural cost <input type="checkbox"/> other	

<input type="checkbox"/> payment proposal (installments)	CHF		per month starting from	
<input type="checkbox"/> payment proposal (deferral)	CHF		per month starting from	

regarding the following claim

Reference no.	Decision of	Kind of cost	Invoice no.		Open
				CHF	
				CHF	
				CHF	

1. Personal details, job and family situation

	Applicant	Spouse or cohabiting partner
Family name		
First name		
Date of birth		
Street		
Zip code / Place		
Phone		
Marital status		
Employer		
Place of work		
Number of persons living in the same household (incl. applicant):		

Name and year of birth of children living in the same household:

First name	Family name	Date of birth

2. Monthly income (receipts must be enclosed)

		Applicant	Partner
Earned income*	CHF		
Additional income	CHF		
Insurance benefits (from Old age and survivors' insurance and disability insurance, daily benefits, etc.)	CHF		
Income of the children living in the same household	CHF		
Income from assets	CHF		
Other income (support, living expenses contribution etc.)	CHF		

*including share of 13th month's salary, bonuses, expenses, etc.

Monthly expenses (receipts must be enclosed)		Applicant	Partner
Basic amount*	CHF		
Mortgage interest / real estate expenses	CHF		
Rent including heating and accessory costs	CHF		
Support	CHF		
Health insurance and other health cost	CHF		
Professional expenses (commuting, unavoidable cost)	CHF		
Other payment obligations	CHF		
Other:	CHF		

* Single CHF 1,200.00; single parent CHF 1,350.00; married couple / partnership / cohabiting couple CHF 600.00 each; per child up to 10 years CHF 400.00; per child over 10 years CHF 600.00

3. Net worth (receipts must be enclosed)

		Applicant	Partner
Cash, savings accounts, bank accounts etc.	CHF		
Real estate	CHF		
Pension assets	CHF		
Live insurance (redemption value)	CHF		
Other assets (shares, bonds etc.)	CHF		
Other:	CHF		

4. Debts (receipts must be enclosed)

		Applicant	Partner/in
Alimony and support debts	CHF		
Loans, mortgages, credits etc.	CHF		
Other debt	CHF		

Correctness and completeness

I declare that the information provided is complete and correct. I further acknowledge that the application will be assessed on the basis of the files and supporting documents submitted. If these do not form a reliable basis, the application cannot be approved.

Place, date

Signature