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.

First name

**1. PERSONAL INFORMATION**Social security number

## 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.

Last name

2. FAMILY						
Date of birth of spouse or pa	artner					
Dates of birth of dependant	children living in the same	e household				
Dates of birth of yours or yo	our spouse's dependant chi	ildren under the	age of 18 who	are living elsewhere.		
3. STATEMENT OF INCOME						
Nothing should be	Applicant			Spouse / other adult who is a member of the household		
areas		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 <sup>st</sup> type of benefit:			1st type of benefit:		
	2 <sup>nd</sup> type of benefit:			2 <sup>nd</sup> type of benefit:		
	3 <sup>rd</sup> type of benefit:			3 <sup>rd</sup> type of benefit:		
Housing allowance						
Other benefits (study grant, child home care allowance etc.)	1st type of aid:			1st type of aid:		
	2 <sup>nd</sup> type of aid:			2 <sup>nd</sup> type of aid:		
	3 <sup>rd</sup> type of aid:			3 <sup>rd</sup> type of aid:		
Investment income						
Other income	What:			What:		
Statement of wealth						



STATEMENT OF EXPENSES				
The family's housing costs				e/mth
Rent				Cymun
Maintenance charge				
Mortgage repayment				
Loan interest rate				
Electricity				
Water				
Home insurance				
Other housing expenses, what (e.g. for tax and other real estate related fees	ees for gas, heating, sauna and waste manag )	gement, ground or plo	t rent, real estate	
			Applicant	Spouse (living in th
			e/mth	same household) e/mth
Commute expenses				
Child support				
Fees for day care and after-school act	ivities			
STATEMENT OF SOCIAL SITUATION (fo	r example work ability, health condition, st	udying, awareness of	changes in my work	situation)
DATE AND SIGNATURE				
I assure that the information submitted Date	is correct.   Signature			
Jace	Signature			