

Application for an EU Long-Term Residence Permit

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Passport photo
must be biometric!
35 x 45 mm

Note: please use a separate application form for each person, whether adult or child (§ 81 German Residence Act).

LRA München - GB 4

Applicant

Family name, if applicable former name(s)			
First name(s) (normally used name in CAPITALS)		Sex <input type="checkbox"/> male <input type="checkbox"/> female	
Date of birth	Place of birth	Country of birth	
Nationality		If applicable, former nationality/nationalities	
Marital status <input type="checkbox"/> single	<input type="checkbox"/> married since	<input type="checkbox"/> living in a registered civil partnership since	
<input type="checkbox"/> divorced since	<input type="checkbox"/> widowed since	<input type="checkbox"/> separated since	
Telephone (optional)	Fax (optional)	E-mail address (optional)	

Entry and residence

Date of entry		
Current residence title		
<input type="checkbox"/> residence permit	pursuant to §	German Residence Act
<input type="checkbox"/> settlement permit	pursuant to §	German Residence Act
<input type="checkbox"/> residence permit (1990 Aliens Act)	<input type="checkbox"/> Authorised residence (1990 Aliens Act)	since (date)
<input type="checkbox"/> other:	Please specify:	since (date)
Purpose of your stay in Germany		
from (date)	to (date)	Purpose of stay (e.g. education, training, family reunification, gainful employment)
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from (date)	to (date)	Purpose of stay (e.g. education, training, family reunification, gainful employment)

Family members

Spouse / registered partner pursuant to the German Civil Partnership Act

Family name, if applicable former name(s)

First name(s) (normally used name in CAPITALS)

Sex

male

female

Date of birth

Place of birth

Country of birth

Nationality

If applicable, former nationality/nationalities

Ethnic origin (optional)

Religion (optional)

Current address (street, house number, post code, city, country)

Residence status

valid until

residence permit

settlement permit /
EC long-term residence permit

entitled to asylum

other residence status

Please specify:

valid until

Children of the applicant (if more than 3 children, please provide details on a supplementary sheet)

Family name, if applicable former name(s)

1

First name(s) (normally used name in CAPITALS)

Sex

male

female

Date of birth

Place of birth

Country of birth

Nationality

Current address (street, house number, post code, city, country)

Family name, if applicable former name(s)

2

First name(s) (normally used name in CAPITALS)

Sex

male

female

Date of birth

Place of birth

Country of birth

Nationality

Current address (street, house number, post code, city, country)

Family name, if applicable former name(s)

3

First name(s) (normally used name in CAPITALS)

Sex

male

female

Date of birth

Place of birth

Country of birth

Nationality

Current address (street, house number, post code, city, country)

Residence

Time spent abroad

Since the commencement of your stay in Germany, have you spent time abroad other than for a temporary period or for longer than 6 months?

no

yes

from (date)

to (date)

in (city, district, federal state)

from (date)

to (date)

in (city, district, federal state)

from (date)

to (date)

in (city, district, federal state)

Family accommodation

Living space

m²

for

number

persons

tenancy agreement

proof of accommodation enclosed

Financial situation

Livelihood

How do you earn your living?

<input type="checkbox"/>	Your income from gainful employment	monthly net earnings	amount	euros
Employer / occupation				
<input type="checkbox"/>	Spouse's income from gainful employment	monthly net earnings	amount	euros
Employer / occupation				
<input type="checkbox"/>	Please specify:			
<input type="checkbox"/>	Other			
<input type="checkbox"/>	I am unable to earn a living due to a physical, mental or psychological illness or disability.			(certificate enclosed)
<input type="checkbox"/>	I am currently attending school / vocational training to attain a recognised vocational or school qualification.			
Name of school or place of training				
Type of education or training				
Qualification aimed at				
from (date)		until (estimated date)		Please enclose confirmation (e.g. from school)

Do you have health insurance in Germany?

<input type="checkbox"/>	no	<input type="checkbox"/>	yes, with	Name of insurance company
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Do you receive benefits in accordance with the German Social Code (SGB II or XII)?

<input type="checkbox"/>	no	<input type="checkbox"/>	yes (if yes, please enclose latest notification of benefits)	amount	EUR per month
<input type="checkbox"/>	other			amount	EUR per month

I am obligated to make maintenance payments to other persons

<input type="checkbox"/>	no	<input type="checkbox"/>	yes, to the following	number	person(s)
1	Family name, first name(s)			Date of birth	
Current address (street, house number, post code, city, country)					
2	Family name, first name(s)			Date of birth	
Current address (street, house number, post code, city, country)					

Additional persons entitled to maintenance payments are listed on a supplementary sheet

Pension insurance

<input type="checkbox"/>	I have paid at least 60 monthly compulsory contributions to the pension insurance.			(proof is enclosed)
<input type="checkbox"/>	I have paid at least 60 monthly voluntary contributions to the pension insurance.			(proof is enclosed)
<input type="checkbox"/>	I have effected payments in order to be eligible for comparable benefits from an insurance or pension fund or insurance company.			(proof is enclosed)
<input type="checkbox"/>	Pension insurance is guaranteed through my spouse.			(proof is enclosed)
<input type="checkbox"/>	I am currently attending school / vocational training to attain a recognised school or vocational qualification (see above).			
<input type="checkbox"/>	I was unable to pay 60 monthly compulsory contributions to a pension insurance on account of a physical, mental or psychological illness or disability.			(proof is enclosed)

Health insurance and nursing care insurance

I and my family members living with me in a common household are insured under a publicly funded health and nursing care insurance scheme. (proof is enclosed)

Name of insurance company

I and my family members living with me in a common household are insured under a comparable, voluntary health and nursing care insurance scheme. (proof is enclosed)

Name of insurance company

The insurance coverage is valid for an unlimited period renewed automatically

Other

Obligations under taxation legislation

(Confirmation from the tax office responsible for the applicant's place of residence is enclosed)

I have no tax arrears.

amount

I have tax arrears amounting to _____ euros

Taxes are owed to:

Statutory violations

Caution: In accordance with § 41 para. 1 no. 7 of the German Act on the Federal Central Criminal Register and the Correctional Register of Juvenile Delinquents (BZRG), immigration authorities have unlimited access to information recorded in the register. Therefore **all** previous convictions, including those under § 53 para. 1 no. 1 BZRG, must be listed here. Failure to disclose previous convictions in this application is a punishable offence and can result in an administrative fine or prison sentence.

Have you been convicted of any offence? no yes

in Germany abroad

Date

Court

Reason

Please specify sentence

Please specify any further offences on a separate sheet.

Are investigations being carried out against you on the grounds of a suspected offence? Have you been charged?

no yes in Germany abroad Investigating authority

Have you ever been expelled or deported from Germany or from a signatory state to the Schengen Agreement?

no yes from (country) date

Has an application to enter the country been rejected by Germany or by a signatory state to the Schengen Agreement?

no yes by (country) date

Has an application for a residence title / residence permit been rejected by Germany or by a signatory state to the Schengen Agreement?

no yes by (country) date

Integration (only to be completed if you enter the country after 01/01/2005)

Do you have sufficient knowledge of the German language and basic knowledge of the legal and socio-economic systems and of the living conditions in the Federal Republic of Germany?

Yes, the integration course certificate is enclosed.

Due to a physical, mental or psychological illness or disability, I have no knowledge of the German language and no basic knowledge of the legal and socio-economic systems or of the living conditions in the Federal Republic of Germany. (proof enclosed)

I have basic knowledge of spoken German and I am unable - or cannot be expected - to attend an integration course on a long-term basis.

Reason

I have basic knowledge of spoken German and am not entitled to attend an integration course, because I only have a limited need for integration.

Reason

Other reasons or comments

Important information pursuant to § 55 para. 2 no. 1 and § 82 of the German Residence Act

I was cautioned that

- under § 55 para. 2 no. 1 of the German Residence Act, I can be expelled from the country if - during administrative procedures conducted by the authorities of one of the countries applying the Convention Implementing the Schengen Agreement - I give false or incomplete information in Germany or abroad in order to obtain a German residence title, a Schengen visa, or a substitute passport, or to obtain exemption from the obligation to carry a passport, or to obtain suspension of an expulsion order or if, despite a legal obligation on my part, I fail to cooperate in measures of the competent authority responsible for the implementation of this law or the Convention Implementing the Schengen Agreement.
- under § 95 para. 2 no. 2 of the German Residence Act, it is an offence to supply incorrect or incomplete information, punishable by a fine or a prison sentence of up to three years. A foreigner can be expelled if he/she violates legal regulations and administrative rules, which includes providing incomplete or false information regarding the statements above (§ 55 para. 2 no. 2 of the Residence Act). A residence title that has already been granted can be revoked.
- I am obliged, without delay, to put forward my interests and any facts in my favour, unless they are apparent or already known, quoting verifiable circumstances, and I am obliged, without delay, to submit any required proof regarding my personal circumstances, any other required documentation, permits and other certification. Any facts put forward and any proof supplied subsequent to the expiration of the deadline set by the immigration authorities for the submission of these documents may be disregarded.
- as a rule, an administrative fee will be charged for the processing of the application above. This fee will not be reimbursed if the application is withdrawn or rejected.

Data collection

The authorities responsible for the implementation of the German Residence Act are empowered, for the purpose of implementing this law and the provisions relating to foreigners as laid down in other laws, to collect personal data to the extent that this is required to fulfil their duties under the Residence Act and under provisions relating to foreigners in other laws. It is legally permissible to collect data as defined in § 3 para. 9 of the German Federal Data Protection Act and in corresponding provisions of the data protection acts of the German Federal States, to the extent that this is necessary for the fulfilment of duties in individual cases (§ 86 Residence Act).

The information to be provided in this application is required under the German Residence Act. Since there are numerous provisions, the legal foundations that apply to individual cases are available from the immigration authorities on request.

I hereby affirm that the information I provided above is correct and complete to the best of my knowledge and belief.

City, date

Personal signature
(in the case of children under 16 years of age: legal representative)



Dies ist eine grundsätzliche Information zur Datenschutz-Grundverordnung (DSGVO) bezüglich der Umsetzung im Landratsamt München

Das Landratsamt München veröffentlicht auf der Homepage www.landkreis-muenchen.de/datenschutz alle Informationsblätter zum Datenschutz nach Art 12 und 13 DSGVO.

Diese Informationsblätter sind nach Fachbereichen / Themen aufgelistet.

Sie können dort nachlesen, wie genau Ihre persönlichen Daten im Landratsamt München verarbeitet werden.

Um zu den Informationsblättern gemäß Artikel 13 Datenschutz-Grundverordnung zu gelangen, klicken Sie bitte auf nachfolgenden Link:

<https://www.landkreis-muenchen.de/landratsamt/veroeffentlichungen/informationsblaetter-zum-datenschutz/>