



Request for assumption of double rent

Surname, first name _____

Address _____

BG number (community of needs number) _____

Dear Sirs:

In accordance with the enclosed landlord's confirmation of residence / rental proposal
I intend to

move into an apartment of GEBAG on _____ . The apartment's address is:

(Street, house no., postal code, city)

The termination in due time for my former apartment would be effective at

_____.

Hereby I request the assumption of double rent expenses in accordance with § 22 (1),
respectively (6) SGB II.

Sincerely,

Place, date _____

Signature applicant _____