



Register at another recipient body

# Active Insertion Income Programme Unemployment protection

## Application for admission to the Active Insertion Income Programme

- Initial registration for Active Insertion Income**
- Re-incorporation to Active Insertion Income**
- Long-term unemployed
- Victims of domestic violence by partner or former partner
- Other persons victims of domestic violence
- Returning emigrant
- Person with disability

Before completing each section, please read carefully the "Instructions to complete the application form " in the information brochure..

### Personal details of the Applicant

Name	1 <sup>st</sup> surname	2 <sup>nd</sup> surname	Sex
Spanish or Foreigner ID N°	Social Security N°	Date of birth.	
Nationality.	Country returning to	To.	
Country of employment	From	Until	
Country of employment. <b>ADDRESS</b>			
Street Type_ _ Street Name.		Nº _____ Portal _____ Stair. _ Floor __ Door	
Town or City _____	Postcode	_____ Province _____	

### For the purposes of notifications (Only if different from that given above)

Street Type __ Street Name _____	Nº _____ Portal _____ Stair. _ Floor __ Door
Town or City _____ Postcode _____	_____ Province _____
Post Office Box	

### TELEPHONE NUMBER AND E-MAIL

Fixed line \_\_\_\_\_ Cell phone \_\_\_\_\_

e-mail address \_\_\_\_\_

### Details of the financial institution (bank or savings bank) for payment of the benefit

Name of the financial institution \_\_\_\_\_

Bank Code | \_\_\_\_\_ | Branch Code L \_\_\_\_\_ J Control Digits | I Account N° L \_\_\_\_\_

Monthly income declaration of the Applicant and relatives living with the same or at his or her expense

3.1. APPLICANT'S INCOME (in euros/month)

Work/allowances \_\_\_\_\_ Financial income \_\_\_\_\_ . Real estate income \_\_\_\_\_  
 Professional/Agricultural activities \_\_\_\_\_ Other income \_\_\_\_\_ **TOTAL** \_\_\_\_\_ 0,00  
 Degree of disability equal to or greater than 33%:  Yes  No Beneficiary of non-contributory invalidity allowance:  Yes  No

3.2. SPOUSE'S DETAILS AND INCOME (in euros/month)

Full name and surname(s) \_\_\_\_\_ Spanish or Foreigner ID nº \_\_\_\_\_  
 Work/allowances \_\_\_\_\_ Financial income \_\_\_\_\_ . Real estate income \_\_\_\_\_  
 Professional/Agricultural activities \_\_\_\_\_ Other income \_\_\_\_\_ **TOTAL** \_\_\_\_\_ 0.00

3.3. CHILDREN'S DETAILS AND INCOME (including minors in foster care and children depending economically on the applicant, even if they do not live with him or her)

Spanish or Foreigner ID nº				
1 <sup>st</sup> Surname				
2 <sup>nd</sup> Surname				
Name				
Date of Birth				
Degree of disability equal to or greater than 33%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income (in euros/month)				
Work/allowances				
Financial income				
Real estate income				
Professional/Agricultural activities				
Other income				
<b>TOTAL INCOME</b>	0.00	0.00	0.00	0.00

**Comments**

- I UNDERTAKE** to seek employment actively; to turn up in order to occupy the job offers I am provided with; and to return to the Public Employment Services the corresponding acknowledgements of having attended job interviews, etc., within the term of 5 days; to accept suitable opportunities; to take part in specific actions for the purposes of motivation, information, career advice, professional training, reconversion or insertion activities and social collaboration projects; to renew my employment application in due form and on the dates stipulated; and to appear before the unemployment benefit management body or the Public Employment Services whenever requested.
- I REQUEST**, assuming that I become employed in a full-time position for a term less than or equal to 180 days during receipt of the Active Insertion Income, that I be paid the aid equivalent to 25% of the amount of such Income foreseen for such cases for the duration of the suspension of my receipt of the said Income.
- I DECLARE** on my personal responsibility that the information provided in the present application are true and I state that I am aware of the obligation to inform the State Public Employment Service of any change in my circumstances that may arise in future.
- I AUTHORIZE** the verification and comparison of the economic information provided with those of a tax nature on record at the State Tax Administration Agency, on the terms stipulated in the Ministerial Order dated November 18th, 1999, and my identity and residence details on record in the systems regulated by Ministerial Orders PRE/3949/2006, dated December 26th, 2006, and PRE/4008/2006, dated December 27th, 2006, as well as any other personal or economic data that it may be necessary for the award or continuity of my receipt of unemployment benefits to obtain from the databases of any other Public Administration or Institution.

In \_\_\_\_\_, on \_\_\_\_\_ th, 20\_\_

(Signature of Applicant)

Note of the documentation submitted for the processing of the application (To be completed by the State Public Employment Service)

DOCUMENTS	COMPARED		RECEIVED	REQUESTED
	COINCIDE S	DOES NOT COINCIDE		
Spanish ID card, Foreigner ID Card (TIE) or identification document from his or her country of origin.	D	D		
Document containing his or her Foreigner ID Number (NIE). _____	D	D		
Spanish ID card, Foreigner ID Card (TIE) or identification document from his or her country of origin, for spouse and children. -----	D	D		
Family Register Book or equivalent document, in the case of foreigners. _____	D	D		D
Certificate of the degree of disability or resolution acknowledging status as beneficiary of disability allowance.	D	D		D
Certificate of the degree of disability or resolution acknowledging status as beneficiary of disability allowance for children _____	D	D		D
Judicial resolution or other document formalizing foster care arrangement. _____	D	D		D
In the event of a divorce or legal separation, court judgement or regulatory agreement _____	D	D		D
Accreditation of income received in the month preceding the application. _____	D	D		D
Certification by the Government Representatives in Regions or Provinces, in the case of returning immigrants. Form E-301 or equivalent document _____			D	D
Certification by the competent administration accrediting status as a victim of domestic abuse or gender-based assault, court judgement or protection order _____			D	D
Comments	D	D	D	D

The present note is added to certify the coincidence of the information reflected on this form with those appearing on the documents furnished.

If you are asked to provide any additional documentation, then, in accordance with art. 25.1 of R.D. 625/85, dated April 2nd, 1985, you have a term of 15 days in which to present the same, after which time a resolution will be adopted and your application filed without any action being taken, unless you submit a new application if still entitled to do so.

Signature of the Applicant (if documentation is requested)

Date of presentation of the application and signature of the recipient

\_\_\_\_\_ th, 200\_

Signed by: \_\_\_\_\_

Signed by:

Stamp of the Department:

In accordance with the stipulations foreseen in art. 228.1 of the Redrafted Text of the General Social Security Act approved by Royal Legislative Decree 1/1994, dated June 20th, 1994, the management body must issue a resolution within the term of 15 days following the date of presentation of the application for the benefit and send the corresponding notification within the term of 10 days following the date of the resolution, in accordance with the stipulations foreseen in art. 58.2 of the Public Administrations (Legal Regime) and Common Administrative Procedure Act (Law 30/1992, dated November 26th, 1992).

If no resolution has been notified after three months have elapsed from the presentation of the application for the benefit, the party concerned may lodge a preliminary complaint pursuant to the stipulations of Additional Provision Twenty-Five, 2 of the Redrafted Text of the General Social Security Act and in art. 71.2 of the Redrafted Text of the Labour Procedure Act approved by Royal Legislative Decree 2/1995, dated April 7th, 1995, in the understanding that the application has been refused by virtue of administrative silence.

**DATA PROTECTION:** The present application contains personal details that form part of a file registered in the name of the Directorate-General for the State Public Employment Service, and you are authorizing the said party to process them automatically with the sole purpose of managing the functions deriving from the reason for the application and, where appropriate, to assign the same to the institutions listed in the Ministerial Orders dated 27/7/1994, 19/5/1995, TAS/ 628/ 2002, dated Mach 4th, 2002, and TAS/1275/2003, dated April 29th, 2003, for the purposes of completing its processing. In accordance with the Personal Data (Protection) Act (Fundamental Law 15/1999), you will be entitled to exercise your rights to access, correct, cancel and oppose such usage at the benefits offices of the State Public Employment Service.

This document has been translated with a view to facilitating the understanding of its contents, but it may only be completed in Spanish.