



PO Box 1215 • New York, NY 10113 USA • www.claimscon.org/RomaniaFund
New York Tel: + 1 646-536-9100 • Frankfurt Tel: +49 69 970 7010 • RomaniaFund@claimscon.org

Russian translation available: Чтобы получить информацию на русском языке, пожалуйста, пройдите по ссылке www.claimscon.org/RomaniaFund или позвоните по телефону +1 646-536-9100

Romanian translation available: Pentru a primi informații în limba română, vă rugăm să vizitați site-ul nostru la adresa: www.claimscon.org/RomaniaFund sau să ne contactați telefonic la numărul: +1 646-536-9100

May 2018

Announcement for Romanian Holocaust Survivors:

We recently announced the availability of funds from the Caritatea Foundation in Romania to be distributed to Jewish Nazi victims who lived under Romanian regime anytime between 1937 and 1944. These funds are from the restitution of communal properties wrongfully taken from Jewish communities of Romania during and after World War II. The Caritatea Foundation was created by the Federation of Jewish Communities in Romania and the World Jewish Restitution Organization. The Claims Conference is administering the distribution process on behalf of the Caritatea Foundation. The amount available is USD 1,300,000, which will be distributed equally to approved applicants. The one-time payment is expected to be a few hundred US dollars though the exact amount cannot be calculated until the number of approved applicants has been determined.

This program is for Jewish Nazi victims of Romanian origin currently living outside of Romania and Israel. Heirs are not eligible for this program.

Applicants must meet all of the following three criteria:

1. Must have been persecuted as a Jew
2. Must have resided in one of the areas listed below sometime between 1937 and 1944:
 - a. Within the modern borders of Romania (including Northern Transylvania)
 - b. Northern Bukovina and Bessarabia
 - c. Southern Dobruja
 - d. Transnistria

3. Must have annual individual income below the following level in current country of residence:

Country	Individual Income
Argentina	ARG PESO 265,851
Armenia	DRUM 3,708,284
Australia	AUD 22,542
Austria	EUR 16,000
Azerbaijan	MANAT 10,230
Belarus	BEL RUBLE 12,063
Belgium	EUR 16,000
Bolivia	BOLIVIANO 89,852
Bosnia-Herzegovina	BH MARK 12,263
Brazil	BR REAL 45,457
Bulgaria	LEV 12,435
Canada	CAD 33,084
Chile	CH PESO 7,846,800
Croatia	CR KUNA 47,122
Czech Republic	CZ KORUNA 161,774
Denmark	DKK 119,632
Estonia	EUR 6,350
France	EUR 16,000
Georgia	LARI 14,745
Germany	EUR 16,000
Greece	EUR 16,000
Hungary	FORINT 1,987,200
Ireland	EUR 16,000

Country	Individual Income
Italy	EUR 16,000
Kazakhstan	TENGE 1,970,340
Kyrgyzstan	KYR SOM 411,855
Latvia	EUR 6,350
Lithuania	EUR 6,350
Mexico	MEX PESO 244,822
Moldova	LEO 99,204
Netherlands	EUR 16,000
New Zealand	NZD 40,000
Poland	ZLOTY 26,856
Russia	RUS RUBLE 525,842
Serbia	SER DINAR 749,922
Slovakia	EUR 6,350
Sweden	SEK 150,872
Switzerland	CHF 38,346
Tunisia	TUN DINAR 10,972
Turkey	TURK LIRA 31,358
Ukraine	HRYVNIA 157,329
United Kingdom	GBP 13,400
United States	USD 24,120
Uruguay	URU PESO 367,900
Uzbekistan	UZ SOM 48,498,000
Venezuela	BOLIVAR 869,310,000

If you live in a country not listed above, please call the Claims Conference for guidance. Completed applications must be received at the following address by **November 30, 2018**:

CLAIMS CONFERENCE / ROMANIAN SURVIVOR RELIEF PROGRAM
PO Box 1215
New York, New York 10113 USA

Late applications cannot be accepted. Payments to approved applicants are expected to be made in December 2018. Thank you for your careful attention to the many details in this letter.

Sincerely,

Chen Yurista
 Chief Experience Officer



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ROMANIAN SURVIVOR RELIEF PROGRAM APPLICATION FOR ONE-TIME PAYMENT

First Name: _____ Last Name: _____

Address: _____

Apartment: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone (required): _____ Date of Birth(required): _____

Please follow the steps below to apply. You do not need to pay for this application or for assistance completing it. Please call the Claims Conference in Frankfurt at +49 69 970 7010 or in New York at + 1 646-536-9100 if you have questions.

STEP 1: Please tell us if you currently receive or have received any of the following compensation or other services funded by the Claims Conference or German government:

- BEG (directly from the German government)
- Article 2 Fund
- Central and Eastern European Fund (CEEF)
- Hardship Fund
- Orphan Fund
- Child Survivor Fund
- Homecare
- Social services (food, medicine, transportation, socialization, etc.)
- Other : _____
- None
- Unsure

IF YOU HAVE NEVER FILED A FULL APPLICATION WITH THE CLAIMS CONFERENCE FOR ONE OR MORE OF THE PROGRAMS ABOVE, YOU WILL BE REQUIRED TO DO SO PRIOR TO BEING CONSIDERED FOR THIS ROMANIAN SURVIVOR RELIEF PROGRAM. IF THIS IS YOUR SITUATION, PLEASE CALL THE CLAIMS CONFERENCE FOR GUIDANCE.

STEP 2: Please read the statements below carefully and check the appropriate answers:

a. I was persecuted as a Jew:

- CHECK ONE:** Yes
 No

b. I resided in one of the areas listed below sometime between 1937 and 1944:

CHECK ALL THAT APPLY:

- Within the modern borders of Romania (including Northern Transylvania)
 Northern Bukovina and Bessarabia
 Southern Dobruja
 Transnistria

c. I confirm that my income is lower than the income limit listed below for my current country:

CHECK ONE:

- Yes
 No

Country	Individual Income
Argentina	ARG PESO 265,851
Armenia	DRUM 3,708,284
Australia	AUD 22,542
Austria	EUR 16,000
Azerbaijan	MANAT 10,230
Belarus	BEL RUBLE 12,063
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Venezuela	BOLIVAR 869,310,000

STEP 3: Payment Information:

Please provide us with your bank account information. If your application is approved, your one-time payment will be electronically deposited to the account you specify. No checks can be issued. Applicants must be alive at time of payment. Heirs are not eligible to receive payment. If you need assistance completing your bank information, please contact your bank.

Bank account must be in your name. Bank must not be under USA or EU sanctions.

Name of Bank	
Address of Bank	

What type of account are you designating? CHECKING SAVINGS

For Banks in ALL COUNTRIES except European Union (EU):

Account Number

For Banks in ALL COUNTRIES except USA:

SWIFT Code

For Banks in USA ONLY:

ABA Routing Number for WIRE TRANSFER

For Banks in European Union (EU) ONLY:

IBAN number

For Banks in Canada ONLY:

Transit (Branch) Number	Institutional Number (Bank Code)
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For Banks in Australia ONLY:

“BSB” Bank State Branch number

For Banks in United Kingdom (UK) ONLY:

Sortcode

STEP 4: Please read and sign below:

- I declare that all above statements are true. I am aware that knowingly making untrue statements will result in a rejection. Positive decisions made on false information will be overturned and I will return the full amount paid to me by the Claims Conference.
- In the event that I am obligated, pursuant to this declaration or otherwise, to return payment to the Claims Conference, I hereby agree that I shall also be liable to reimburse the Claims Conference for any costs and expenses incurred by the Claims Conference in obtaining the return of such payments.
- I am aware that I have no legal entitlement to receive this assistance. Without derogating from the above, I irrevocably waive — insofar as this is legally admissible — any claim that I have or may later assert against the Claims Conference relating to or connected with this application or the processing thereof.
- I hereby unconditionally agree that New York State, USA is the court of exclusive jurisdiction for this program.
- I hereby authorize the Claims Conference to inspect any documents concerning my person at the authorities, courts, archives, and institutions in any country and to obtain from there any information and documents relating to me. I authorize the Claims Conference to delegate this authority to another person for this purpose. I am aware and agree to the data connected to this application being forwarded for processing to any Claims Conference office, including but not limited to offices in the USA, Germany, and Israel. I agree that my personal data and information may be made available to the Caritatea Foundation solely for review and audit purposes. I understand and agree that information which may include any sensitive personal information that I provide may be examined, recorded, copied, used, and transferred outside the European Union in order to determine my eligibility for this program.

Applicant's Name Printed: _____ **Phone (required):** _____

Applicant's Signature: _____ **Date:** Month: Day: Year:

If the applicant is unable to sign this application form: an authorized representative may sign on his/her behalf. A photocopy of a Power of Attorney or other document granting legal Guardianship and a photocopy of the authorized representative's government issued ID must be enclosed.

Authorized Representative's Signature (only required if applicant is unable to sign):

_____ **Date:** Month: Day: Year:

STEP 5: Check that Steps 1-4 are complete, that the application is signed, and mail to the address below. Completed applications must be received at the following address by **November 30, 2018:**

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