



PO Box 1215 • New York, NY 10113 USA • [www.claimscon.org/RomaniaFund](http://www.claimscon.org/RomaniaFund)

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*Russian translation available:* Чтобы получить информацию на русском языке, пожалуйста, пройдите по ссылке [www.claimscon.org/RomaniaFund](http://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](http://www.claimscon.org/RomaniaFund) sau să ne contactați telefonic la numărul: +1 646-536-9100

#### Announcement for Romanian Holocaust Survivors:

We are pleased to announce the availability of the Romanian Survivor Relief Program in 2019. The funds are 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 1,210,000**, which will be distributed equally to new *and* previously approved applicants who are alive at the time of payment. The one-time payment is expected to be approximately \$200, though the exact amount cannot be calculated until the number of approved applicants has been determined.

This program is for needy Jewish Nazi victims currently living outside of Romania and Israel with annual individual income below the level specified below for their country of residence. Heirs are not eligible for this program.

Applicants must meet all 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	Country	Individual Income
Argentina	Equivalent of USD 13,000	Italy	EUR 16,000
Armenia	DRUM 3,708,284	Kazakhstan	TENGE 1,970,340
Australia	AUD 22,542	Kyrgyzstan	KYR SOM 411,855
Austria	EUR 16,000	Latvia	EUR 6,350
Azerbaijan	MANAT 10,230	Lithuania	EUR 6,350
Belarus	BEL RUBLE 12,063	Mexico	MEX PESO 244,822
Belgium	EUR 16,000	Moldova	LEO 99,204
Bolivia	BOLIVIANO 89,852	Netherlands	EUR 16,000
Bosnia-Herzegovina	BH MARK 12,263	New Zealand	NZD 40,000
Brazil	BR REAL 45,457	Poland	ZLOTY 26,856
Bulgaria	LEV 12,435	Russia	RUS RUBLE 525,842
Canada	CAD 33,084	Serbia	SER DINAR 749,922
Chile	CH PESO 7,846,800	South Africa	RAND 213,963
Croatia	CR KUNA 47,122	Slovakia	EUR 6,350
Czech Republic	CZ KORUNA 161,774	Sweden	SEK 150,872
Denmark	DKK 119,632	Switzerland	CHF 38,346
Estonia	EUR 6,350	Tunisia	TUN DINAR 10,972
France	EUR 16,000	Ukraine	HRYVNIA 157,329
Georgia	LARI 14,745	United Kingdom	GBP 13,400
Germany	EUR 16,000	United States	USD 24,980
Greece	EUR 16,000	Uruguay	URU PESO 367,900
Hungary	FORINT 1,987,200	Uzbekistan	UZ SOM 48,498,000
Ireland	EUR 16,000	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 15th, 2019**:

**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 by December 2019. Thank you for your careful attention to the many details in this letter.

Sincerely,

The Romanian Survivor Relief Program



## 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 AN APPLICATION WITH ONE OR MORE OF THE PROGRAMS ABOVE, YOU WILL BE REQUIRED TO APPLY TO THE CLAIMS CONFERENCE AND BE APPROVED 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 annual income is *lower* than the income limit listed below for my current country:

**CHECK ONE:**

My annual income is **lower** than the income limit listed below for my current country

My annual income is **higher** than the income limit listed below for my current country

Country	Individual Income	Country	Individual Income
Argentina	Equivalent of 13,000 USD	Italy	EUR 16,000
Armenia	DRUM 3,708,284	Kazakhstan	TENGE 1,970,340
Australia	AUD 22,542	Kyrgyzstan	KYR SOM 411,855
Austria	EUR 16,000	Latvia	EUR 6,350
Azerbaijan	MANAT 10,230	Lithuania	EUR 6,350
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Bolivia	BOLIVIANO 89,852	Netherlands	EUR 16,000
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Brazil	BR REAL 45,457	Poland	ZLOTY 26,856
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Chile	CH PESO 7,846,800	Slovakia	EUR 6,350
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**STEP 3:** Payment Information:

If your application is approved, your one-time payment will be deposited by **WIRE TRANSFER** 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 with your bank information, **please contact your bank. Bank account must be in your name. Bank must not be under USA or EU sanctions. Payment will be made from a US Dollar account.**

**IF POSSIBLE, INCLUDE A VOID CHECK OR A SIGNED DOCUMENT FROM YOUR BANK TO CONFIRM THE DETAILS.**

Name of Bank	
Address of Bank	

What type of account are you designating?  REGULAR  SAVINGS

Which currency can your account receive money in?  EURO  US DOLLARS

Account Number or IBAN number	SWIFT Code
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You may need an **INTERMEDIARY OR CORRESPONDENT BANK** to accept wire transfers.  
If you are unsure, please contact your bank for assistance.

Name of Intermediary Bank	Account Number	SWIFT Code
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**UNITED KINGDOM, CANADA OR AUSTRALIA**

**Banks in Canada ONLY:**

Transit (Branch) Number (5-digits)    _ _ _ _ _	Institutional Number (3-digit Bank Code)    _ _ _
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**Banks in Australia ONLY:**

“BSB” Bank State Branch number (6-digits)    _ _ _ - _ _ _
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**Banks in United Kingdom (UK) ONLY:**

Sort code (6-digits)    _ _ - _ _ - _ _
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**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.
- The one-time payment may be taxable and may affect my ability to obtain or maintain government assistance. This payment should be considered made as a result of my status as a victim of Nazi persecution. I understand that it is my responsibility to verify if this payment is taxable and if it will affect government benefits or assistance. The Claims Conference will not be liable for any lost status, benefits or income resulting from my acceptance of this one-time payment.

**CONSENT**

I authorize the authorities, courts, archives and institutions in Germany and abroad to grant the Claims Conference access to my compensation files or to provide information and information necessary for the examination and execution of my application. I am aware that these documents and the information may also include the following special categories of personal information: Name; Address; Age; Date of birth; Gender; personal data revealing racial or ethnic origin, religious beliefs and the processing of data concerning health.

I understand that information concerning me collected in this form, and the other individuals referred to on this form, including my family, guardian, or doctor (“Third Parties”) will be processed in accordance with Claims Conference privacy notice which can be found at <http://www.claimscon.org/about/privacy-policy>. I confirm that I have made these Third Parties aware of this notice and have their permission for the Claims Conference, and any third parties set out in the notice, to process their personal information in this application form.

I understand that personal data processed in connection with this application may be transferred to Claims Conference offices, including but not limited to offices in the U.S., Germany and Israel. I also agree that my personal data may be made available to the Caritatea Foundation solely for review and audit purposes.

Information relating to my ethnic and racial origins, religious beliefs and health is considered to be special category data under European data protection law (“Sensitive Personal Data”). We require your express consent under European data protection law to process Sensitive Personal Data.

By signing below, I hereby expressly accept that in order to determine my eligibility for the Romanian Survivor Relief Program and receive payment:

- My Sensitive Personal Data shall be processed by the Claims Conference to determine my eligibility for the program.
- My Sensitive Personal Data shall be shared with the Caritatea Foundation.
- As needed, my personal data and Sensitive Personal Data collected in this form shall be transferred outside of the European Economic Area.

In addition, I agree that the Claims Conference may use the personal information contained herein in order to provide me with additional information regarding compensation programs or social welfare benefits that are available to Nazi victims.

The Claims Conference recognizes my rights in relation to my personal information as set forth in the Claims Conference privacy notice at <http://www.claimscon.org/about/privacy-policy>.

I understand I have the right to withdraw my consent at any time. To withdraw my consent, to exercise my rights under the privacy notice or to make any complaints I understand I should contact The Claims Conference at [privacy@claimscon.org](mailto:privacy@claimscon.org) or PO Box 1215, New York, New York 10113. If I withdraw my consent, I understand that the Claims Conference may not be able to process my application or comply with its obligations required to make any payment.

**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 15th, 2019:**

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