



COMPENSATION PROGRAM APPLICATION

There is no fee to apply for Claims Conference programs. You do not need to pay anyone for this application form or to help you complete this form. For assistance with this form, contact the Claims Conference or a local Jewish social service agency. These offices will assist you at no cost. **Please fill out this form in English, using dark blue or black ink. This form is also available in French, German, Hebrew and Russian.** To download these alternate forms, please visit our website, www.claimscon.org. Make sure to complete all fields. If you do not have the required information, please mark the field "unknown". If the question does not apply to you, please mark that field as not applicable ("N/A"). This will assist us in processing your application efficiently. If additional space is needed for any of the sections, please attach your response on a separate sheet of paper. This form must be signed in front of a certifying authority (see page 8 for more details). After you complete this form, please make sure to mail us the **original** and not a photocopy. Thank you.

SECTION 1 | Are You Applying to a Specific Compensation Program?

To learn more about our different compensation programs please visit our website, www.claimscon.org. If the Claims Conference determines that you may be eligible for additional compensation, we will automatically register you in the appropriate fund.

If you know the fund to which you would like to apply, please select it below.

- Hardship Fund Pension Fund (Article 2/CEEF) Child Survivor Fund
 I don't know. I would like the Claims Conference to determine the appropriate compensation program.

Claims Conference compensation programs are limited to Jewish Nazi victims who were persecuted as Jews.

Are you of Jewish descent or religion? Yes No

SECTION 2 | Personal Information

What is your current name?

Family Name	First Name	Patronymic Name

Have you ever used another name, including maiden name?

Please attach any documents regarding the change such as a marriage certificate or other name change document.

Family Name	First Name	Patronymic Name
Family Name	First Name	Patronymic Name

Gender Male Female

What is your official date of birth?

Day	Month	Year

Have you used another date of birth?

Day	Month	Year

Where were you born?

City/Town	Region	Country

Where do you currently live?

Street	Building	Apt	City/Town
Region/State/Provence	Country	Postal Code	
Telephone	Email		

What is your preferred language of correspondence?

English Hebrew French Russian German Hungarian

We can only discuss the details of your claim with you or with someone whom you specify. Is there someone whom you would like to allow us to speak with or write to regarding your claim?

Family Name	First Name	Relationship to Applicant

Address

Telephone	Email

Where have you lived since the end of the war? List all of the countries in which you have lived from then until today.

Country (If Germany, please include city and state)	Year From	Year To

What is your current citizenship?

Country	Date of Immigration (DD/MM/YYYY)	Date Citizenship Received (DD/MM/YYYY)

Please list your previous citizenship or periods when you were stateless, if applicable.

Country (including periods when you were stateless)	Year From	Year To

SECTION 3 | Your Experience During the War

This section has TWO PARTS. Part A is a timeline (dates, locations and names) of your experiences. In Part B we ask you to provide a detailed description of your story. **If your mother was pregnant with you during her persecution, answer the following questions from your mother's perspective.**

PART A: PERSECUTION TIME-LINE AND INFORMATION

Use the timeline to **briefly outline** your experience chronologically. You will be able to provide more detailed information in Part B. If you require additional space, please attach your response on a separate sheet of paper. Please refer to the following definitions when answering how you were persecuted.

Camp: You were in a concentration or labor camp or forced labor battalion.

Ghetto: You were forced to live in a ghetto.

Hiding: You were hiding under inhumane conditions, without access to the outside world.

Living in Illegality/Under a False Identity: You had to keep a low profile because you had no identity papers, or were not registered with the authorities. Or you continuously lived under a false, non-Jewish identity, using an alias and/or falsified papers.

Flight: You escaped from the place of your residence due to an impending Nazi threat.

Curfew: You were only allowed to leave your house at certain times of the day.

Forced Residence/Resettlement: You were forced to live in a certain part of the city or leave your home and live in another place.

Yellow Star: You were forced to wear an identifying symbol such as a yellow star.

Other Persecution Type: Please specify in timeline below.

Where did you live before the war?

City/Town	Region	Country
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1 Type of Persecution (<i>refer to definitions listed above</i>)	Date From	Date To
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Where were you persecuted?

2 Type of Persecution (<i>refer to definitions listed above</i>)	Date From	Date To
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Where were you persecuted?

3 Type of Persecution (<i>refer to definitions listed above</i>)	Date From	Date To
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Where were you persecuted?

4 Type of Persecution (<i>refer to definitions listed above</i>)	Date From	Date To
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Where were you persecuted?

5 Type of Persecution (<i>refer to definitions listed above</i>)	Date From	Date To
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Where were you persecuted?

Where were you at liberation?

City/Town	Region	Country
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PART B: YOUR STORY

In your own words, please use the space below to provide a description of your persecution history, making sure to include such details as:

- Dates and places of your persecution, if known
- Names of family members who were with you during your persecution
- Living conditions
- Significant events, if any, that occurred with dates when possible
- How were you liberated

If you lived in hiding, please describe the following:

- Where you hid
- Who hid you (if possible please provide the names)
- Who provided you with food and other necessary items
- Whether the authorities had knowledge of your presence, or if you were registered as a Jew

If you fled from your home, please describe the following:

- When did you leave your residence
- Where did you stop along the way
- Where was your final place of refuge

If you require additional space, please attach your response on a separate sheet of paper.

SECTION 4 | Family History

MOTHER

Family Name	First Name	Patronymic Name
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Did your mother ever use another name, including maiden name?

Family Name	First Name	Patronymic Name
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Family Name	First Name	Patronymic Name
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Where was your mother born?

City/Town	Region	Country
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What is your mother's official date of birth?

Day	Month	Year
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Has your mother used another date of birth?

Day	Month	Year
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If your mother is deceased, provide her place and date of death.

City/Region/Country	Day	Month	Year
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Were you persecuted together with your mother? Yes No

Were you together all the time during persecution? Yes No

If not, where was your mother? _____

FATHER

Family Name	First Name	Patronymic Name
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Did your father ever use another name?

Family Name	First Name	Patronymic Name
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Where was your father born?

City/Town	Region	Country
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What is your father's official date of birth?

Day	Month	Year
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Has your father used another date of birth?

Day	Month	Year
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If your father is deceased, provide his place and date of death.

City/Region/Country	Day	Month	Year
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Were you persecuted together with your father? Yes No

Were you together all the time during persecution? Yes No

If not, where was your father? _____

SIBLINGS

Please make additional copies of this page if you have more siblings.

1	Family Name	First Name	Patronymic Name
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Did your sibling ever use another name, including maiden name?

Family Name	First Name	Patronymic Name
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Family Name	First Name	Patronymic Name
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Where and when was your sibling born?

City/Region/Country	Day	Month	Year
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If your sibling is deceased, provide his/her place and date of death.

City/Region/Country	Day	Month	Year
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Were you persecuted together with your sibling? Yes No

Were you together all the time during persecution? Yes No

If not, where was your sibling? _____

2	Family Name	First Name	Patronymic Name
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Did your sibling ever use another name, including maiden name?

Family Name	First Name	Patronymic Name
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Family Name	First Name	Patronymic Name
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Where and when was your sibling born?

City/Region/Country	Day	Month	Year
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If your sibling is deceased, provide his/her place and date of death.

City/Region/Country	Day	Month	Year
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Were you persecuted together with your sibling? Yes No

Were you together all the time during persecution? Yes No

If not, where was your sibling? _____

SECTION 5 | Previous Compensation

Have you ever applied for compensation for your persecution? Yes No

If yes, provide a list of all programs to which you have applied.

If you receive(d) compensation please attach all documentation regarding the payment(s).

1 Fund/Program _____ Country _____

What kind of payment? One-time Payment Pension

2 Fund/Program _____ Country _____

What kind of payment? One-time Payment Pension

3 Fund/Program _____ Country _____

What kind of payment? One-time Payment Pension

SECTION 6 | Income & Assets

The Article 2 Fund is subject to income and asset limits set by the German government. The table below shows the current limits for this fund. The limits for each currency are set by the German government according to a special exchange rate procedure. For currencies not listed below, please contact us or visit www.claimscon.org

CURRENCY	ANNUAL INCOME LIMIT	ASSET LIMIT
US Dollar — USD	\$25,000	\$500,000
Euro — EUR	€ 21,079	€422,205
Israeli Shekel — ILS	₪ 114,816	₪ 2,297,350
Australian Dollar — AUD	\$34,201	\$685,130
Canadian Dollar — CAD	\$29,103	\$583,010

IMPORTANT

**THE INCOME IS YOUR NET INCOME AFTER TAXES HAVE BEEN DEDUCTED.
THE FOLLOWING ARE NOT CONSIDERED INCOME:**

- Governmental pensions
- Retirement plan payments (401(k))
- Company or employment pensions
- Disability or life insurance pensions

Assets do not include your primary residence. Assets include, among other items, cash in the bank, the value of stocks/shares, and any additional property you own or the paid-up value of a life insurance policy. Only "net assets" are relevant; i.e., you should deduct from the value of the property any debts, mortgages, or the annual tax on or related to the property. If an asset is jointly owned, only the value of the asset you own is relevant. For example, if an asset is jointly owned by you and your spouse, you should include only half the value as your own.

You only need to complete this section if you want your application to be considered for the Article 2 Fund.

Yes, I confirm that my income and assets are below the required limits.

SECTION 7 | Required Documentation

PART A: PROOF OF IDENTITY

Please provide a photocopy of a valid government-issued ID that has your photo.

Type of Identification

Passport National Identity Card Drivers License Other _____

Number Associated with the ID

Country of Issue

Current residents of the United States only, must also provide a photocopy of your Social Security card.

Social Security Number - -

Current or former residents of Israel only

Israel ID Number

PART B: ADDITIONAL DOCUMENTATION

In addition to your government-issued photo ID, please submit certified photocopies of the following documents. Having these documents will help us in the processing of your claims. However, if you do not have any of these documents, you should still submit your application. Explaining why you do not have these documents may help us in the processing of your claim.

- Birth certificate
- Document(s) linking your name at birth to your current name (if you have listed that your name has changed) such as a marriage certificate or other name-change document
- Document(s) that can show your Jewish ancestry
- Any additional document(s) that you have that may help substantiate your claim

PART C: AUTHORIZED REPRESENTATIVES/GUARDIANS

If an applicant is unable to sign this application form, an authorized representative may sign on his/her behalf. In addition to the required documents listed above, please submit **ALL** of the following documents:

- Photocopy of a Power of Attorney or other document granting legal guardianship
- Photocopy of the authorized representative's government issued ID
- A completed Doctor's Form which can be downloaded from our website, www.claimscon.org

PART D: PHOTOCOPYING AND CERTIFICATION INSTRUCTIONS

Please submit photocopies of requested documents in black and white. Please do not submit blurry photocopies or photocopies with information cut off, as this will result in a delay in processing your claim. The following entities may certify your documents. Please visit our website, www.claimscon.org, for an additional list of entities.

- German consulate
- Bank
- Notary public
- Governmental office of the State of Israel
- Jewish social service agency possessing a seal
- AMCHA office (in Israel)
- City/town hall (in Europe)

In order to be properly certified, each document must have all of the following:

- Stamp of the certifying authority
- Full name (in print letters) of the person certifying the document
- Position (e.g., title) of the person certifying the document
- Signature of the person certifying the document
- Date of certification

SECTION 8 | Declaration, Signature and Certification

- I declare that all above and attached 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 understand and hereby agree that the eligibility criteria are solely based on German law. I hereby unconditionally agree that Frankfurt am Main, Germany is the court of exclusive jurisdiction. I also agree that any dispute shall be decided according to the laws of the Federal Republic of Germany.
- I am aware that I have no legal entitlement to receive 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 Conference on Jewish Material Claims against Germany relating to or connected with this application or the processing thereof.
- I hereby authorize the Claims Conference to inspect any documents concerning my person at the authorities, courts, archives, and institutions in Germany and abroad 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 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 German Ministry of Finance and the German Federal Audit Office solely for review and audit purposes, in the framework of the data protection provisions of the Federal Republic of Germany. I understand and agree that information which may include any personal information that I provide may be examined, recorded, copied, used, and transferred internationally. 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.
- I hereby authorize the Claims Conference to request and review any documents from the German Federal Indemnification Authorities concerning my siblings and parents who may be deceased.
- I agree that the Claims Conference may request additional information and documents to process my application.
- I agree that the Claims Conference may determine the compensation programs that are appropriate to my application on my behalf even if I indicated a different fund in Section 1.

THIS FORM MUST BE SIGNED AT THE SAME TIME IT IS CERTIFIED
in front of a German consulate, bank, notary, a Jewish social service agency possessing a seal, City/town hall (in Europe), or a governmental office of the State of Israel.

I certify that the applicant or his/her authorized representative appeared before me today and proved his/her identity by means of:

Passport Other Identity Document (please list) _____

A copy of the ID used to verify the identity must be included with this application.

Applicant's Signature	Day	Month	Year

If an applicant is unable to sign this application form, an authorized representative may sign on his/her behalf. See instructions on page 8 for additional documents required for authorized representatives.

Authorized Representative's Signature	Day	Month	Year

Certifier's Name	Title	Organization	Day	Month	Year

Certifier's Signature & Stamp

APPLICATIONS THAT HAVE NOT BEEN SIGNED AND PROPERLY CERTIFIED WILL NOT BE PROCESSED.

There is no fee to apply for Claims Conference programs.
 You do not need to pay anyone for this application form or to help you complete this form.

UAF.2.1.15.17



DID YOU REMEMBER TO...

- Complete all sections of the application
- Sign, date, and certify the application in front of a German consulate, bank, notary, a Jewish social service agency possessing a seal, or a governmental office of the State of Israel.
- Attach government issued photo ID that matches the document listed in the Proof of Identity section and Certification section
- Attach photocopies of all other required documents
 - Birth certificate
 - Documents linking your name at birth to your current name if you have listed that your name has changed, such as a marriage certificate or other name change document
 - Documents that can show your Jewish ancestry
 - Any additional documents that you have that may help substantiate your claim
 - Receipt of previous compensation payment, if applicable
 - Social Security Card if you are a resident of the United States of America
 - Authorized Representative documents if you are filling out this application on an applicant's behalf
- Before mailing us the original, photocopy the complete application form and all attachments for your records

MAILING INSTRUCTIONS

The **original**, completed, signed, and certified application form, along with photocopies of requested documents, should be submitted to one of the following addresses. Please do not fax, email, or send us a photocopy of your application form.

For permanent residents of the former Soviet Union,
Western Europe and North Africa:

CLAIMS CONFERENCE
GRAEFSTRASSE 97
60487 FRANKFURT AM MAIN
ГЕРМАНИЯ/DEUTSCHLAND

For permanent residents of North America, South America,
Australia and the rest of the world:

CLAIMS CONFERENCE
P.O. BOX 1215
New York, NY 10113
UNITED STATES OF AMERICA

For permanent residents of Israel and Eastern Europe:

CLAIMS CONFERENCE
P.O. BOX 20064
6120001 TEL AVIV
ISRAEL

WHAT HAPPENS NEXT?

With the information you provide in this application, we will research your claim. This will take time and we appreciate your patience. Once the Claims Conference receives your application we will send you a letter acknowledging receipt. If you have not received this letter within three months, please write to us at one of the above addresses.