



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

Announcement for Romanian Holocaust Survivors:

We are pleased to announce the availability of the Romanian Survivor Relief Program (RSRP) in 2023. 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 dependent on self-declared income from all sources, including work pension, government subsidies, savings, investments, and other Holocaust survivor payments.

This program is for needy Jewish Nazi victims currently living outside of Romania and Israel with annual individual income matching the levels specified below. Survivors must be alive **at time of payment**. Heirs are not eligible for this program.

Applicants must meet all the following three criteria:

1. Must have been persecuted as a Jew. **And;**
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**And;**
3. Must match one of the annual income brackets below. This fund accounts for income from all sources, including work pension, government subsidies, savings, investments, and Holocaust survivor payments:
 - (i) Annual income below \$12,000
 - (ii) Annual income between \$12,000 and \$21,200

Applicants may be asked to submit documentation of their financial status.

Completed applications must be received at the following address by March 31st, 2024:

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

Late applications will not be accepted.

Payments to approved applicants are expected to be made during or after June 2024.

Support for this program was provided by the Caritatea Foundation, a foundation created by the Federation of Jewish Communities in Romania and the World Jewish Restitution Organization.



Conference on Jewish Material Claims Against Germany, Inc. ועידת התביעות

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

ROMANIAN SURVIVOR RELIEF PROGRAM: APPLICATION FOR PAYMENT

First Name: _____ Last Name: _____

Address: _____ Apartment: _____

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

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

Email (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.

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:

- | | |
|--|--|
| <input type="checkbox"/> BEG (directly from the German government) | <input type="checkbox"/> Hardship Fund |
| <input type="checkbox"/> Article 2 Fund | <input type="checkbox"/> Child Survivor Fund |
| <input type="checkbox"/> Central and Eastern European Fund (CEEf) | <input type="checkbox"/> Homecare |

Can't find your program? If you have never filed an application for any of the programs above, you will be required to apply to the Claims Conference and be approved prior to being considered for this program. If this is your situation, please call the Claims Conference for guidance.

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 anytime 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. My income from all sources, including work pension, government subsidies, savings, investments, and Holocaust survivor payments available to me:

- ☐ is less than \$12,000
- ☐ is between \$12,000 and \$21,200
- ☐ is above \$21,200

Applicants may be asked to submit documentation of their financial status.

Payment Information:

If your application is approved, your 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	ABA Routing Number for WIRE TRANSFER (9-Digit) _ _ _ _ _	SWIFT Code
-------------------------------	---	------------

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
---------------------------	----------------	------------

Banks in Canada ONLY:

Transit (Branch) Number (5-digits) _ _ _ _ _	Institutional Number (3-digit Bank Code) _ _ _
---	---

Banks in Australia ONLY:

"BSB" Bank State Branch number (6-digits) _ _ _ - _ _ _
--

Banks in United Kingdom (UK) ONLY:

Sort code (6-digits) _ _ - _ _ - _ _

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

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

*Please note, this payment may be taxable and may affect your ability to obtain or maintain government assistance. This payment should be considered as made as a result of your status as a victim of Nazi persecution. It is your responsibility to verify if this payment is taxable and if it may affect government benefits or assistance. The Claims Conference will not be liable for any lost status, benefits or income resulting from your acceptance of this one-time payment.

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 be required to 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.

GDPR 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 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: _____ **Applicant's Signature:** _____

Date: Month: _____ Day: _____ Year: _____ **Best method of contact:** Email / Phone / Mail

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: _____

Please verify that the application is signed and the bank form is completed and signed and mail to the address below. Completed applications must be received at the following address by **March 31st, 2024**:

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