



# 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](http://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](http://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/RSP)     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

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

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

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

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

<b>5</b> 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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# 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.

<b>1</b>	Family Name	First Name	Patronymic Name
	<hr/>	<hr/>	<hr/>

**Did your sibling ever use another name, including maiden name?**

Family Name	First Name	Patronymic Name
<hr/>	<hr/>	<hr/>
Family Name	First Name	Patronymic Name
<hr/>	<hr/>	<hr/>

**Where and when was your sibling born?**

City/Region/Country	Day	Month	Year
<hr/>	<hr/>	<hr/>	<hr/>

**If your sibling is deceased, provide his/her place and date of death.**

City/Region/Country	Day	Month	Year
<hr/>	<hr/>	<hr/>	<hr/>

**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?** \_\_\_\_\_  
\_\_\_\_\_

<b>2</b>	Family Name	First Name	Patronymic Name
	<hr/>	<hr/>	<hr/>

**Did your sibling ever use another name, including maiden name?**

Family Name	First Name	Patronymic Name
<hr/>	<hr/>	<hr/>
Family Name	First Name	Patronymic Name
<hr/>	<hr/>	<hr/>

**Where and when was your sibling born?**

City/Region/Country	Day	Month	Year
<hr/>	<hr/>	<hr/>	<hr/>

**If your sibling is deceased, provide his/her place and date of death.**

City/Region/Country	Day	Month	Year
<hr/>	<hr/>	<hr/>	<hr/>

**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](http://www.claimscon.org)

CURRENCY	ANNUAL INCOME LIMIT	ASSET LIMIT
US Dollar — USD	\$49,850	\$997,020
Euro — EUR	€45,000	€900,000
Israeli Shekel — ILS	₪173,200	₪3,464,150
Australian Dollar — AUD	\$72,870	\$1,457,460
Canadian Dollar — CAD	\$66,300	\$1,326,090

### 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

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Please provide a photocopy of a 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    

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**Current or former residents of Israel only**

Israel ID Number    

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## PART B: ADDITIONAL DOCUMENTATION

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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

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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](http://www.claimscon.org)

## PART D: PHOTOCOPYING AND CERTIFICATION INSTRUCTIONS

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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](http://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, Consent, 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 request and review any documents and information from archives, such as the German Federal Indemnification Authorities and other authorities, relating to me (the applicant), or 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 additional compensation programs that are appropriate to my application on my behalf.

### CONSENT

I authorize the authorities, courts, archives and institutions in Germany, Israel (such as the Authority for Holocaust Survivors' Rights and other government ministries in Israel) and abroad to grant the Claims Conference access to my information (including, but not limited to, what pension I may receive from them), documentation and compensation files, including those based on the Bundesentschädigungsgesetz, the laws and provisions of Wiedergutmachung of the German State Governments, or German Federal or State hardship funds for victims of national socialist persecution, the Israeli Disabled of Nazi Persecutions Law or Benefits for Holocaust Survivors Law, to provide 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, education, profession, personal data revealing racial or ethnic origin, political or ideological opinions, religious beliefs or union membership and 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.

The processing of these data serves the purpose of processing my request for benefits under one or more of the Claims Conference compensation funds, which includes the Article 2 Fund, the Central Eastern European Fund, the Region Specific Persecution Pension, the Child Survivor Fund, the Kindertransport Fund, and the Hardship Fund.

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 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.

Information relating to my ethnic and racial origins, political or ideological opinions, religious beliefs, union membership, 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 compensation program and receive payment:

- My Sensitive Personal Data shall be processed by the Claims Conference to determine my eligibility for benefits from the Claims Conference restitution programs specified above.
- My Sensitive Personal Data shall be shared with the German Ministry of Finance/Federal Audit Office.
- 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. The revocation of consent shall not affect the lawfulness of the processing which has been carried out on the basis of the consent until its revocation. 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.

**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 in order to be certified.**

**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.**



## DID YOU REMEMBER TO...

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- 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

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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  
Postfach 90 05 43  
60445 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 29254  
6129201 TEL AVIV  
ISRAEL

## WHAT HAPPENS NEXT?

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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.