



QUESTIONNAIRE REGARDING THE NEED FOR ADDITIONAL FINANCIAL SUPPORT

from the
National Fund of the Republic of Austria for Victims of National Socialism
in cases of special need pursuant to the Austrian Government Resolution of
20 September 2023 (MRV 70/15)

Please note the information on data protection (see page 4).

PERSONAL DETAILS OF THE BENEFICIARY		
First name	Last name	Date of birth
Address line 1		Address line 2
City or Town	State (US) or County (UK)	ZIP or postcode
Country	Telephone no.	Email address

CURRENT LIVING SITUATION AND NEEDS
<p>Living situation (living alone / with spouse, partner or family / in a nursing or retirement home, etc.):</p>
<p>Information regarding the need for an additional payment (e.g. needs such as medical needs, the need for nursing, necessary age-related adaptations to the home, other extraordinary expenses, etc.):</p>

MONTHLY EXPENSES

e.g. rent or home fees, energy costs and utilities, transportation, medical expenses, nursing costs and living expenses

Please list

	Local currency	Euros
Total:		

MONTHLY INCOME

(your own and your partner's)

Please list

Please note the currently applicable guideline rates in accordance with Section 293 of the General Social Security Act:

1,217.96 euros for single persons

1,921.46 euros for married couples living in the same household

	Local currency	Euros
Income from Austria: Pension and other income		
Income from country of residence: Pension and other income		
Total:		

ADDITIONAL INFORMATION

Care allowance:

- I receive **care allowance** from Austria.
Paid out by: the Pension Insurance Institution (PVA)

Current level of care (*Pflegestufe*): _____

- I receive a **care allowance** from a different source.

Paid out by: _____

Amount: _____ Currency: _____

Care allowance is not counted as income. This information is only used to help us gain a comprehensive understanding of your situation.

Additional information you wish to provide regarding your circumstances:

Please enclose the relevant supporting documents describing your living circumstances as well as your monthly income and expenses such as pension statements and rent receipts or bank statements, as well as receipts for major expenses, cost estimates for currently required expenditure, etc.

I hereby declare that all information provided is true, correct and complete.

Place: _____ Date: _____

Signature of the beneficiary: _____

Submitting the Questionnaire

Please submit the completed and signed questionnaire

by email to: office@nationalfonds.org

or

by post to:
National Fund of the Republic of Austria
for Victims of National Socialism
Parlament
Dr.-Karl-Renner-Ring 3
1017 Vienna
Austria

Information on Data Protection

In accordance with the European General Data Protection Regulation (GDPR), the National Fund is obliged to provide the following information about the handling of your personal data:

Purpose of data processing: disbursement of a gesture payment; documentation and archiving purposes according to Art 5 (1) lit e of the GDPR.

Storage period: indefinite.

Legal basis: Council of Ministers Resolution MRV 70/15 of 20 September 2023 and Sec. 2 (2) in conjunction with Sec. 7a (2) of the Federal Law on the National Fund of the Republic of Austria for Victims of National Socialism as amended (National Fund Law).

Data subject to processing: data provided in the questionnaire.

Data origin: survey of data subjects, database of the National Fund; Austrian Pension Insurance Institution (PVA).

Automated decision-making: no automated procedure.

Transmission of data by email: data security between the individual receiving device and the National Fund server cannot be guaranteed. The National Fund has no influence on this part of the transmission path. The National Fund only uses its own servers, which adhere to the highest security standards.