

Application for emergency aid for victims of hate violence in Berlin

Part 1: Declaration of economic need (in accordance to § 53 No. 2 AO in conjunction with § 28 SGB XII)

Before filling out the form:

The Amadeu Antonio Foundation is only able to support individuals who have low income and low level of assets as well as associations that operate on a non-profit basis.

Which of the following applies to you? Please select an option:

- You receive **state benefits** (for example Bürgergeld, social benefits/ Grundsicherung, housing benefit/ Wohngeld, child supplement/ Kinderzuschlag, Bafög etc.):
You do **not** have to fill out the first part (page 1-2). Please **send proof** (Bescheid) for example from the Jobcenter.
- You are a non-profit organization. You do **not** have to fill out the first part (page 1-2).
Please send proof of your non-profit status.
- You have **income or assets**. **Fill out the form** (page 1-2) and **send proof** such as a pay slip, an annual tax return or a bank statement.

Please note the instructions and explanations at the end of the form.

1. **First and last name** | _____ |

2. Information on income and statutory allowance:

(Only fill it out, if you **do not** receive state benefits!)

a) You lives in your household?

Example: If you are single and have a child (10 years):

Person	Number of persons in the household	Statutory allowance per person (gross) per month
Adult single person	1	€ 2,815
child 6-13 years	1	€ 1,560

This sums up to a statutory allowance of: 2.815 € + 1.560 € = € 4,375 (gross)

You can apply for funding if your monthly income (gross) including child benefits is below €4,375.

Please enter the number of people in your household (for example, 1, 2, or 3) and calculate your statutory allowance.

	Number of persons in the household (incl. applicant)	Statutory allowance (gross) per person per month (EURO)
Adult single person		€2,815
Adult partnered persons (e.g. marriage, partnership, cohabitation) in household		€2,024
Adult unmarried children from 18-24 years of age at home		€1,804
Children from 14-17 years		€1,884
Children from 6-13 years		€1,560
Children from 0-5 years		€1,428

Statutory allowance: _____

b) Monthly income of my household:

(Please note the sum of all the incomes and benefits of the persons in your household (gross).
Income can be: income, child support, alimony, social benefits)

3. Information on private assets:

My private assets are **less than 15,500€**.

- Yes**, my private assets are **less than 15,500€** (including small saving account, an apartment I live in, household goods).
- No**, my assets are **more than 15,500€** (including for exemple large savings, stocks, real estate I'm not living in).

4. Accuracy of the information

- All information regarding the income of my household are correct and below the statutory allowance.
 - Alimony payments (that I pay or receive) have been taken into account.
 - My private assets are less than €15,500.
- Yes**
- No**

5. Signature

I have submitted the necessary proof of my income and receipts for verification. I confirm the accuracy of the information provided.

Date, Place

Signature of the applicant

Note: Please include all required supporting documents (pay slips, annual income tax assessment, bank statement etc.). Your application **cannot** be processed without all the necessary documents.

Part 2: Application for emergency aid for victims of hate violence in Berlin

1. Contact details*

First name, family name	
Address (street, postcode)	
Phone number	
E-mail address	
Pronoun/title *	

* This is voluntary information.

2. Account details

Account holder	
IBAN	
BIC	

3. Please describe briefly the incident or threat. Base the description on the following questions: What happened? When and where?

4. What indications are there about the perpetrators and their motives? Is there anything to suggest that the perpetrators actions were based on prejudice-based (racist, anti-semitic, LGBTI*-hostile, homeless-hostile, sexist, ableist, etc.) motives or as an expression against democratic and human rights principles (statements made and behavior prior to, during and after the crime, symbols, clothing, etc.)?

5. What harm or restriction has arisen for you as a result of the crime or threat? (damage to property, psychological damage, threatening situations, etc.)

6. What measures do you need the financial support for?

- Repair of minor property damage
- Psychological care
- Medical treatment
- Implementation of minor security measures
- Legal advice
- Other

Please list the costs for each measure in the table below.

Measure	Costs

7. Amount of application (EURO) : _____

8. Have you already taken advantage of a consultation?

- Yes
- No

If **yes**, where and by whom (place of consultation): _____

9. Have you applied for funding at the Berlin emergency aid fund before?

- Yes
- No

If **yes**, when (year): _____

10. Obligation and consents:

I agree to:

- provide invoices and proof of payment for the expenses on time.
- to transfer back the money if proof is missing or incomplete.

- Yes
- No

I agree to:

- use the funds only for the granted purpose listed in the official notice. Another use is not permitted.
- transfer back the money if there are any inconsistencies or missing proof. The Amadeu Antonio Foundation has the right to review all submitted proof and to request additional documents.

- Yes
- No

I agree to the processing and storage of personal data for the purpose of processing my application. More information can be found on data processing at the Amadeu Antonio foundation in accordance with Art. 12 ff. GDPR (<https://www.amadeu-antonio-stiftung.de/datenschutz/pflichtinformationen/>) and the data protection statement (<https://www.amadeu-antonio-stiftung.de/datenschutz/>).

- Yes
- No

11. * Voluntary information for statistical purposes

In the following, you have the opportunity to provide information about yourself, whereby we are interested in taking into account how you identify yourself (self-identification).

We collect this data for statistical purposes in order to improve the support offered by the Emergency Aid Fund. The information is provided on a voluntary basis.

Age: _____
Gender identity: _____
Sexual identity: _____
Religious affiliation: _____
Community affiliation : _____

Which forms of discrimination are you affected by?

Have charges been filed?

- Yes
- No

12. Signature

Place, date, applicant

Appendix:

Explanations and instructions for filling out the declaration of need for economic assistance in accordance with § 53 of the German Fiscal Code (AO)

Information on the legal framework:

As a *non-profit* organisation, the Amadeu Foundation can provide financial support to individuals within the framework of *charitable* purposes. A person can only be supported if s/he can be classified as *economically in need of assistance* in accordance with § 53 No. 2 of the German Fiscal Code (AO).

When am I considered to be in need of economic assistance?

You can be classified as being in need of economic assistance if your monthly financial income / remuneration does not exceed the upper limit set for this by law (called *allowances*) and you do not hold any assets that you can use for your current expenses. For the calculation of your total income / remuneration and the allowances permitted for you, it is important how many and which persons live together with you in a common household.

Who counts as a member of the joint household?

Persons are legally counted as a household if they have a common residence and live in an economic community, i.e. that they jointly take care of the expenses of living. This is also called a *needs community*.

State receipts

If you receive state benefits you do not need to fill out the form (page 1-2). Please send proof of the state benefits for example of the Jobcenter.

Re Point 2 a): Persons in the household, statutory allowances

If you are not a recipient of one of the state benefits, please enter the number of persons living in your household under Point 2 a) and calculate the legally permissible upper limit for your monthly income, i.e. the permissible *tax-free amounts*. Under "Total amount", please add up all the allowances mentioned.

Information on the statutory allowances per person:

Adult single person or single parent: € 2815.00

Adult partnered persons in a needs community (spouse/life partner): €2024.00

Children in household up to the age of 6: €1423.00

Children in household from the age of 7 to the age of 14: €1560.00

Children in household from the age of 15 to the age of 18: €1884.00

Unmarried children in household from the age of 18 onwards: €1804.00

Re Point 2 b): Total income

Under Point 2 b), please state the total sum of all income from you and the persons in your household. Income includes: income from self-employment, from non-self-employment, from renting and leasing as well as social benefits, unemployment benefit 1 benefits, child benefit, parental benefit, maternity benefit, sickness benefit, alimony, BAföG, etc.

Please attach proof of all income.

Information on proof of income and receipts:

For dependent employees:
current proof of earnings from employer, e.g. pay slip

For the self-employed:
most recent annual income tax assessment available

In the case of income / remuneration such as pensions, annuities, retirement benefits, etc.: corresponding notices from the competent authority.

For recipients of state benefits:
current official benefit notification

Re Point 3: Assets

Indicate under Point 3 whether you have any assets. This refers to assets that you can use for your living expenses.

Such assets include, among others: non-owner-occupied houses and real estate, small assets (also cash assets and assets under a protection scheme), bank and savings deposits, shares, fixed-interest securities, building society savings contracts with details of the current surrender value.

This does not include: memorabilia, household effects, owner-occupied house or condominium (appropriate house property within the meaning of § 90 (2) No.8 SGB XII), reserve for appropriate old-age provision.

Re Point 4: Declaration of need for economic assistance

If you are not a recipient of one of the before mentioned benefits, please decide whether the total monthly gross income and benefits of you and all persons in your household are lower or higher than the total sum of the permissible allowances calculated by you under Point 2. If your income is lower or equal, tick "yes", if your income is higher, tick "no".