

Application for emergency aid for victims of hate violence in Berlin

1. Contact details

Family name, first name	
Address	
Phone number	
E-mail address	

* Further information on data protection and the use of data can be found on Page 3 under Point 10.

2. Account details

Account holder	
IBAN	
BIC	

3. Description of the incident or threat. Base the description on the following questions: What happened? When and where? Was anyone else there?

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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, etc.) motives or as an expression against democratic and human rights principles (statements made 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/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
- Supervision
- Training
- Other

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

Measure	Costs

7. Amount of application:

7.1. Applying for support as a hardship case (see FAQ application help No. 10)

Please justify why a hardship case exists.

8. Have you already taken advantage of a consultation?

Yes

No

If yes, where (place of consultation):

9. Have charges been filed?

Yes

No

If so, when and where:

If so, was the complaint followed up?

It is helpful for the processing of the application if you enclose the following, if available: media reports about the incident, photos or expert opinions for the property damage, documentation of the threat, copy of the complaint, documents from the prosecutor's office/court, etc.

10. Consents:

I agree to the processing and storage of personal data for the purpose of processing my application. I have read and noted the relevant information on data processing 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/>). This consent is required for the application to be processed.

Yes

No

I hereby certify that the funds requested, if granted, will be used only for the requested purpose. I declare myself willing to provide proof in the form of an original invoice or receipt.

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/Gender identity _____

Sexual identity _____

Religious affiliation _____

Community affiliation _____

Comment:

12. Signature

Place, date, applicant