**REQUEST FOR SUPPORT TO MITIGATE NEGATIVE IMPACT OF COVID-19 PANDEMIC ON FAMILY AND LIVELIHOOD OF PERSONS WITH GRANTED INTERNATIONAL PROTECTION IN POLAND**

**The application form is to be used by both implementing partners of the COVID-19 mitigation program funded by UNHCR which is implemented within the two projects:**

* **“Emergency cash assistance to improve the livelihood situation of refugees in Poland affected by COVID-19” project implemented by Foundation for Somalia (FDS)**
* **Wsparcie w wyjściu z kryzysu wywołanego epidemią dla osób przymusowo migrujących – project implemented by Polish Hospitality Foundation**

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| **Name and surname of the Applicant:** |  |
| **Date of birth:** |  |
| **Legal status in Poland:** | status uchodźcy (refugee status)  ochrona uzupełniająca (subsidiary protection)  pobyt humanitarny (humanitarian stay)  other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Document confirming legal status**  **(Name, number and serial number):** |  |
| **Address:** |  |
| **Phone number:** |  |
| **Email:** |  |
| **Country of origin:** |  |
| **Main communication language:** |  |

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| **Name and surname of the employee of FDS:** |  |
| **I confirm receipt of the statement and verification of the document** |  |
| Please be advised that the collected personal data will be stored by the Foundation for Somalia (FDS), Bracka Street 18/63, 00-028 Warsaw, in accordance with the regulation of the European Parliament and EU Council 2016/679 of 27 April 2016 in order to document the provision of help and service for the project. The data obtained may be made available for monitoring, reporting and auditing of the implemented project only to entities authorized to carry out the above mentioned activities.  Each person has the right to access their personal data and correct them. Providing personal data is voluntary, but necessary to obtain support under the project. Please be advised that you can withdraw your consent to process your personal data at any time. The above data will be stored for a period of five years.  I hereby agree to have my personal data processed by the Administrator – Foundation for Somalia in order to grant the access to activities resulting from the project financed by UNHCR Polska and to execute by the Administrator tasks referring to the project, particularly confirmation of expenses eligibility, given support, monitoring, control, audit, reporting.  ................................................................ ..................................  (Place and date) (signature) | |

1. **Information regarding family/household of the Applicant**
2. **Residence in Poland:**

I live in Poland since: ………………………………………

I benefit from the international protection status since: ...........................................

1. **Details of household members (with dates of birth):**

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1. **Are you currently employed?**

**YES NO**

How much is the family income per month?

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Additional information regarding employment of family members and family income:

The Applicant can submit additional documents demonstrating family employment status or income.

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1. **Have you received or are you receiving any social assistance/benefits?**

**YES NO**

If yes, please provide in what form and when: ………………………………………………………………………………………………………………………………………………………………………………………………………

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1. **Have you benefited from any other forms of support from other institutes, incl. NGOs?**

**YES NO**

If yes, please provide in what form and when: ………………………………………………………………………………………………………………………………………………………………………………………………………

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1. **Please describe the general situation of your family:**

The information contained herein is intended to provide additional justification for the application for financial support. It is a supplement to the description of the financial situation with information on health and social matters.

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**Did your family experience any difficulties or limitations directly related to the COVID-19 pandemic? If yes, please elaborate:**

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**Date and signature of the Applicant:**

**Statements and consents:**

* I declare that the information I provided above is true and consistent with the facts.

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(Place and date) (Signature)

* I declare that the financial support operated by the Foundation for Somalia under this project will be used only for my and my family's house rental coverage.

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(Place and date) (Signature)

* I give consent for the employees of the Foundation for Somalia and Polish Hospitality Foundation to contact social aid institutes and other assistance institutions, including non-governmental organizations, to coordinate aid activities for my family and verify the information contained in the form.

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(Place and date) (Signature)

**Attachments:**

1. Scan of legal ID of the head of the family – the applicant.
2. Copy of rent agreement specifying the fees for the place of residence.
3. Declaration of the owner of the apartment - consent to data processing – original, or scan in case the owner lives outside the applicant’s place of residence.
4. Other documents justifying financial support and documenting the family's situation.

**Formal review of the application form by the Committee Secretary:**

□ full information provided

□ further details needed and clarifications. Additional information:

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Date and signatures of the Secretary: