



## Request for assistance to the Brotherhood St. Christoph

A-6580 St. Christoph am Arlberg

Phone: +43 (664) 611 31 70

Fax: +43 (5446) 3773

Personal Information		
Christian Name *	Surname *	Date of birth
Street		
Zip code	City	Nationality *
Telephone Number	Mobile phone number	Email *
Number of people in the household / Adults and Children *		
Name	Age	Occupation

Profession	Employed by	Unemployed since
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<b>Marital status</b>				
<input type="radio"/> single	<input type="radio"/> Co-habitation	<input type="radio"/> married	<input type="radio"/> widowed	<input type="radio"/> divorced
<input type="radio"/> other:				

<b>Housing conditions</b>			
<input type="radio"/> Owner-occupier flat	<input type="radio"/> House	<input type="radio"/> Rental	<input type="radio"/> No accommodation
Number of rooms	Size of accommodation (in sq.m)		
Name and address of landlord			



<b>Income</b>	<b>€</b>	<b>Expenditures over € 50</b>
Wages/pay		Rent
Partner		Utility costs
Family allowance		Credit repayments
Other allowances		Child support
Child support		Insurance
Security benefits		Other expenditures
Nursing allowance		
Other income		
<b>Total</b>		<b>Total</b>

In the last year I received assistance from
in the amount of Euro €

IBAN *
BIC

Amount requested (in Euro)
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Description of the need/emergency situation *

- \* I have provided the information required to the best of my ability. (Please check box)
- \* I agree that the Brotherhood St. Christoph may use my personal data, given above, to process my request for assistance and to forward this data to third parties exclusively in order to validate my request for assistance. I can revoke this agreement with the Brotherhood St. Christoph at any time. (Please check box)

(Fields marked with \* are mandatory fields and have to be filled out)

Ort Datum

Unterschrift