



Affirmation 2025

Card holder:

First Name: _____ Family Name: _____ Birth Date: _____
Nationality: _____ Residency Status: _____
Occupational Status: _____ Civil Status: _____
Postal Code: _____ Place of Residence: _____ Address (Street/No.): _____
Number of persons living in my household: _____ adults + _____ children (below 14 years)

Houeshold Members:

First Name and Family Name: _____ Birth Date: _____
First Name and Family Name: _____ Birth Date: _____
First Name and Family Name: _____ Birth Date: _____
First Name and Family Name: _____ Birth Date: _____
First Name and Family Name: _____ Birth Date: _____
First Name and Family Name: _____ Birth Date: _____

I am applying for the "Team Österreich Tafel" Programme and I would like to receive foods (or groceries) and other items for free. These groceries and items were either taken off the market or were donated by manufacturers and retailers.

I declare that the household income is less than the limits listed below. Income includes salary, family allowance (Familienbeihilfe), social assistance (Sozialhilfe), unemployment benefits (Arbeitslosenunterstützung), alimony (Alimente), other income - but not the care allowance (Pflegegeld). The income of all household members (including myself) does not exceed:

	€ 1.661,00	for one adult	e.g.: 1 adult and 1 child:	€ 2.159,00
plus	€ 831,00	for every additional person over 14 years	e.g.: 2 adults and 1 child:	€ 2.990,00
plus	€ 498,00	for every child below 14 years	e.g.: 2 adults and 2 children:	€ 3.488,00

I understand that I can be requested to submit documents proofing my income and that of all people living in my household. I will bring a Haushaltsbestätigung* to the next appointment (* = official confirmation of all persons living in my household, issued by the registration authority / Gemeindeamt).

I understand that the foods I might receive have reached or exceeded the expiry date.

I understand that the cold chain might have been intermitted and I understand that groceries should be consumed as soon as possible and furthermore be checked before use (smell and taste). I understand that in any doubt of their usability I should dump these groceries.

I understand that I have to inform all household members about these facts.

I agree to indemnify the Austrian Red Cross from any liability.

I'll take just as much food as I need for me and my family. The goods obtained are provided for me and my family and not for sale / for disclosure to third parties. If I don't stick to this agreement, I may be excluded from receiving foods.

I understand and accept that smoking and consuming alcohol are strictly prohibited at the „Team Österreich Tafel“.



With my signature, I acknowledge that the personal data will be processed in accordance with the contract.

I am familiar with the website www.rotekreuz.at/noe/datenschutz, where more comprehensive information on data protection can be found, such as in particular the note on the right to lodge a complaint with the data protection authority. I can also request this information in writing. I also know the contact of the data protection officer (datenschutz@n.rotekreuz.at).

Signature written with my own hand: _____ Date: _____

Team Österreich Tafel - a project by Austrian Red Cross and Hitradio Ö3