

there
for you

supporting UNISON members
when life gets tough

Application for **financial assistance**

Before completing the application form, please read the notes below carefully. When you have completed the application form, you should detach these notes and keep them for your reference.

Who can apply?

You need to be a UNISON member although in certain circumstances former members of NALGO can apply. Partners/dependants of deceased members can apply in their own right.

How can we help?

We can consider helping if you are facing unexpected hardship or difficulty. As well as financial assistance we offer debt advice, wellbeing breaks and a signposting and referral service.

How to apply for assistance

Fill in this form and return it to: UNISON Welfare, UNISON Centre, 130 Euston Road, London NW1 2AY. Please note that there's a separate form to complete if you are applying for a Wellbeing Break.

How to complete an application form



Where you see the notification symbol in this form, you must ensure you read the information carefully.



Where you see the 'tip' symbol this is information to help you to complete your application.

Once you have completed the relevant sections the form should then be passed either to your branch welfare officer (BWO) or if a third party is assisting you such as the Citizens Advice Bureau or another charity the person who is your advisor. They will check everything is complete and fill in Section 14 before posting the form. If you have difficulty contacting your BWO or there are exceptional reasons for not going through your branch we will accept a direct application. An explanation as to why you needed to make a direct application would be useful.

What happens next?

We will let you know that we have received your application which will be assessed as quickly as possible. We also need to check that your request meets our criteria and that you are eligible to apply. Please be aware that applications are prioritised in terms of their urgency and not necessarily in order of the date they are received. Both you and your BWO will be notified in writing once we have made our decision. Where a grant award is agreed, this will be paid in the form of a cheque made out either to you

(where assistance is for personal expenditure) or to a third party i.e. a fuel company (where assistance is for payment of goods or services). If you receive a grant from us you may only use the money for the purpose for which it was given. All our grants are discretionary.

Our service commitment

We are committed to providing a confidential service and none of the information that you provide will be shared with any other person or organisation without your permission.

Our aim is to provide a consistent quality service and we continuously work to ensure that we meet the required standards.

Your views are important to us and we welcome any feedback about your experience of our service. Please address any comments that you may have to the Head of UNISON Welfare.

Data Protection Declaration (page 13)

It is a requirement of the Act that you understand why this declaration is necessary. The purpose of the declaration is to ensure you are satisfied that the information provided is correct and that you authorise us to approach other charities and organisations. If personal details of your spouse/partner are included, their consent should be obtained wherever possible before the form is returned.

Contact us

If you need any help making your application you can read our 'frequently asked questions' on line at www.unison.org.uk/thereforyou or contact us by Email: welfare@unison.co.uk
Telephone: 020 7121 5620
Fax: 020 7121 5552

You can also download an application form from our website: www.unison.org.uk/thereforyou

Section 1 Please tell us about your family

Your UNISON membership no. Date joined UNISON / /

Applicant Mr Mrs Miss Ms Other (please circle)

First name Surname

Address

Postcode

Home telephone Mobile

Email

Date of birth / / National Insurance Number

Are you?

Single Married/Civil partnership/living with partner Separated Divorced Widowed

What is your occupation?

When did you start work with your current employer? / /

Who shares your home with you?

No one, I live alone I live with my partner

By your partner we mean: husband wife civil partner boyfriend girlfriend

Your partner's first name Surname

Date of birth / / Are they aware you have made this application? Yes No

What is their occupation?

Please give details of everyone else who lives in your home

 **Details are required because of the financial impact they might have on the household if they are still living at home**

| Name | Gender | Date of birth | Relationship to you | Employed, in education, other | £Weekly/monthly income | £Weekly/monthly contribution to household |
|------|--------|---------------|---------------------|-------------------------------|------------------------|---|
| | | | | | | |
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If you are financially responsible for someone not living in your home please tell us their name, relationship to you and the level and reason for the financial support

Section 2 Please tell us about the type of accommodation you live in

Are you a home owner? Yes No

If 'yes' what is the current market value of your property? £

If mortgaged please give the amount outstanding £

How many years remain on the mortgage?

OR, if you are a tenant, who do you pay rent to? Please tick as appropriate

Housing Association Local Authority Private landlord Other

Give details

How long have you lived at your current address?

Section 3 Migrant Workers

A. Are you or your partner a migrant worker from a European Union country? Yes No

B. Are you or your partner a migrant worker from a non-European Union country? Yes No


If you have ticked 'Yes' to question B, please now complete questions C and D

C. Do you have recourse to public funds? Yes No

D. Does your partner have recourse to public funds? Yes No

If there is anyone mentioned as living in your home on page 3 able to claim benefits in their own right please give details below

Section 4 Employment History

 It is important that information regarding all employment is included given the many occupational charities that can be approached for additional grants as well as support. This is particularly important where a larger amount of financial assistance is needed.

Applicant

| Job Title/Occupation | Name of employer and nature of their business | Dates of Employment | | Membership of any union or other professional body |
|----------------------|---|---------------------|----|--|
| | | From | To | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Partner (including if deceased)

| Job Title/Occupation | Name of employer and nature of their business | Dates of Employment | | Membership of any union or other professional body |
|----------------------|---|---------------------|----|--|
| | | From | To | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |


Have you, your partner OR other relative (if your application relates to another family member/dependant i.e. parent) ever served in HM Armed Forces? Yes No

If 'yes' please supply the following details

| Name | Service (please also include regiment if known) | Service Number | Rank | Dates |
|------|---|----------------|------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Section 5 Other organisations approached for financial help

Please give details of any other organisations you have applied to in the past or currently for financial help and the outcome including any Armed Forces charities

 It is very important to complete this if you have, or are receiving, financial assistance from other charities or organisations so that we do not approach them twice.

| Name of organisation | For what did you ask help with | £/outcome or is decision pending? | Date of application |
|----------------------|--------------------------------|-----------------------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Section 6 Savings & Assets for you and your partner

| Current account | Deposit Account(s) | Building Society | PEPs/Tessas/ISAs/Bonds |
|-----------------|--------------------|------------------|------------------------|
| £ | £ | £ | £ |
| £ | £ | £ | £ |
| £ | £ | £ | £ |
| £ | £ | £ | £ |


Section 7 Benefits that are housing related

 Please note that this information will help us to see if you and your dependants are receiving the correct benefits

| Do you/your partner receive? | Yes/No | £ Amount awarded | Refused Yes/No | Applied awaiting outcome Yes/No | Date applied |
|--|--------|------------------|----------------|---------------------------------|--------------|
| Housing Benefit | | | | | |
| Help with mortgage costs through Income Support, Income Based Job Seekers Allowance/Employment Support Allowance | | | | | |
| Council Tax Benefit Single Occupancy Discount | | | | | |
| A council tax reduction through the Disability reduction scheme, Second Adult rebate Exemption scheme | | | | | |

Where you have indicated that benefit was refused, please give further details including the reasons below:

Section 8 About your finances

 Please enter the amount of money you receive within each relevant category for both you and your partner (if applicable). If the amount paid is per calendar month please tick the box headed 'M' or 'W' if paid weekly. If 'Other', please give details e.g. 4-weekly

Now tell us all about your income and expenditure so that we have a complete overview of your financial situation

| Income | £ Applicant | M | W | Frequency | £ Partner | M | W | Frequency |
|---|-------------|---|---|----------------------|-----------|---|---|----------------------|
| | | | | Other – give details | | | | Other – give details |
| Net pay – main job | | | | | | | | |
| Net pay – 2nd job | | | | | | | | |
| State retirement pension | | | | | | | | |
| Occupational/private pension | | | | | | | | |
| War disablement/Service pension | | | | | | | | |
| Employment & support allowance (ESA) | | | | | | | | |
| Incapacity Benefit | | | | | | | | |
| Income Support | | | | | | | | |
| Independent Living Fund | | | | | | | | |
| Job Seekers Allowance | | | | | | | | |
| Child Tax Credit | | | | | | | | |
| Working Tax Credit | | | | | | | | |
| Pension Credit | | | | | | | | |
| Statutory Sick Pay (SSP) | | | | | | | | |
| Severe Disablement Allowance | | | | | | | | |
| Maternity Pay | | | | | | | | |
| Child Benefit | | | | | | | | |
| Maintenance/Child Maintenance | | | | | | | | |
| Carer's Allowance | | | | | | | | |
| Industrial Injuries Benefit | | | | | | | | |
| — Disablement benefit | | | | | | | | |
| — Reduced Earnings Allowance | | | | | | | | |
| Widowed Parents Allowance | | | | | | | | |
| Widow's Allowance | | | | | | | | |
| Bereavement Allowance | | | | | | | | |
| Boarders/sub-letting | | | | | | | | |
| Contributions from others living in house | | | | | | | | |
| Payment from other benevolent funds | | | | | | | | |
| — Give name of organisation | | | | | | | | |
| Any other income – give details | | | | | | | | |
| Total | | | | | | | | |

Number of hours worked per week: You Your partner

Please indicate by ticking if in receipt of, or applying for any of the following benefits

| Benefit | Higher | Middle | Lower | Waiting to hear | Date applied |
|--------------|--------|--------|-------|-----------------|--------------|
| DLA Mobility | | | | | |
| DLA Care | | | | | |
| Attendance | | | | | |

Section 8 About your finances (continued)

tip Please enter an amount under each relevant category for both you and your partner (if applicable). If the amount paid is per calendar month please tick the box headed 'M' or 'W' if paid weekly. If 'Other', please give details e.g. 4-weekly.

| Expenditure | £ Amount | M | W | Frequency | !Arrears/bills |
|---|--|---|---|----------------------|---|
| | Where applicable, contractual payments only – do not include arrears | | | Other – give details | If you/your partner are behind with payments or have an outstanding bill for any item listed please indicate by 'ticking' the relevant box below. |
| Mortgage (after deducting any benefit assistance) | | | | | |
| 2nd mortgage/secured loan | | | | | |
| Mortgage endowment | | | | | |
| Rent (after deducting any housing benefit) | | | | | |
| Council tax after deducting any council tax benefit | | | | | |
| Rates (Northern Ireland only) | | | | | |
| Ground Rent/Service Charges | | | | | |
| Buildings Insurance | | | | | |
| Contents insurance | | | | | |
| Water rates | | | | | |
| Gas | | | | | |
| Electricity | | | | | |
| Oil/coal | | | | | |
| TV licence | | | | | |
| Maintenance/Child support | | | | | |
| Childcare | | | | | |
| Carer costs | | | | | |
| Car maintenance/running costs (excluding petrol) | | | | | |
| Car insurance | | | | | |
| Car road tax | | | | | |
| Pension contributions (non-employer) | | | | | |
| Housekeeping (including food costs) | | | | | |
| Court fines | | | | | |
| School meals | | | | | |
| Home telephone | | | | | |
| Mobile telephone | | | | | |
| Travel work | | | | | |
| Travel non-work | | | | | |
| Travel school | | | | | |
| Satellite/Cable | | | | | |
| Internet | | | | | |
| Prescription costs | | | | | |
| Medical Insurance | | | | | |
| Life Assurance | | | | | |
| Disability related expenditure – not already included under other headings (please give details) | | | | | |
| DEBT(S) – total monthly/weekly payment This might include catalogue HP, credit card, car loan, credit Union, payday loan | | | | | |
| Total | | | | | |

Section 10 We need to know what help you would like us to consider and why you need it

tip Tell us in as much detail as possible why you need our help. The more information you provide the sooner we can reach a decision and the more effective our help will be.
(Continue on blank page if necessary)

| | |
|---|--|
| <p>Why you are in difficulty and how long you have been experiencing problems.</p> | |
| <p>About any particular unforeseen hardship that is relevant to what you are asking help with.</p> <p>tip Here are some examples: Health or disability issues (please state who is affected), bereavement, loss of work and/or income, relationship breakdown, expenditure is higher than usual, struggling to buy an essential item etc.</p> <p>If you or your partner are off work through illness, please give dates when signed off and anticipated return (if known).</p> | |
| <p>If you are struggling with debts and/or at risk of losing your home or your possessions why this has come about? We will also want to be sure that if we do help you, you will be able to manage to pay your bills in the future.</p> | |
| <p>Any other relevant information that you feel will help us to understand your situation.</p> <p>tip Take the opportunity here to tell us what your biggest worry is</p> | |

The second part of Section 10 is where you tell us what help you'd like us to consider.

! **IMPORTANT:** Please refer to our **Criteria for Financial Assistance** at www.unison.org.uk/thereforyou for information on the help we can consider. It is important to note that we cannot provide funding retrospectively neither should you commit to any expenditure pending our decision. We are generally unable to assist where a statutory agency has responsibility for providing the funding although there may be exceptions e.g. there's a shortfall between cost and funding.


Examples of what we cannot help with include: legal fees, private medical treatment, nursing home fees, credit card/loan repayments, private tuition/university fees, long-term top-up payment allowance.


Please note that even if we can offer financial assistance we may not be able to help with everything and may only be able to give a contribution. For costly items, we may need to approach other charities who will expect us to have gathered all relevant information.

| What do you need our help with? | Give some indication of £ cost (provide breakdown if more than one item) |
|---------------------------------|---|
| | |
| | |
| | |
| | |
| | |

Are you or anyone in your family able to contribute to any of the above? If so, how much £

Section 11 Checklist – Have you got together all of the information we need?

 **We cannot consider your application without all the required supporting documentation**

 **Please avoid sending original documents as we cannot guarantee their safe return**

If you or your partner are working enclose copies of most recent consecutive wage slips, either four weekly or two monthly. If self-employed enclose the most recent Inland Revenue tax calculation.

Bank statements Copies of last 2 months bank statements for all accounts (including partner's) held showing ALL entries.

If you are requesting assistance with arrears of household related debt including mortgage, rent, council tax, fuel or water.


Enclose:

proof of payments made over the last 6 months

copies of any recent correspondence from the creditor to whom money is owed including where legal action is threatened

any other bill which you would like us to consider or that provides proof of the money you owe.

Property – adaptations/repairs/ household items

 **Unfortunately we are unable to help with grants where a statutory agency has a responsibility to pay for the work/item needed. We may however be able to assist where there is a shortfall in funding. If your request is for help with property adaptations due to disability.**

Enclose a copy of the Occupational Therapist's report


Correspondence concerning the outcome of Disabled Facilities Grant application including the assessment of means

Quotes for work to be undertaken

If your request is for help with goods or services including property repairs:

Enclose supplier's estimates for goods/services or in the case of repairs, 3 estimates for the work needing to be undertaken.

Section 12 Monitoring Information

 **Please note the following information is not used to make decisions and is completely confidential**

Ethnicity How would you describe your ethnic origin? Please select one from the following lists:

White

British Irish Other white

Black or black British

African Caribbean Other black

Mixed

White & black Caribbean White & Asian
 White & black African Any other mixed

Asian or Asian British

Indian Pakistani Other Asian

Chinese

Chinese

Other ethnic group

Any other background

Please specify

Disability

Would you describe yourself as a disabled person?

Yes No

Help us to help others

We like to take every opportunity to make others aware of the help that is available and in so doing raise our profile and reach out to more members.

Can we contact you to talk about your experience?


Yes No

How did you first hear about us?

- | | |
|--|---|
| <input type="checkbox"/> U Magazine | <input type="checkbox"/> Friend or work colleague |
| <input type="checkbox"/> Seeing our publicity material | <input type="checkbox"/> UNISON legal |
| <input type="checkbox"/> UNISON Branch rep | <input type="checkbox"/> Thompson's solicitor |
| <input type="checkbox"/> Website | <input type="checkbox"/> UNISON paid staff |
| <input type="checkbox"/> Other | |

Please provide information below

Section 13 Data Protection and declaration to be signed by the applicant

 **Please sign the declaration right to confirm that you have read and understood the following information: It is a requirement of data protection legislation that we inform you what information will be held about you and how that information will be used.**

Data Protection Statement

If you apply to us for a grant, we require certain personal information about you to ascertain whether or not you are eligible to receive a grant from the charity. When we receive an application, a manual file is opened under the name of the member and will contain the application form, any associated correspondence, our report and details of any advice given/payments made. A summary of this information is also held on our computer database together with financial records regarding grant payments. All information is held confidentially and will not be disclosed to any other person or organisations other than where agreed with the applicant or where exceptional circumstances require us by law to do so. Anonymous information that does not identify an applicant and relating to assistance given by the charity may be used in our Annual Report and Review or in similar documents. Records are retained for 6 years and destroyed.

I confirm that I have read and understood UNISON Welfare's statement on Data Protection in

accordance with the Data Protection Act and consent to UNISON Welfare holding and using the data on this form and any accompanying documents for the purposes of considering my application.

I have enclosed all documents requested and understand that without these my application cannot be assessed and will be returned.

I declare that the information given is accurate and a true indication of the current financial position of myself and my partner (if applicable).


I understand that UNISON Welfare is unable to assist with items, bills or services already paid before my application has been assessed and that this includes payments made with money that has been borrowed.

I understand that, in cases where my problems are debt related I may be required to seek debt advice before assistance is considered and that immediate contact with the UNISON Debt Service is recommended.

I have signed the letter of authorisation on the inside back page and understand that in all circumstances, I will be advised before contact is made with any organisation for the purposes of discussing matters relating to my application. I also understand that this letter will become void once my case has been closed.

Signed

Date / /

 **Now complete the letter of authorisation on the inside back page and then ask your Branch Welfare Officer to complete Section 14.**

If you are making a direct application please indicate reasons why:

Unable to contact branch officer

Do not wish to disclose sensitive information as branch officer known to me personally

Other

Section 14 Supporting Statement



This section should be completed by the Branch Welfare Officer. In the absence of someone undertaking this role, another elected branch officer or UNISON employed official can complete

Your name (please print) _____ Mr Mrs Miss Ms (please circle)

Branch name (or name of referring organisation) _____

Position in branch/UNISON/referring organisation _____

Correspondence address _____

Postcode _____

Telephone _____

Mobile _____

Email _____



Referring organisations such as the Citizens Advice Bureau, or other charities/ benevolent funds should also use this section if assisting the applicant with this request

Please indicate your preferred method of contact in the event we have any questions concerning this application

Telephone Email Letter No preference

What is your assessment of the situation? If you wish to add any further details, comment on what we're being asked to help with, OR recommend additional assistance (including £ amount(s)) please give details below. Include any advice you've given to member and/or signposting to other sources of support.

Continue on separate sheet if necessary

Is the branch supporting the applicant in other ways e.g.

Rule Book Benefits Disciplinary Industrial injuries Financial assistance Other

Statement: please tick the relevant boxes

I declare that the applicant is being assisted by me and that I support their request for financial assistance.

I declare that the applicant is being assisted by me but I do not support their request for financial assistance.

The reasons for this are:

The support I have given has been by phone; and/or

The support I have given has been through meeting the applicant

I have checked that all sections have been fully completed and relevant supporting paperwork enclosed.

If there are reasons why any financial support should be made to the branch rather than the applicant please give reasons why.

Signed _____

Date / /

Letter of authorisation

To whom it may concern

This is to confirm that I give permission for the staff of UNISON Welfare to discuss all matters relating to my application for assistance with the following organisations and/or parties and to have access to all relevant information required to progress my case:

- Lenders/creditors – including utility companies
- Department of Work and Pensions (DWP) and HM Revenues and Custom (HMRC)
- Local Authority – Housing/Council Tax Benefit and Council Tax Discounts
- Landlord/Letting Agency
- Citizens Advice Bureau, other advice agency, solicitor
- Other charities/benevolent funds

Name _____

Address _____

Postcode _____

National Insurance Number

Date of birth / /

Signed

Date / /

Partners signature

Date / /

This letter will be destroyed on completion of the case



UNISON Welfare
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London NW1 2AY

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