There for You Application for  
financial assistance

Please read the following important information before filling in the form

Eligibility

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

Completing the form

Please answer every question. You must also sign the declaration and include all supporting documentation. Having your bank statement, payslip and any bills to hand will help when completing the form. Contact your UNISON branch welfare officer if you need help filling the form in.

What help can I ask for?

An extended illness, relationship breakdown, family bereavement or other unexpected event can result in financial difficulties or unexpected costs.  As an example, we can provide grants for living costs, essential bills and household items, heating costs, fares to hospital, rent deposits in specific circumstances. We may also help with costs associated with resolving debt difficulties e.g. bankruptcy fees, debt relief order. Certain things we can't help with. This includes (but not limited to): legal fees, fines, personal loans, credit card debt, private medical treatment/private education fees, reimbursement for those things already paid for or committed to pay.

You can find out more about the support we offer at www.unison.corg.uk/thereforyou

Debt advice

If you are in debt and currently unable to meet contractual payments, we may refer you to our confidential debt advice service **UNISON Debtline**.  
If you need immediate debt advice, please call **freephone 0800 389 3302**. Advisers will help you take back control of the situation, talk you through possible solutions, give advice on budgeting and, support you in taking action to reduce your debts.

Sending your form in

Your form and supporting documents should be emailed to thereforyou@unison.co.uk. Forms can be posted to **FREEPOST UNISON** – please mark on the envelope ‘for the attention of UNISON There for You’.

What happens next?

We will let you know that we have received your application and you will be given a case number – please quote this number in any communications. If we need to contact you, this will be either by email, phone, or text.

How long will it take for my application to be considered?

This all depends on the number of requests we receive at any time. Where possible, we will give you some indication about how long it will take when we acknowledge your application. Please be aware that applications are prioritised in terms of their urgency and not necessarily in order of the date they are received. What’s important is you complete the form in full and that you include the supporting documents. Incomplete forms and/ or where documents are missing, will delay your application. When we assess your application and overall financial situation, we try to do this quickly and sensitively.

Note to branch welfare officers

If you are helping a member with their application, please send a covering email or letter adding any other relevant information. Please include your contact details in case we need to speak to you. Details of decisions on cases will only be communicated if you have referred the application or the applicant gives us permission to do so.

Confidential

Please answer every question

Hardcopy documentation received will be retained for 3 months after which they will be destroyed. If you would like us to return your documents, please tick the relevant statement on page 8 of the form.

Personal details

|  |  |
| --- | --- |
| First name | Surname (Please also indicate if Mr, Mrs, Miss, Ms Other) |
| Address and postcode | |
| Email address | Contact telephone number(s) |
| Age (years) | National Insurance No (if known) |
| UNISON membership No. | Date joined UNISON |
| What is your occupation? | Date you started with your current employer? |

Are you?

|  |  |  |
| --- | --- | --- |
| Single  Married/Civil partnership/living with a partner  Separated  Divorced  Widowed | | |
| First name of spouse/partner | Last name | Their age? |
| Are they living at the above address?  Yes  No | What is their occupation? | Are they aware you have made this application? Yes  No |
| If you or your partner are a migrant worker, do either of you have recourse to public funds?  Yes  No  Not applicable | | |

Accommodation type

|  |  |
| --- | --- |
| Own home  Rented local authority/housing association  Rented private  Sheltered housing   Shared ownership  Residential care | |
| How long have you lived at this address? | If you own your home, what is the current value £ |
| Mortgage outstanding £ | Do you have a second property/buy to let? Yes  No |

Who else shares your home with you (including children under 18)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Age | Relationship to you | Are they in education, employed, other – please give details | If working please give details of any financial contribution towards household costs £ |
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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 financial support**

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| --- |
|  |

Your employment history (include any Armed Forces service)

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| --- | --- | --- | --- | --- |
| Job title/occupation | Name of employer | From | Until | Type of business |
|  |  |  |  |  |
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Your partner’s employment history (include any Armed Forces service)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job title/occupation | Name of employer | From | Until | Type of business |
|  |  |  |  |  |
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Please give details of other organisations you have approached for help?

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation | Brief details | Outcome | Amount awarded |
|  |  |  |  |
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Reason for applying to UNISON There for You

Please tell us the reason for your application, including all information relevant to the below points:

* Why you are in difficulty and how long have you been experiencing problems relevant to what you’re asking for help with.
* The impact that these unforeseen circumstances have had on your finances.
* Whether there are any immediate concerns for the household, such as unable to afford food or travel costs to work, or unable to top up a pre-payment meter for fuel costs.
* The difference our help could make and how you will be able to manage going forward.
* If you or your partner are signed off work, please give details plus an anticipated return to work date, if known.
* Any other information that will help us to understand your situation.

Provide any additional information on a separate sheet or covering email

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How would you like us to help?

Note: we may not always be able to help with everything and financial support could be in the form of a contribution rather than the full amount. There are also certain things we can’t help with however, we will always do what we can to offer advice and financial support in other ways.

|  |  |
| --- | --- |
| What do you need our help with? | Give some indication of cost £ |
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Financial section

You will find it useful to have your payslip and bank statement to refer to when completing this section.

Where it refers to frequency, please indicate by inserting the relevant ‘letter’ or ‘number’ if the amount paid is:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Income** | **Self £** | **Frequency** | **Partner £** | **Frequency** |
| Salary/work related benefits |  |  |  |  |
| Employment – net figure after tax |  |  |  |  |
| Employment – 2nd job net figure after tax |  |  |  |  |
| Occupational/Statutory sick pay |  |  |  |  |
| Working tax credits |  |  |  |  |
| Working & child tax credits combined |  |  |  |  |
| Job seekers allowance |  |  |  |  |
| Pensions & age-related benefits |  |  |  |  |
| Occupational/private pension |  |  |  |  |
| State retirement pension |  |  |  |  |
| Pension credit |  |  |  |  |
| Children |  |  |  |  |
| Child Benefit |  |  |  |  |
| Child tax credit |  |  |  |  |
| Maintenance |  |  |  |  |
| Statutory maternity pay/Maternity allowance |  |  |  |  |
| Disability/Illness |  |  |  |  |
| Employment support allowance |  |  |  |  |
| Carers allowance |  |  |  |  |
| Bereavement |  |  |  |  |
| Bereavement support payment |  |  |  |  |
| Widowed parent’s allowance |  |  |  |  |
| Industrial injuries benefit |  |  |  |  |
| Students |  |  |  |  |
| Student Loan bursary |  |  |  |  |
| General |  |  |  |  |
| Universal Credit/Income support |  |  |  |  |
| Housing |  |  |  |  |
| Housing Benefit |  |  |  |  |
| Discretionary Housing Payment |  |  |  |  |
| Other (please specify) |  |  |  |  |
| Other (please specify) |  |  |  |  |

W = weekly F = fortnightly. 4 = 4-weekly M = monthly Q = quarterly

|  |  |  |
| --- | --- | --- |
| **Are you in receipt of any of the following? Add an X as appropriate** | **Self £** | **Partner £** |
| Disability Living Allowance – Care: Low  Middle  High |  |  |
| Disability Living Allowance – Mobility: Low  High |  |  |
| Personal Independence Payment – Living: Standard  Enhanced |  |  |
| Personal Independence Payment – Mobility: Standard  Enhanced |  |  |
| Attendance Allowance |  |  |
| Severe Disablement Premium – Care |  |  |

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| Do you have any benefit applications pending? Yes  No  If ‘yes’, which benefits have you applied for and when did you make the application? |

Applicants should check their entitlement to means tested benefits using their current financial details before their application can be considered. You can do this by going to the UNISON Benefits Calculator at www.unison.entitledto.co.uk/home/start.  
Please confirm you have recently checked your entitlement to means tested benefits? Yes 

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| --- | --- | --- |
| **Expenditure** | **Amount £** | **Frequency**  W = weekly F = fortnightly  4 = 4-weekly M = monthly  Q = quarterly A = annually |
| Mortgage/rent (amount you pay after deducting any benefit assistance) |  |  |
| Second mortgage / secured loan |  |  |
| Council tax / Rates Northern Ireland (amount you pay after deducting any benefit assistance) |  |  |
| Water rates |  |  |
| Buildings insurance |  |  |
| Contents insurance |  |  |
| Maintenance / child support |  |  |
| Life insurance |  |  |
| Fuel – gas |  |  |
| Fuel – electricity |  |  |
| Fuel – oil / coal |  |  |
| Childcare / Carer costs |  |  |
| Car insurance |  |  |
| Road tax |  |  |
| Weekly shop – food, cleaning materials etc. |  |  |
| School meals |  |  |
| School travel |  |  |
| Work travel |  |  |
| Phone – landline and mobile |  |  |
| Disability related expenditure – not already included under other headings |  |  |
| Prescription costs |  |  |
| TV Licence |  |  |
| TV – satellite / cable / broadband package |  |  |

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| --- | --- | --- |
| Other – Please give details below (note: do not include debt repayments as this information will be transferred from the section on debts) | | |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

Debts and arrears

Please give details of all debts

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of debt  e.g. rent, council tax,  credit card, car loan etc | Creditor – this is the name of the organisation you owe money to | How much do you currently owe?  £ | Is this arrears or balance outstanding £ | What is your monthly repayment? £ |
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Have you taken debt advice?

Yes  No

|  |
| --- |
| If yes, who was this with and how long ago? |

Savings

Include savings for both people when living as a couple

|  |  |
| --- | --- |
| Details | Amount £ |
| Total in current accounts (complete total for all accounts including partner’s) |  |
| Total in savings accounts (complete total for all accounts including partner’s) |  |
| Premium Bonds/Shares/ISAs (complete total for all accounts including partner’s) |  |

Grant payment

If a payment is agreed, one or more of following methods of payment will be made

Payment into your bank account via BACs

Direct to a creditor or supplier – where help is given to pay a bill or we are supplying household goods.

Please give your bank account details

|  |  |  |
| --- | --- | --- |
| Name on account | Account No | Sort Code |
|  |  |  |

Declaration

I agree to There for You informing by branch welfare officer that I have made an application so that I can be offered local support if appropriate

I agree: Yes  No

I agree that all the information provided in the application form is true and correct and, a full disclosure of all income, capital, savings and investments has been made.

I will inform UNISON There for You of any change in circumstances that I may have during the application process.

I agree to the information on this form and any supporting paperwork being held in the Charity’s database for the sole use of the Charity’s records to process this and any future applications. We are committed to ensuring that we handle all data which we hold about you in a safe and responsible manner and in accordance with the General Data Protection Regulations 2018. There for You may disclose my personal data if required to do so by our regulators or law enforcement. For a copy of our privacy policy email [thereforyou@unison.co.uk](mailto:thereforyou@unison.co.uk)

I agree: Yes  No

I also authorise There for You staff to discuss relevant matters relating to my application with the following organisations and/or parties:

* Creditors – including utility companies
* Department of Work & Pensions
* Local Authority – Housing/Council Tax Benefits and Discounts
* Landlord/letting agency
* Advice agency who may be supporting you in other ways
* Other charities/benevolent funds
* UNISON Debtline (PayPlan)

I agree: Yes  No

Please make sure you have agreed to the declarations above by ticking the box and, where signing this form. We are unable to process your application unless this is done.

|  |  |
| --- | --- |
| Signed | Date |

Documents that you must send with your application  
 Please tick here if you would like us to return any hardcopy documents to you by post

If you and/or your partner are working enclose copies of most recent payslip

Last month's complete bank statement for all accounts held (including your partner) – statements should clearly show whose name they are in

Copies of any recent correspondence from those you owe money to

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

**Without this supporting evidence, we are unable to consider your application.**

**Please now complete our monitoring information form on the next page**

Publicity – help us to help others

We like to take every opportunity to make others aware of the help that is available, raise our profile and, reach out to more members. Can we contact you to talk about your experience? Yes  No

Monitoring Information

Please note that information in this section will not affect your application. It is taken for monitoring purposes only and is not shared with those considering your application:

Ethnicity

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

**Other ethnic groups**

Chinese  Other ethnic group  – please specify below

**Disability**

Would you describe yourself as a disabled person? Yes  No