There for You

Application for financial assistance

Important information

1. Due to the Coronavirus outbreak all contact will be either by email, phone or text. Please remember to check your mailbox including the junk folder
2. If you have difficulty completing the form email thereforyou@unison.co.uk or call 020 7121 5620 and leave a message with your contact details. We will be in touch as soon as possible to help you through the process.
3. Having your bank statement, payslip and any bills to refer to will help when completing this form.
4. For information on the range of help we can consider please go to www.unison.org.uk/get-help/services-support/there-for-you
5. Your completed form and supporting paperwork should be scanned to thereforyou@unison.co.uk. If this is not possible, complete and contact us as above. Forms can be posted to UNISON There for You, 130 Euston Road, London NW1 2AY however please be aware that due to the current situation, this will delay your application. We will be unable to consider your application without the required supporting documents.
6. Note to branch welfare officers. If you are helping the member and submitting the form on their behalf please send a covering email in support of the application adding any other relevant information.  Include your name, position in branch and contact details. Please be aware that we will communicate directly with the member unless your support is needed. Details of our decision will only be communicated if you have referred the application or the applicant gives us permission to do so.

There for You is the working name of UNISON Welfare a registered charity supported by UNISON the trade union.
Registered charity no. 1023552/SCO38305

Personal details

|  |  |
| --- | --- |
| First name      | Surname (Please also indicate if Mr, Mrs, Miss, Ms Other)      |
| Address      |
| Postcode      | Contact telephone number(s)      |
| Email address (this is our preferred contact during the current situation)      |
| Age (years)       | National Insurance No (if known)      |
| UNISON membership No.      | Date joined UNISON      |
| What is your occupation and when did you start working with your current employer?      |

Are you? (please tick the boxes where required)

|  |
| --- |
| 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 [ ]  |

Accommodation type

|  |
| --- |
| Own home [ ]  Rented local authority/housing association [ ]  Rented private [ ]  Sheltered housing [ ]  Shared ownership [ ]  Residential care [ ]  |

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 £ |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |

If you or your partner are a migrant worker, do either of you have recourse to public funds? Yes [ ]  No [ ]  Not applicable [ ]

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

|  |
| --- |
|       |

Your employment history (include any Armed Forces service)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job title/occupation | Name of employer | From | Until | Type of business |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

Your partner’s employment history (include any Armed Forces service)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job title/occupation | Name of employer | From | Until | Type of business |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

Please give details of other charities or organisations you have approached for financial help?

\*Note we work closely with a number of occupational benevolent funds and share support where we can

|  |  |
| --- | --- |
| Organisation | Brief details |
|       |       |
|       |       |
|       |       |

Reason for applying to UNISON There for You

Please tell us briefly the reason for your application for example:

* Why you are in difficulty and how long you have been experiencing problems relevant to what you’re asking for help with?
* If you/your partner are off work through illness or other reasons please give details and anticipated return to work date if known
* The impact that these unforeseen circumstances have had on your finances
* The difference our help could make and how you will be able to manage going forward
* Any other information that will help us to understand your situation

|  |
| --- |
| The box will expand to accommodate your answer (or write on a separate word document and send with form)      |

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 £ |
|       |       |
|       |       |
|       |       |
|       |       |

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 recept 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 |       |       |

DWP benefit applications

If you are waiting for a decision, please give details including date applied

|  |
| --- |
|       |

|  |  |  |
| --- | --- | --- |
| Expenditure | Amount £ | Frequency W = weekly F = fortnightly4 = 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 / Electricity / Oil/coal |       |       |
| Childcare/Carer costs |       |       |
| Car insurance / Road tax |       |       |
| Weekly shop – food, cleaning materials etc. |       |       |
| School meals/travel |       |       |
| Work travel |       |       |
| Phone – landline and mobile |       |       |
| Disability related expenditure – not already included under other headings |       |       |
| Prescription costs |       |       |

|  |
| --- |
| Other – Please give details below (note: do not include debt repayments as this informationwill 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 etc | Creditor – this is the name of the organisation you owe money to | How much do you currently owe? £ | Is this arrearsor balance outstanding £ | What is your monthly repayment? £ |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

If you have taken debt advice, who was this with?

Please also give contact details

|  |
| --- |
|                       |

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.
* Other – this could be a gift card so that you can buy food or other essentials.

Please give your bank account details

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

Documents that you must send with your application

* Most recent bank statement for all accounts held
* Most recent payslip for you and your partner
* Please include copies of any bills that you are asking us to help with.

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

**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      |