There for You Application for
financial assistance

Please read the following important information before filling in this 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-in the form.

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 is 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.co.uk/thereforyou](http://www.unison.corg.uk/thereforyou) or view the criteria online here: [Criteria-for-Financial-Assistance-March-2024-Website-Copy.docx (live.com)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.unison.org.uk%2Fcontent%2Fuploads%2F2021%2F09%2FCriteria-for-Financial-Assistance-March-2024-Website-Copy.docx&wdOrigin=BROWSELINK)

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 numberwithin 5 working days of receiving your application, either by email if you have provided an email address, or by hardcopy post if your application form does not include email contact details. If you have not heard from us 7 days after you sent your application to us, please contact us to confirm that it has been received as we cannot be held responsible for applications that are not received.

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

This all depends on the number of requests we receive at any time. We will give you an indication of 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 that you complete the form in full and that you include the supporting documents. Incomplete forms and / or missing documents, will delay your application. When we assess your application and overall financial situation, we try to do this quickly and sensitively. We are unable to assess applications without all supporting documentation.

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

Any 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 10 of this 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 [ ]  |
| Are you and/or your partner migrant workers? No [ ]  Just me [ ]  Just my partner [ ]  Both of us [ ]  |
| If yes, do you have recourse to public funds? Neither of us [ ]  Just me [ ]  Just my partner [ ]  Both of us [ ]  |

Accommodation type

|  |
| --- |
| Own home [ ]  Rented local authority/housing association [ ]  Rented private [ ]  Sheltered housing [ ]  Shared ownership [ ]  Residential care [ ]  Living with family [ ]  Temporary accommodation [ ]  |
| 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 in £. |
|       |    |       |       |       |
|       |    |       |       |       |
|       |    |       |       |       |
|       |    |       |       |       |

**If you are financially responsible for someone not living in your home, please tell us their name, relationship to you and the amount and reason for financial support**

|  |
| --- |
|       |

Your employment history (include any Armed Forces service). This will help us to identify other possible sources of funding that you may be eligible for.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 organisations you have approached for help?

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation | Brief details | Outcome | Amount awarded |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Reason for applying to UNISON Welfare - 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 you have been experiencing the problems relevant to this application.
* The impact that these unforeseen circumstances have had on your finances.
* Whether there are any immediate concerns for the household, such as inability to buy food or pay for travel costs to work, or 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.

**Your application will be returned if no details are provided.**

Provide any additional information on a separate sheet or covering email.

|  |
| --- |
|       |

How would you like us to help?

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 in £ |
|       |       |
|       |       |
|       |       |
|       |       |

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 |       |       |       |       |
| Jobseeker’s Allowance |       |       |       |       |
| **Pensions & age-related benefits** |  |  |  |  |
| Occupational/private pension |       |       |       |       |
| State Retirement Pension |       |       |       |       |
| Pension Credit |       |       |       |       |
| **Children** |  |  |  |  |
| Child Benefit |       |       |       |       |
| Child Tax Credit |       |       |       |       |
| Child Maintenance/CMS |       |       |       |       |
| Statutory Maternity Pay/Maternity Allowance |       |       |       |       |
| Scottish Child Payment |  |  |  |  |
| **Disability/Illness** |  |  |  |  |
| Employment Support Allowance |       |       |       |       |
| Carers Allowance |       |       |       |       |
| **Bereavement** |  |  |  |  |
| Bereavement Support Payment |       |       |       |       |
| Widowed Parent’s Allowance |       |       |       |       |
| Industrial Injuries Benefit |       |       |       |       |
| **Students** |  |  |  |  |
| Student Loan and/or bursary |       |       |       |       |
| **General** |  |  |  |  |
| Universal Credit/Income Support |       |       |       |       |
| **Housing** |  |  |  |  |
| Housing Benefit |       |       |       |       |
| Discretionary Housing Payment |       |       |       |       |
| **Other** |  |  |  |  |
| 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 £** | **Child £** |
| Child Disability Payment/Disability Living Allowance – Care:Low [ ]  Middle [ ]  High [ ]  |       |  |       |
| Child Disability Payment/Disability Living Allowance – Mobility:Low [ ]  High [ ]  |       |  |       |
| Adult Disability Payment/Personal Independence Payment – Living:Standard [ ]  Enhanced [ ]  |   |  |       |
| Adult Disability Payment/Personal Independence/Personal Independence Payment – Mobility: Standard [ ]  Enhanced [ ]  |       |  |       |
| Attendance Allowance |       |  |       |
| If you receive the mobility element of any of the above benefits, is this used for a mobility vehicle? Yes [ ]  No [ ]  |       |  |       |

|  |
| --- |
| 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 [ ]**

|  |  |  |
| --- | --- | --- |
| **Expenditure** | **Amount £** | **Frequency** W = weekly F = fortnightly4 = 4-weekly M = monthly Q = quarterly A = annually |
| Mortgage (amount you pay after deducting any benefit assistance) |       |       |
| 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 – combined |  |  |
| 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/Internet – satellite / cable / broadband package |       |       |
| TV subscriptions |  |  |

|  |
| --- |
| Other – Please give details below (do not include debt repayments) |
| 1       |       |       |
| 2       |       |       |
| 3       |       |       |

Debts and arrears, including “buy now, pay later” payments, such as Klarna and Clearpay

Please give details of all debts

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of debte.g. rent, council tax arrears,credit card, car loan, etc. | Creditor – this is the name of the organisation you owe money to. | How much do you currently owe (in £)? | Is this arrearsor balance outstanding? | What is your monthly repayment in £? |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

Have you taken debt advice?

Yes [ ]  No [ ]

|  |
| --- |
| If yes, who was this with and how long ago? What advice did you receive?                 |

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 grant payment is agreed, either / both of the following may be used:

* 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 UNISON Welfare - There for You staff informing my branch welfare officer that I have made an application, as well as any updated, so that I can be offered local support, if appropriate. Where a branch does not have a branch welfare officer; I agree to staff informing my branch secretary or other named branch officer – please provide details:
Name:
Branch position (if known):
Tel.:
Email:
Yes [ ]  No [ ]

I agree that all information provided in this application form is true and correct; and a full disclosure of all income, capital, savings

and investments has been made.

Yes [ ]  No [ ]

I will inform UNISON Welfare - There for You of any changes in circumstances that I may have during this application process.

Yes [ ]  No [ ]

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 Data Protection Act 2018 and the UK General Data Protection Regulations. There for You may disclose my personal data if required to do so by our regulators or law enforcement.

Yes [ ]  No [ ]

Your personal data collected through this application will be processed in accordance with the privacy notice of UNISON Welfare, which can be accessed here: [Privacy Notice](https://www.unison.org.uk/content/uploads/2025/03/Privacy-Notice-2025.pdf). For a copy of our privacy policy email thereforyou@unison.co.uk

I authorise UNISON Welfare - 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 (including Housing/Council Tax Benefits and Discounts)
* Landlord/letting agency
* Advice agencies (who may be supporting me in other ways)
* Other charities/benevolent funds
* UNISON Debtline (PayPlan)
* Elected representatives (MP, councillor, etc.)

Yes [ ]  No [ ]

Please make sure you have agreed to the relevant declarations above by ticking the box and 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(s) covering the last two months.

[ ]  Last two month's complete bank statement for **all** accounts held (including your partner’s). Statements should clearly show whose name they are in, and must show all sources of income and expenditure, plus the balance on the account.

[ ]  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.**

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:

**About you**[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

How do you describe your gender?

( ) Female

( ) Male

( ) In another way

( ) Prefer not to answer

How do you describe your ethnic origin?

( ) Asian UK

( ) Asian other

( ) Bangladeshi

( ) Indian

( ) Pakistani

( ) Black African

( ) Black Caribbean

( ) Black other

( ) Black mixed heritage

( ) Chinese

( ) Irish

( ) White UK

( ) White other

( ) Other mixed heritage

( ) Prefer not to answer

( ) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you describe yourself as a disabled person?

( ) Yes

( ) No

( ) Prefer not to answer

LGBT+ members organise together in UNISON so this is a grouped question on sexual orientation and gender identity. Would you describe yourself as (tick all that apply).

[ ] Bisexual

[ ] Gay

[ ] Heterosexual or straight

[ ] Lesbian

[ ] Other sexual orientation

[ ] Transgender or having a trans history

[ ] The gender you were assigned at birth

[ ] Other gender identity

[ ] Prefer not to answer

What is your age group?

( ) Under 16 years

( ) 16 - 26 years

( ) 27 - 39 years

( ) 40 - 49 years

( ) 50+ years

( ) Prefer not to answer

[ ]