



NOTTINGHAM CITY UNISON
APPLICATION FOR ASSISTANCE FROM HARDSHIP FUND

Your application will be treated in the strictest confidence and will only be seen by Senior Branch Officers.

We apologise for the amount of information required, but in order to ensure that those members in greatest need receive support, the information is essential. If you require help in completing the form please contact the Branch Office on 8762441.

PERSONAL INFORMATION

Surname: _____		First Names: _____	
Title: _____	Date of Birth: _____	Membership No: _____	
Home Address: _____			
_____		Postcode _____	
Contact No: _____ home/work/mobile			
(Please state the phone number that you wish us to use to contact you)			
Partners Name: _____			

Details of other people living in household (including children):

Name	Relationship

Family Health Issues – please give details of any illness or disability in the family members listed above.

Name	Health Issues

HOUSEHOLD INCOME

Details of income (please indicate whether weekly or monthly)

	Applicant	Partner
Take Home Pay		
Part time work		
Maintenance		
Occupational/private pension		
Other pensions		
Child benefit		
Income Support		
Job Seekers Allowance		
Employment Support Allowance (ESA)		
Industrial Injuries Benefit		
Severe Disablement Benefit		
Careers Allowance		
Disability Living Allowance – mobility		
Disability Living Allowance – care		
Attendance Allowance		
Contribution from others in household		

Please indicate amount of Net Pay lost for taking part in the industrial action (you must attach copies of pay slips)

	Applicant £	Partner £
Amount of Net Pay lost		

Please indicate if the applicant or the applicant's partner is in receipt of any tax credits.

	Applicant £	Partner £
Working families tax credit		
Disability persons tax credit		

HOUSEHOLD EXPENDITURE

Please details below all household expenditure and clearly indicate whether this amount is paid weekly, monthly or annually.

	Amount £	How often paid, (Weekly, Monthly or Annually)	Additional Amount Paid Towards Arrears
Mortgage / Rent *			
Second mortgage / secured loan			
Council tax / rates *			
Water rates			
Building / contents insurance			
Mortgage Endowment Protection Ins			
Life Insurance			

Medical Insurance			
Ground Rent / Service Charge			
Childcare			
CSA child / partner maintenance			
Electricity			
Gas			
Other fuel			
Telephone			
Fines			
Travel to work			
Travel to school			
TV license			
TV rent			
Laundry			
Food			

* Please state actual amounts paid after deduction of any benefits

Apart from tax, national insurance, pension and trade union subscriptions please indicate if any of the following expenditure is deducted from salary.

	Applicant £	Partner £
Rent / Mortgage		
Council Tax / Rates		
Employer car loan		
Credit union loan		
County Court judgement		
Attachment of earnings order		
Administration order		
Other - please give details		

DETAIL OF DEBTS

Please provide details below of any debts, i.e. mortgage, rent, council tax, rates, secured loans, water rates, fines etc.

Name of Creditor	Amount Outstanding	Date Last Paid	Arrears

