**Hardship Fund Application Form**

**[ASSOCIATION NAME]**

Strike Hardship Fund

Application form

**About the fund**: The Hardship Fund is intended to provide small, interest-free short-term loans to [ASSOCIATION NAME] members who experience financial hardship that is caused or exacerbated by the reduced income that accompanies a job action.

‘Financial hardship’ means the inability to meet childcare, housing, transportation or similar needs. While loans will usually be capped at [MAXIMUM LOAN AMOUNT] per applicant per application, other amounts will be considered. Loans are to be repaid in full within [NUMBER OF MONTHS FOR REPAYMENT] months of the end of the strike. Each member may apply once every [NUMBER OF WEEKS] weeks.

**Confidentiality**:All applications should be submitted to [EMAIL ADDRESS]. The name, address and phone number of each applicant will be removed from all materials before the application is reviewed by the committee.

**Expected response time**: The committee recognizes that this fund is meant to assist members in immediate need. It will aim to meet and reach a decision at least once a week during the strike. The committee will also strive to contact all applicants within 24 hours of making a decision.

**Appeals**: If your application is declined, you will receive a brief written response from the committee. If you wish to appeal the committee’s decision, please write a brief appeal. The appeal, along with an anonymized copy of the original application, will be submitted to the Executive Council for consideration.

Hardship Fund Application

Name:

Mailing address:

Email address:

Phone number:

Date of application:

**AMOUNT REQUESTED**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Monthly take-home income from all sources pre-strike: | Partner’s monthly take-home income from all sources (if applicable): |
| Monthly take-home income from all sources during strike: | Number of dependents: |

|  |  |
| --- | --- |
| **Monthly Budget** | |
| Rent or Mortgage: | Heat (if not included in rent): |
| Food: | Transportation: |
| Utilities (if not included in rent): | Childcare: |
| Miscellaneous expenses (please list): | |

I verify that all information given in this application is true.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*All information provided on this form is strictly confidential.*

Description of personal circumstances

*Please briefly state below the reason for this request. Please provide detail sufficient for the committee to make a decision. You may add pages as necessary.*