

CONFIDENTIAL

Winter fuel grant Application form 2017-18

Important information

- Please complete all sections and enclose supporting paperwork. Incomplete applications
 will not be processed. (In the event of any queries, you will be contacted, wherever possible via
 email.)
- You must also complete the survey.
- Only ONE application per household will be considered. The maximum grant award is up to £50 and will be paid by cheque to the member.
- There is a limited amount in the fund and, once exhausted, no further awards can be made.
- Priority will be given to anyone who has not previously received a winter fuel grant.

Am I eligible for a Winter Fuel Grant?

To be considered for a grant, you must be able to show that you meet the following criteria:

Either

i. You are in receipt of housing benefit

Or

ii. Your household **net income** is less than £18,000.

By 'net income*' we mean all salary after tax, national insurance, superannuation etc, and including your partner's salary if applicable and benefits. However, <u>do not include</u> in your calculation Child Benefit, the childcare element only of Working Tax Credit if paid, Disability Living Allowance or Personal Independence Payment.

Also that

- iii. Neither you/your partner have savings in excess of £800 (including rolling bank balance)
- iv. You have not received a grant from UNISON There for you in the last 6 months.
- v. You must have paid a minimum of 4 weeks subscriptions before 4 December 2017 to apply.

Where do I send my form to?

Return your completed application form along with all supporting paperwork to:

There for You (WFG), UNISON Centre, 130 Euston Road, London NW1 2AY

Is there an application deadline?

Your application must be received no later than **16 February 2018**. Applications will then be processed and decisions communicated over the following weeks.



					CASE	NO			(office use or	
Membership det	ails									
Membership number*:				*Please contact UNISON Direct 0800 0 857 857						
N. C. III. N				for your membership number as we cannot						
National Ins No:				process your application without it.						
Personal details										
Name Mr/Mrs/Ms/Miss	First name			Sur	rname					
Address	THOCHAINO			Odi	Tiarrio					
				Pos	stcode					
Email										
Mha abaysa wax	و والخارون و وجود وا									
Who shares your	_									
Apart from yourself, p	olease give deta	ils of <u>all adul</u>	lts wh	no liv	ve in your home	•				
Name	Age	Age Relationship		Please indicate if they are employed/				£		
		to you	,		in education/benefits/or if 'other' give details			weekly income		
Now give details of al	ll children under	-18 in full-tin	ne pri	imar	v or secondary	educ	ation			
Name		nship to you	Age	_			Relationship to y	you Age		
		Troiding to you 7								
1										
				_						
Supporting pape					ata protectio					
Select one of the following							n will be held electr		-	
to you and ensure all rele enclosed with your appli		paperwork is		in signing this form you have consented to the collection, processing and dissemination of this information by UNISON						
	ication form.			•	•		to consider the eliq		•	
☐ I currently receive I	housina benefit.	I enclose all o	of		nt application.	, , , , , , , , , , , , , , , , , , ,		J	. y 0. y 0 a	
the following documents	_			Ü						
O Most recent payslip	(s)**			De	eclaration					
O Proof that this bene	•			I confirm that the information I have given truly reflects						
O Last month's full bar	nk statement(s) de	tailing all inco	me	my current financial position						
and outgoings					I understand that my application cannot be					
	incomo io C10 O	00 au laaa					upporting paperv			
☐ Our net household I enclose <u>all</u> of the follow		ou or less.								
O Most recent payslip	_									
O Last month's full bank statement(s)** detailing all				Sigi	ned:					
income and outgoings										
O Tax credit award letter where element given towards childcare costs				Dat	e:					
Note 1: *Please ONLY send	d copies as we canr	not return anv								
paperwork		-				_	application can			
Note 2: **If you live with a p	partner, don't forget	to include their		F	processed with	nout <u>a</u>	<u>all</u> supporting p	ape	rwork	

Note 2: **If you live with a partner, don't forget to include their

Note 3: If you experience difficulty obtaining any documents

requested please explain why in a covering letter

payslip/bank statement if applicable

CASE NO.	(office use only)

Help us to campaign against fuel poverty

All applicants are required to complete the following survey as data collected will be used to help UNISON with future campaigns. This survey should take no longer than 5-10 minutes to complete.

Please answer the following questions and tell us about the impact that rising fuel prices is having on you and your family.

Please tick all that apply

1. Do you take any of the following measures to	5. Are you behind with any of the following?					
save on heating costs?	Fuel Water	Rent				
☐ Avoid putting on the heating☐ Heat only the room(s) that you are using☐ Go to bed earlier	☐ Mortgage☐ Council Tax☐ Loans from fan☐ Bank Loans	Credit cards nily friends				
☐ Wear extra clothes in bed☐ Other – please give details below	If yes, by how much in total: ☐ Less than £100 ☐ £100-£20 ☐ £200-£300 ☐ £300-£40	00				
2. Have you had to cut back on any of the	<u>£400-£500</u>	N £500				
following to ensure you can keep warm:	6. If you are behind with your bills, have you:					
☐ Food ☐ Socialising ☐ Clothing	Told your energy supplier, that you are struggling?	☐ Yes ☐ No				
Children's activities Other – please give details below	Been chased for repayment by any creditor in last 12 months	☐ Yes ☐ No				
3. Is the health of any person in your household	Become more concerned about keeping up with your payments	☐ Yes ☐ No				
affected by your home being cold?	Taken advice on managing your debts?	☐ Yes ☐ No				
If yes, how? More time off work – through sickness Struggle to sleep Aching joints	Checked your entitlement to benefits in the last 12 months	□ Yes □ No				
Difficulty concentrating at work/school Other – give details below.	7. As a result of rising living costs you are having to:	s do you find				
4. Are you or is anyone in your household in receipt of: Disability Living Allowance (DLA)/Personal Independence Payment (PIP)/Carers allowance	☐ Turn to your parents ☐ Turn to other family or friends ☐ Borrowing on credit cards ☐ Use payday lender ☐ Other – give details below.					
Housing benefit						
☐ Council tax support ☐ Income support/Universal Credit	8. Have you:					
Employment support allowance	a) had to use a food bank? Yes] No 🗌				
☐ Other – please indicate	b) worried about putting food on the table?					
	Yes No No					

Thank you for taking the time to answer these questions, your contributions are much appreciated. Please send this completed survey with your application form and supporting paperwork.