**CUPE 3903 2018 STRIKE HARDSHIP FUND APPLICATION**

This fund is meant to offset any hardship incurred by CUPE workers participating in the strike, by supplementing strike pay. Applications can be submitted in person at the CUPE 3903 Strike Headquarters (45 Four Winds Drive, Unit 21) or via email to [hardshipfund2018@gmail.com](mailto:hardshipfund2018@gmail.com)

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Unit** : **1 2 3**

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(street address, city, postal code)

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel. #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If awarded funds: I will pick up at Strike HQ office (fastest!)**

**Please mail to the above address (slower!)**

**Number of hours of picketing/8th line (alternative strike duties) fulfilled per week:** \_\_\_\_\_\_\_\_\_

This fund is meant to **supplement** Strike wages. If you have no hours to report, or you have reduced hours to report, please explain the reason/s for your reduced hours in the space provided. If you are not able to picket, or are not able to picket 20 hours each week, (including because you are on a research leave or because you teach only online) please indicate whether you have contacted the 8th Line (alternate) Strike Duties committee. *If you need more space, please attach an extra sheet.*

Be careful to include all the requested information and documentation **(including, for B, proof of income)** so that the committee can promptly adjudicate your claim. Please note that funds awarded are usually a percentage of a total claim, with a total maximum limit of $600 (for A and B combined) per member. If outside donations leave more funds available than anticipated, the committee may make a second disbursement to members whose claims exceed this amount. **Please indicate all your hardship-related expenses, including those that exceed $600, in case additional funds are available at some point.**

**Section A: Strike-related expenses**

To claim expenses which are directly related to the strike, please include a brief reason for the claim, and a receipt or a screen-shot of a web page. TTC expenses do not require receipts. You do not need to include income information for a Section A claim.

If you are unable to pay for your strike-related item/s in advance, please contact us directly at [hardshipfund2018@gmail.com](mailto:hardshipfund2018@gmail.com).

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Reason | Cost | Receipt Attached? **Y/N** |
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*If you need more space, please attach a separate page.*

**Total funds requested for Section A: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section B: Hardship related to the strike**

To claim hardship based on reduced income during the strike period, please include the following monthly income and budget information. The committee needs all the following information to adjudicate your application.

**Include documentation, preferably pay stubs, or an explanation for why documentation is not included, for your full household income (e.g., if there is a second income in your household, please include it and document it).**

|  |  |
| --- | --- |
| Total Household Income per month (before strike) |  |
| Total Household Income per month (during strike, including strike pay) |  |
| External Funding (SSHRC, OGS, etc.) |  |
| Rent per month |  |
| Utilities per month |  |
| Groceries per month |  |
| Heat per month |  |
| Childcare per month |  |
| Transportation per month |  |
| Strike Related Costs (list & indicate one-time/month) |  |
| Other (list & indicate one-time/monthly) |  |
| Number of Dependents |  |

**Total funds requested for Section B: \_\_\_\_\_\_\_\_\_\_\_\_\_**

Use the space provided below to outline the circumstances of your financial hardship including any health issues or other extenuating circumstances. Please provide information on any expenses you have incurred as a direct result of the strike. *Attach another page if necessary.*

**Funding Request**

Section A: \_\_\_\_\_\_\_

Section B: \_\_\_\_\_\_\_

Total: \_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: using an electronic signature is fine; typing your name is **not** fine.