

Application #: _____

Approved /Denied

Amount Assigned: \$ _____

CUPE LOCAL 1858 COVID HARDSHIP FUND APPLICATION FORM

The COVID Hardship Fund is intended to assist CUPE Local 1858 members who are most harshly impacted by loss of hours and/or layoff due to COVID cutbacks at VIU.

The COVID Hardship Fund is very limited. It was created through motions approved by the membership to use part of the strike hardship fund and to redirect certain portions of the 2020 budget, and through donations from individual members. Careful consideration will be given to every application, but the Fund may not be able to assist all those who apply.

Although many members are suffering financial hardship during this time, please do not apply to this fund if you can manage, even sparsely, in your current financial circumstances. It is intended to assist members suffering dire hardship and who absolutely require this assistance.

Process: All applications to this fund will be held in the strictest confidence by the COVID Hardship Fund Committee. The Committee Chair will assign a number to each application and remove the name from the bottom before forwarding it to the Committee to be assessed. The Committee will do a blind review of applications, approve/decline each application and, if approved, determine the amount of assistance provided.

Deadlines: Applications are due by 11:59pm on the 15th of each month (until the fund is depleted) and will be reviewed the next week. Applicants will be notified of the results and issued a cheque, if applicable, by the last day of each month.

Maximum assistance available: \$300 for loss of <0.5 FTE; \$500 for loss of 0.5 FTE or more

APPLICATION: Applications may be submitted via email to 1858hardship@gmail.com

Appointment Type (select one):	Type of Hour-Loss (select one):	Average Hours Worked/Week Pre-Reduction (Jan-Mar 2020):	_____
Regular	Partial	Last Day Worked:	_____
Temporary	Total		
Casual			
Marital Status (select one): Single Married/Common Law		# of Dependents:	_____

- Please describe the hardship faced. Attach any proof you would like considered in assessing your application (ex. delinquent bills; mortgage, phone, credit card statements; etc.)

 - Have you found any alternatives for replacing lost wages?

 - What steps have you taken to mitigate your lost wages? (ex. decreasing family expenditures, remove second car, put cell phone "on vacation", reducing cable bill, etc.)

 - How would you use the funds?

 - Obviously, the fund is limited and cannot accommodate all your needs. How much are you requesting at this time?

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Name & Email: _____