*Application #: Approved*  */Denied*  *Amount Assigned: $*

CUPE LOCAL 1858 HARDSHIP FUND APPLICATON FORM

***The Hardship Fund is intended to assist CUPE Local 1858 members who are most harshly impacted by loss of hours and/or layoff due to cutbacks at VIU. In extraordinary cases, financial emergencies unrelated to VIU cutbacks will be considered on a case-by-case basis.***

The Hardship Fund is limited. 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 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 12:00 pm NOON on the Friday of each week and will be reviewed the next week, dependent on committee member availability. Applicants will be notified of the results and issued a cheque, if applicable, by the last day of the week after the committee reviewed the application.

***Maximum*** assistance available: $500 for a position of <0.5 FTE; $750 for a position of 0.5 FTE or more

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

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| --- | --- | --- |
| **Appointment Type *(select one)*:** | **Type of Hour-Loss** | **Average Hours Worked/Week Pre-Reduction** |
| Regular  Temporary  Casual **Marital Status *(select one)*:** Single | ***(select one)*:**Partial  Total Not applicable Married/Common Law  |  |
| **Last Day Worked:** |
| **# of Dependents:** |

1. Please describe the hardship faced. Attach any proof you would like considered in assessing your application (e.g. delinquent bills; mortgage, phone, credit card statements; etc.)
2. Have you found any alternatives for replacing lost wages?
3. 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.)

1. How would you use the funds?
2. Please note that the fund is limited and cannot accommodate all your needs. How much are you requesting at this time?

Name & Email:

*Revised May 16, 2024 Application #:*