



## **CUPE 5678 STRIKE HARDSHIP FUND APPLICATION**

*This form must be completed in its entirety to be eligible for consideration.  
Please be sure to sign and date the final page.*

This Strike Hardship Fund is meant to support members experiencing emergency financial hardship as a result of participating in a strike. The Fund is a supplement to strike pay.

**The maximum amount available via the fund is \$250 per member.**

To apply to the Fund, complete this application form and submit it via email to

[shf@cupe5678.ca](mailto:shf@cupe5678.ca)

**Please note:** this Fund is a supplement to Strike Pay and is only available to members who have engaged in 20 hours/week of picketing or other authorized alternative strike duties OR members who have been unable to do so due to exceptional circumstances.

### **Personal Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

CUPE Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Strike Activity Information**

Number of hours/ week picketing or engaged in authorized alternative strike duties: \_\_\_\_\_

If you have not participated in 20 hours of picketing and/or authorized alternative strike duties due to exceptional circumstances, please describe those circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Financial Information

Please include as much of the below information as possible to allow the SHF Committee to best adjudicate your application. Please include pay stubs or other pay documentation where possible, or an explanation of why pay stubs are not included.

|   |  |
|---|--|
| Total Household Income (Before strike)                      |  |
| Total Household Income (During strike including strike pay) |  |
| Rent/Mortgage per month                                     |  |
| Utilities per month   |  |
| Groceries per month   |  |
| Heat per month  |  |
| Childcare per month   |  |
| Other   |  |
| Number of dependents:                                       |  |

### Financial Hardship Information

Use the space below to outline the circumstances of your emergency financial hardship. Please attach any documents you feel would help the SHF Committee better understand the situation. **Please do not include any private medical documents.**

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### Fund Request Information

How much funding are you requesting: \_\_\_\_\_

Please note: this is a limited fund paid for by CUPE 5678. The maximum amount available via the Fund is \$250 per member.

**Please Print Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

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