

Disability Grant Application Required Documentation

Proof of the date of illness or disability A copy of a signed doctor's statement/work status report or disability insurance application showing the date you became unable to work as a result of your disability or illness. **AND** Proof of unemployment due to illness or disability for 45 consecutive days (which occurred not more than 24 months before the date of this application) A copy of a disability paystub dated 45 days or just later after the disability date or (if you have no disability income) a doctor's note indicating that you are still not able to work dated 45 days after your date of disability. **AND** Proof that you incurred an income loss (at least 25% or more of actual income) due to the illness or disability (during the past 24 months) ☐ A copy of your previous year's W-2 and/or 1099. Send for each employer, if more than one. Indicate the dates included in that statement if less than a full year. Initial and date your note. A copy of a disability paystub* and an explanation of the benefit (i.e. \$X.XX per month). * Note: this can be the same as item above. **AND** At least one of the following to prove you're getting disability income or have no income right now ☐ Most recent pay stub or official statement showing all disability income*. Note: this can be the same as item above. Official statement showing your claim for disability income was denied. (Possible sources: Worker's Compensation, disability insurance, Social Security, employer, union) OR Leave without pay (LWOP) statements showing dates of LWOP and hours used in pay period. Checklist Use this checklist to complete your application. All materials must be submitted with this application. Your application will not be considered if it is incomplete. Complete all sections of the application. Include "Required Documentation" above. Sign and date application. **Mailing Instruction** Please read and carefully follow these mailing instructions. Applications that do not comply with these requirements may be returned. All documents should be copied onto 8.5" x 11" paper. No partial pages, please. Please do not send originals. Documents will not be returned to you. Only copy/print one side of paper. Please do not use staples or fasteners. ☐ Please remove or "black out" all references to Social Security and credit card numbers. ☐ Email to grants@unionplus.org or Mail to: **Union Plus Disability Grant**

Questions

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Call 1-800-472-2005 ext. 835 (representative available 9 a.m.-4 p.m. ET) or email grants@unionplus.org.