

# **Union Plus Credit Counseling DMP Reimbursement Application**

Union Plus Credit Counseling was developed to assist union members who are experiencing financial difficulty. If you participate in a debt management plan (DMP) for one year you may receive a grant to reimburse your monthly DMP fees after 12 months of successful participation in the DMP.

#### **Eligibility**

1. **CURRENT UNION MEMBER**, retiree or family member who has a Union Plus Credit Card or belongs to a union that participates in the Union Plus Credit Counseling program.

#### Requirements

- 1. Applicant must access the debt management plan (DMP) through the Union Plus Credit Counseling program.
- 2. To receive the grant, you must be successfully enrolled in the DMP for 12 months.

Applicant's Pe	rsonal	Informa	ation																					
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#### **Required Documentation**

- 1) The following **MUST** be provided: Completed application.
- 2) Signed authorization for MMI to send Union Plus notification of my successful completion of one year in the debt management plan (DMP).
- 3) The Union Member Verification form must also be provided.

#### Certification

I, the undersigned, certify that all of the information I have included in and with my application is true. I understand that if I am selected for the Union Plus grant, I may be required to submit proof of my union membership. I authorize MMI to send Union Plus notification of my successful completion of one year in the debt management plan (DMP). I also certify that I have read and understand the information above.

Signature	Date

## Mail completed application and all documentation to:

Union Plus DMP Grant Application 1100 First Street, NE, Suite 850 Washington, DC 20002

#### **Receiving Your Reimbursement:**

**After 12 months of participation** in the DMP, MMI will send you a **Certificate of Participation** validating your participation in the plan. The certificate will indicate the total amount of monthly fees for which you will be reimbursed.

#### Mail the Certificate of Participation to:

Union Plus Grants 1100 First Street, NE, Suite 850 Washington, DC 20002

**Once the certificate is received** and you're approved for the grant, **a check will be mailed directly to you.** You can expect to receive your check within 3-4 weeks after we receive your certificate.

#### **Checklist of items to mail:**

Use this checklist to complete your application. All materials must be submitted with this application. Materials sent separately will not be considered. Your application will not be considered if it is incomplete.

not	be considered. Your application will not be considered it it is incomplete.
	Complete all sections of the application. Incomplete applications will not be considered.
	Sign and date application.
	Provide signed authorization for MMI to send Union Plus notification of my successful completion of one year in the debt management plan (DMP) — see "required documentation" above.
	Include union membership verification form.

#### Questions

Call **1-800-472-2005** (representative available 9 a.m. to 4:30 p.m. E.T.) and ask for the Union Plus grants specialist or email **grants@unionprivilege.org**.



### **Union Membership Verification Form**

To be considered for a grant, this form must be completed by the applicant, verified by a local union representative, and sent in with the application.

If you can't obtain verification from your local union, please contact your International union.

Union Member Information:			
I,	verify I've been a r	nember in good standi	ing of
I,Name of union member		C	·
	si	nce/ _	
Name of union	Local	nce/ _ Month	Year
Signature of union member	Date		
<b>Local Union Representative Verific</b>	eation:		
Attention Local Union Representative: This form is a required part of the Union Plus g to the applicant, who must include it with his or		Please complete it proi	mptly and return i
Applications without this completed form will	not be considered.		
I verify that the above information is true and co	omplete to the best of my	knowledge.	
Signature of local union representative	Title	Date	
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Print name of local union representative	Daytime pho	one number	
Name of Union:		Local Numb	oer
Street Address			
City	State	Zip code	
Local President's Name:			
First	Last		