



# Disability Grant Application

First Name	
M.I.	
Last Name	
Union	
Local Number	
Mailing Address	
Address 2	
City	
State	
Zip Code	
Home Phone	
Cell Phone	
Email Address	
Date of Disability	
Average Gross Monthly Income Before Disability	
Average Gross Monthly Income Post Disability	
Last 4 Digits of Union Plus Credit Card	

**Certification:**

I, the undersigned, certify that all of the information I have included in and with my application is true. I also certify that I have read and understand the information included herein.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## 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 90 consecutive days (which occurred not more than 12 months before the date of this application)*

- A copy of a disability paystub dated 90 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 90 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 12 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.

**AND**

- 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.
- Sign and date application.
- Include "Required Documentation" above.

## 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.
- Mail to:

**Union Plus Disability Grant**

1100 First Street, NE, Suite 850

Washington, DC 20002

## Questions

Please visit our [Union Plus Grants FAQ](#). Call 1-800-472-2005 ext. 835 (representative available 9 a.m.-4 p.m. ET) or email [grants@unionplus.org](mailto:grants@unionplus.org).