



Union Plus Job Loss Application

The Union Plus Job Loss Grant was developed to assist Union Plus Credit Card holders who have experienced income loss due to a recent job layoff of 45 or more consecutive days within the last 24 months. If approved, a \$500 Job Loss Grant will be paid directly to you.

Eligibility

Applicant must be a Union Plus Credit Card holder, joint account owner or authorized user of a Union Plus account in good standing at the time of job loss.

Requirements

- 1. Applicant must be involuntarily laid off for at least 45 consecutive days within the 24 months prior to the date of application.
- 2. Applicant's job loss must have occurred at least 3 months after becoming a Union Plus Credit Card holder.
- 3. Applicant must complete and sign the application.

Applicant's Personal Information																						
Name: _____																						
First	Middle	Last																				
Home Address: _____																						
Street	City	State Zip code																				
Home Phone: _____ / _____ / _____		Cell Phone: _____ / _____ / _____																				
International/National Union: _____																						
<i>(example: OPEIU)</i>																						
Local Union Number: _____																						
What is the best time to call you? Please also indicate the best number to use: _____																						
Email address:	<table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					
<input type="checkbox"/> Please email me monthly Union Plus E-News with Union Plus benefit updates and consumer tips																						
<input type="checkbox"/> Please send me occasional Union Plus text alerts. *Message and data rates may apply depending on your cell plan. You can opt out of our text service at any time by replying STOP to any message that you receive.																						
Union Plus Credit Card Information																						
<input type="checkbox"/> I am a Union Plus Credit Card holder, joint account owner or authorized user of an account in good standing.																						
Last 4 digits of credit card account: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																						
Date of your last day at work: _____ / _____ / _____																						
Month	Day	Year																				
How did you hear about this grant? (select one)																						
<input type="checkbox"/> Union Plus Web Site	<input type="checkbox"/> Mailing	<input type="checkbox"/> Fellow Union Member																				
<input type="checkbox"/> Union Plus email	<input type="checkbox"/> Union Publication	<input type="checkbox"/> Credit Card Statement																				
<input type="checkbox"/> UnionPlusCard.com	<input type="checkbox"/> Union Leader	<input type="checkbox"/> Other _____																				

Required Documentation

- 1) Document showing the date applicant became unemployed
- 2) Dated Determination of Benefit statement showing unemployment income.

OR

Print-out of unemployment insurance benefit payment history showing your name, effective date of claim and benefit payments received for at least 45 consecutive days

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 above.

Signature

Date

Mail completed application and all documentation to:

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

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.

- Complete all sections of the application.
- Sign and date application.
- Proof of 45 continuous days of unemployment due to involuntary layoff – see “Required Documentation” above.

Questions

Call **1-800-472-2005** (representative available 9:00 a.m. to 4:30 p.m. ET) and ask for the Union Plus Grant Specialist or email grants@unionplus.org.