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**University of Manitoba Faculty Association**

Arbitration Decision Hardship Fund

Application form

**About the fund**: The Hardship fund consists of $40,000 drawn from the Reserve Fund and is administered by a three-person committee elected by the UMFA Board of Representatives. It is intended to provide small, interest-free short-term loans to UMFA Members who experience financial hardship that is caused or exacerbated by the reduced income caused by the arbitration award.

‘Financial hardship’ is understood to mean the inability to meet childcare needs, housing needs, transportation needs, or the like. While loans will usually be capped at $1,000 per applicant per application, other amounts will be considered. Loans are to be repaid in full within 6 ½ months. Loans unpaid after 6 ½ months will accrue interest at the prime rate.

**Confidentiality**:All applications should be submitted to [gflemming@umfa.ca](mailto:gflemming@umfa.ca). The name, address, and phone number of each applicant will be removed from all materials before the application is seen by the committee.

**Expected Response Time**: The committee recognizes that this fund is meant to assist members in immediate need and as a result endeavours to meet and reach a decision as soon as possible.

**Appeals**: If your application is declined, you will receive a brief written response from the committee. If you wish to appeal the committee’s decision, please write a brief appeal and it, along with an anonymized copy of the original application, will be submitted to the Executive Council for consideration.

Name:

Mailing Address:

Email Address:

Phone #

Date of application:

Arbitration Award Hardship Fund Application

**AMOUNT REQUESTED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Monthly take-home Income from all sources:  Reduction in income the pay period April 15-April 30, 2022: | Number of Dependents: |
| Partner’s Monthly take-home Income from all Sources (if applicable): |

*Please complete the following:*

|  |  |
| --- | --- |
| **Monthly Budget** | |
| **Rent or Mortgage**: | **Heat** (if not included in rent): |
| **Food**: | **Transportation**: |
| **Utilities** (if not included in rent): | **Miscellaneous expenses** (please list): |

I verify that all information given in this application is true:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All information provided on this form is strictly confidential.

Decisions are made by an elected committee of UMFA members.

**Description of personal circumstances**

*Please briefly state below, the reason and an explanation for this request. Please provide detail sufficient for the committee to make a decision. You may add pages as necessary.*