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Construction Workers Benevolent Fund

Unit 39, Park West Enterprise Centre, Lavery Avenue, Park West Industrial Park,
Dublin 12. D12 KN36

REGISTERED CHARITY NO: 20013172

WINTER HARDSHIP GRANT

The Construction Workers Benevolent Fund was established in 1986 by the construction sector trade unions. It provides financial assistance to construction workers and retired construction workers who may find themselves in financial distress. The Winter Hardship Grant is part of this financial assistance support and provides a small assistance to qualifying applicants.

The Winter Hardship Grant is targeted at retired construction workers whose main income is a social welfare payment and who find themselves in winter hardship due to much higher-than-normal heating bills and/or higher than normal medical bills.

Please complete this Winter Hardship Grant form and return it by Friday 25th October 2024

Name: John O'CONNOR Date of Birth: 04/11/39

Address: Poulnaclogh Moycullen Co. Galway

Eircode: _____

Mobile Phone No 087-6652152 Email Address MNiolsin@gmail.com

Trade Union Name BATU

1. Which of the following social welfare benefits are you currently dependent on?

Tick all applicable below

Old Age Pension Disability Pension Living Alone Allowance

Carer's Allowance Winter Fuel Allowance Other – please state _____

Please turn over →

2. How do you heat your home? Tick all applicable below

Gas Electricity Solid Fuel + Oil

3. Please indicate any extra medication or health supports you need in winter

Nothing Additional in winter.

4. Please detail the impact of your winter heating and/or medical bills on your financial circumstances

ELECTRICITY + OIL ARE EXTREMELY COSTLY IN

WINTER + Reduce overall available

FINANCES AVAILABLE TO ME FOR ITEMS

SUCH AS RUNNING A CAR, WHICH I NEED

DUE TO FACT THAT I LIVE IN A VERY RURAL
LOCATION.

DECLARATION: I hereby confirm that the information supplied in this application is true and correct to the best of my knowledge.

SIGNED: John O'Connor

DATE: 22 Nov 20.24

Data Protection. The information you provide herein is fully protected under the terms of the Data Protection Act 2018 and the General Data Protection Regulation (Regulation (EU) 2016/679). This information will be used solely by the Construction Workers Benevolent Fund to consider your circumstances for the awarding of the Winter Hardship Grant. It will not be shared with any other party or parties.

RETURN this form to The Construction Workers Benevolent Fund, Unit 39, Park West Enterprise Centre, Lavery Avenue, Park West Industrial Park, Dublin 12. D12 KN36.

For Office use only:

Cheque Issued

Cheque Number: _____ Date: _____

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Name: JAMES HIGGINS Date of Birth: 21-11-1942

Address: 39 CLARE ROAD, DRUMCOADRA
DUBLIN 9 Eircode: _____

Mobile Phone No 086-8495369 Email Address NO EMAIL

Trade Union Name UCAT

1. Which of the following social welfare benefits are you currently dependent on?

Tick all applicable below

Old Age Pension Disability Pension Living Alone Allowance

Carer's Allowance Winter Fuel Allowance Other – please state _____

Please turn over →

2. How do you heat your home? Tick all applicable below

Gas Electricity Solid Fuel

92C

3. Please indicate any extra medication or health supports you need in winter

4. Please detail the impact of your winter heating and/or medical bills on your financial circumstances

Heating bills the worst
In fairly good health
I am in my 23 year

DECLARATION: I hereby confirm that the information supplied in this application is true and correct to the best of my knowledge.

SIGNED: James Higgins **DATE:** 9-12-2024

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Name: PATRICK MALONE Date of Birth: 11.01.1938

Address: 29 DONARHMEDE PARK, DUBLIN 13. D13 HH 74

Eircode: D13 HH 74

Mobile Phone No 086 8473048 Email Address _____

Trade Union Name BATU.

1. Which of the following social welfare benefits are you currently dependent on?

Tick all applicable below

Old Age Pension Disability Pension Living Alone Allowance

Carer's Allowance Winter Fuel Allowance Other – please state _____

Please turn over →

2. How do you heat your home? Tick all applicable below

Gas Electricity Solid Fuel

3. Please indicate any extra medication or health supports you need in winter
MEDICATION AND HEALTH SUPPLEMENTS FOR RHEUMATOID ARTHRITIS,
GOUT, AND POOR CIRCULATION. (Suffers from cold feet) ...

4. Please detail the impact of your winter heating and/or medical bills on your financial circumstances

HEATING REQUIRED CONSTANTLY ON, DUE TO ONGOING MEDICAL
CONDITIONS: STENT IMPLANT, BLADDER CANCER TREATMENT IN
BEAUMONT HOSPITAL. AND RELATED OLD AGE DECLINE.

DECLARATION: I hereby confirm that the information supplied in this application is true and correct to the best of my knowledge.

SIGNED: P MAZONE

DATE: 11/12/2024

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